

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2007

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 2007 calendar year, or tax year beginning 07-01-2007 and ending 06-30-2008

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

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

C Name of organization: MARYMOUNT MEDICAL CENTER. Number and street: 310 EAST NINTH STREET. City or town: LONDON, KY 407411299

D Employer identification number: 61-1140447. E Telephone number: (606) 877-3710. F Accounting method: Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site: www.marymount.com

J Organization type: 501(c)(3)

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number: 0928. M Check if the organization is not required to attach Sch B

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 118,888,455

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events and activities, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets or fund balances at beginning of year, Other changes in net assets, Net assets or fund balances at end of year.

**Part II Statement of Functional Expenses**

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
<b>22a</b>	Grants paid from donor advised funds (attach Schedule) (cash \$ <sup>0</sup> noncash \$ <sup>0</sup> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>				
<b>22b</b>	Other grants and allocations (attach schedule) (cash \$19,464 noncash \$ <sup>0</sup> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>	19,464	19,464		
<b>23</b>	Specific assistance to individuals (attach schedule)	<b>23</b>	3,801	3,801		
<b>24</b>	Benefits paid to or for members (attach schedule)	<b>24</b>				
<b>25a</b>	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	<b>25a</b>	265,543	265,543		
<b>b</b>	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	<b>25b</b>				
<b>c</b>	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	<b>25c</b>				
<b>26</b>	Salaries and wages of employees not included on lines 25a, b and c	<b>26</b>	34,191,052	32,659,264	1,531,788	
<b>27</b>	Pension plan contributions not included on lines 25a, b and c	<b>27</b>	1,811,351	1,255,266	556,085	
<b>28</b>	Employee benefits not included on lines 25a - 27	<b>28</b>	5,845,058	4,050,625	1,794,433	
<b>29</b>	Payroll taxes	<b>29</b>	2,451,470	1,698,869	752,601	
<b>30</b>	Professional fundraising fees	<b>30</b>				
<b>31</b>	Accounting fees	<b>31</b>	26,520		26,520	
<b>32</b>	Legal fees	<b>32</b>	362,204		362,204	
<b>33</b>	Supplies	<b>33</b>	21,732,975	21,470,687	262,288	
<b>34</b>	Telephone	<b>34</b>	210,961	84,235	126,726	
<b>35</b>	Postage and shipping	<b>35</b>	145,346	105,850	39,496	
<b>36</b>	Occupancy	<b>36</b>	1,185,537	1,023,305	162,232	
<b>37</b>	Equipment rental and maintenance	<b>37</b>	564,621	558,734	5,887	
<b>38</b>	Printing and publications	<b>38</b>				
<b>39</b>	Travel	<b>39</b>	355,188	286,651	68,537	
<b>40</b>	Conferences, conventions, and meetings	<b>40</b>	48,868	1,659	47,209	
<b>41</b>	Interest	<b>41</b>	305,351	305,351		
<b>42</b>	Depreciation, depletion, etc (attach schedule)	<b>42</b>	6,238,774	6,238,774		
<b>43</b>	Other expenses not covered above (itemize)					
<b>a</b>	See Additional Data Table	<b>43a</b>				
<b>b</b>		<b>43b</b>				
<b>c</b>		<b>43c</b>				
<b>d</b>		<b>43d</b>				
<b>e</b>		<b>43e</b>				
<b>f</b>		<b>43f</b>				
<b>g</b>		<b>43g</b>				
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b>	106,620,088	99,545,230	7,074,858	0

**Joint Costs.** Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$<sup>0</sup>, (ii) the amount allocated to Program services \$<sup>0</sup>, (iii) the amount allocated to Management and general \$<sup>0</sup>, and (iv) the amount allocated to Fundraising \$<sup>0</sup>






**Part III Statement of Program Service Accomplishments (See the instructions.)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

<p>What is the organization's primary exempt purpose? <b>▶</b> THE PRIMARY EXEMPT PURPOSE OF MARYMOUNT MEDICAL CENTER IS TO PROVIDE ACUTE CARE TO THE RESIDENTS OF LONDON, KY AND THE SURROUNDING AREA REGARDLESS OF ABILITY TO PAY</p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p><b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</p>
<p><b>a</b> SEE STATEMENTS 6-13</p> <p>(Grants and allocations \$ 23,264) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/></p>	<p>99,545,230</p>
<p><b>b</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/></p>	
<p><b>c</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/></p>	
<p><b>d</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/></p>	
<p><b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/></p>	
<p><b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . <b>▶</b></p>	<p>99,545,230</p>

**Part IV Balance Sheets (See the instructions.)**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)
		Beginning of year		End of year
Assets	<b>45</b> Cash—non-interest-bearing . . . . .	3,700	<b>45</b>	0
	<b>46</b> Savings and temporary cash investments . . . . .	1,057,693	<b>46</b>	0
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b> 0		
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>47b</b> 0	11,904,910	<b>47c</b> 0
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b>		
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>48b</b>		<b>48c</b>
	<b>49</b> Grants receivable . . . . .			<b>49</b>
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .			<b>50a</b>
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule) . . . . .			<b>50b</b>
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>		
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>51b</b>		<b>51c</b>
	<b>52</b> Inventories for sale or use . . . . .	1,591,039	<b>52</b>	0
	<b>53</b> Prepaid expenses and deferred charges . . . . .	308,804	<b>53</b>	0
	<b>54a</b> Investments—publicly-traded securities . . . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	<b>54a</b>	0
	<b>b</b> Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	32,515,793	<b>54b</b> 	0
<b>55a</b> Investments—land, buildings, and equipment basis . . . . .	<b>55a</b>			
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>55b</b> 2,349		<b>55c</b>	
<b>56</b> Investments—other (attach schedule) . . . . .	286,445	<b>56</b> 	0	
<b>57a</b> Land, buildings, and equipment basis . . . . .	<b>57a</b>			
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>57b</b> 23,139,231		<b>57c</b>	
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> _____ )	917,561	<b>58</b> 	0	
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .	71,727,525	<b>59</b>	0	
Liabilities	<b>60</b> Accounts payable and accrued expenses . . . . .	11,927,885	<b>60</b>	0
	<b>61</b> Grants payable . . . . .		<b>61</b>	
	<b>62</b> Deferred revenue . . . . .	425,640	<b>62</b>	0
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .	11,468,298	<b>64b</b> 	0
	<b>65</b> Other liabilities (describe <input type="checkbox"/> _____ )	170,881	<b>65</b> 	0
<b>66 Total liabilities</b> Add lines 60 through 65 . . . . .	23,992,704	<b>66</b>	0	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	<b>67</b> Unrestricted . . . . .	47,687,388	<b>67</b>	
	<b>68</b> Temporarily restricted . . . . .	47,433	<b>68</b>	
	<b>69</b> Permanently restricted . . . . .		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>	
	<b>73 Total net assets or fund balances</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) . . . . .	47,734,821	<b>73</b>	0
	<b>74 Total liabilities and net assets / fund balances</b> Add lines 66 and 73 . . . . .	71,727,525	<b>74</b>	0





Part VI Other Information (continued)

Main form area containing questions 82a through 91b with corresponding Yes/No columns and input fields.

**Part VI Other Information (continued)**

**c** At any time during the calendar year, did the organization maintain an office outside of the United States? **91c**  Yes  No

If "Yes," enter the name of the foreign country

**92** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here  and enter the amount of tax-exempt interest received or accrued during the tax year **92**

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue					
<b>a</b> See Additional Data Table					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments . . . . .					62,367,413
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments . . . . .					
<b>95</b> Interest on savings and temporary cash investments	900000	269	14	140,702	
<b>96</b> Dividends and interest from securities . . . . .			14	519,525	
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property . . . . .					
<b>b</b> non debt-financed property . . . . .			16	385	
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income . . . . .			14	25,110	
<b>100</b> Gain or (loss) from sales of assets other than inventory			18	1,164,543	
<b>101</b> Net income or (loss) from special events . . . . .					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue <b>a</b> <u>VENDING MACHINE</u>			03	7,375	
<b>b</b> <u>TELEPHONE</u>			03	147	
<b>c</b> <u>MEDICAL RECORDS</u>			03	5,252	
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .		8,829		1,863,039	116,835,248
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . .					118,707,116

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93	ALL REVENUES ARE RELATED TO THE HOSPITAL'S MISSION TO

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

**(a)** Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

**(b)** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**NOTE:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).



**Part XI Information Regarding Transfers To and From Controlled Entities** Complete only if the organization is a controlling organization as defined in section 512(b)(13)

				Yes	No
<b>106</b> Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity				Yes	
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a	CATHOLIC HEALTH INITIATIVES 1999 BROADWAY SUITE 4000 DENVER, CO 80202	470617373	NATIONAL ASSESSMENT	1,797,000	
b	MARYMOUNT MEDICAL CENTER FOUNDATION INC 310 EAST NINTH STEET LONDON, KY 407411299	260438748	SCHOLARSHIP PROGRAM	9,271	
c	CATHOLIC HEALTH INITIATIVES 1999 BROADWAY SUITE 4000 DENVER, CO 80202	470617373	CAPITAL RESOURCES POOL	930,996	
d	CATHOLIC HEALTH INITIATIVES 1999 BROADWAY SUITE 4000 DENVER, CO 80202	470617373	DEBT PRINCIPAL PAYMENT	956,372	
e	CATHOLIC HEALTH INITIATIVES 1999 BROADWAY SUITE 4000 DENVER, CO 80202	470617373	DEBT INTEREST PAYMENT	573,279	
<b>Totals</b>				4,266,918	

				Yes	No
<b>107</b> Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					No
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
<b>Totals</b>					

		Yes	No
<b>108</b> Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?			

**Please Sign Here**

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

Signature of officer \_\_\_\_\_ Date 2009-05-11

ROBERT BROCK VP-FINANCE  
Type or print name and title

<b>Paid Preparer's Use Only</b>	Preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 CATHOLIC HEALTH INITIATIVES 9780 MT PYRAMID COURT ENGLEWOOD, CO 80112			EIN _____ Phone no (720) 874-1500

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

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information—(See separate instructions.)**

OMB No 1545-0047

**2007**

**MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Department of the  
Treasury  
Internal Revenue  
Service

Name of the organization  
MARYMOUNT MEDICAL CENTER

**Employer identification number**

61-1140447

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JAMES SHOPTAW 310 E NINTH ST LONDON, KY 40741	CARDIOVASCULAR SURG 40 0	413,092	54,689	0
NAGY NASHED MD 310 E NINTH ST LONDON, KY 40741	ANESTHESIOLOGIST 40 0	323,577	52,159	0
AMJAD ALI MD 310 E NINTH ST LONDON, KY 40741	HOSPITALIST 40 0	312,206	57,452	0
SATHYENDRA R MYSORE 310 E NINTH ST LONDON, KY 40741	ANESTHESIOLOGIST 40 0	461,114	39,992	0
MINOO KAVARANA MD 310 E NINTH ST LONDON, KY 40741	CARDIOVASCULAR SURG 40 0	360,140	39,239	0
Total number of other employees paid over \$50,000	307			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")



(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
HAMMES COMPANY 1800 WEST SARAH LANE STE 250 BROOKFIELD, WI 53045	CONSULTANTS	7,058,514
MEDPLUS STAFFING PO BOX 1444 LONDON, KY 40743	STAFFING AGENCY	430,944
SRIHARA CHITTURI PO BOX 433 GRANVILLE, OH 43023	ANESTHESIOLOGIST	290,345
HEALTH CARE FUTURES 300 PARK BOULEVARD STE 200 ITASCA, IL 60143	CONSULTANT	423,215
CUMBERLAND ORTHOPEDIC 160 LONDON MOUNTAIN VIEW LONDON, KY 40741	PHYSICIAN COVERAGE	232,607
Total number of others receiving over \$50,000 for professional services	5	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
GILPIN CONSTRUCTION 1404 S MAIN STREET LONDON, KY 40741	GENERAL CONTRACTOR	418,412
SODEXHO INC 4880 PAYSHERE CIRCLE CHICAGO, IL 60674	ENVIRONMENTAL SVCS	762,078
DICTATION SERVICES GROUP INC 990 HAMMOND DRIVE NE SUITE 120 ATLANTA, GA 30328	TRANSCRIPTION	505,047
KENTUCKY BLOOD CENTER 3121 BEAUMONT CENTRE CIRCLE LEXINGTON, KY 40513	LABORATORY SERVICES	720,767
HCSG PO BOX 93403 CHICAGO, IL 60673	PERFUSION SERVICES	563,968
Total number of other contractors receiving over \$50,000 for other services	13	

**Part III Statements About Activities** (See page 2 of the instructions.)

**Yes No**

<p><b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ <u>\$ 44,702</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B )</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>	<b>1</b>	Yes	
<p><b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) </p>	<b>2a</b>	Yes	
<p><b>a</b> Sale, exchange, or leasing property?</p>	<b>2b</b>		No
<p><b>b</b> Lending of money or other extension of credit?</p>	<b>2c</b>		No
<p><b>c</b> Furnishing of goods, services, or facilities?</p>	<b>2d</b>	Yes	
<p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	<b>2e</b>		No
<p><b>e</b> Transfer of any part of its income or assets?</p>	<b>3a</b>	Yes	
<p><b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments ) </p>	<b>3b</b>	Yes	
<p><b>b</b> Did the organization have a section 403(b) annuity plan for its employees?</p>	<b>3c</b>		No
<p><b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	<b>3d</b>		No
<p><b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	<b>4a</b>	Yes	
<p><b>4a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	<b>4b</b>		No
<p><b>b</b> Did the organization make any taxable distributions under section 4966?</p>	<b>4c</b>		No
<p><b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?</p>	<p><b>4c</b> Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>		
<p><b>d</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>	<p><b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>		
<p><b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>	<p><b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ <u>0</u></p>		
<p><b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ <u>0</u></p>	<p><b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>0</u></p>		
<p><b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____</p>			

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box )

- 5**  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6**  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7**  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8**  A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9**  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state**
- 10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b**  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12**  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 charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A )
- 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
- Type I     Type II     Type III - Functionally Integrated     Type III - Other

**Provide the following information about the supported organizations. (see page 7 of the instructions.)**

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
<b>Total</b>					<input type="checkbox"/>

- 14**  An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions )

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12 ) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28 )					
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22					
<b>24</b> Line 23 minus line 17					
<b>25</b> Enter 1% of line 23					
<b>26 Organizations described on lines 10 or 11:</b>					
<b>a</b> Enter 2% of amount in column (e), line 24					<b>26a</b>
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a <b>Do not file this list with your return.</b> Enter the total of all these excess amounts					<b>26b</b>
<b>c</b> Total support for section 509(a)(1) test Enter line 24, column (e)					<b>26c</b>
<b>d</b> Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					<b>26d</b>
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b>
<b>f</b> <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b>					<b>26f</b>
<b>27 Organizations described on line 12:</b>					
<b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " <b>Do not file this list with your return.</b> Enter the sum of such amounts for each year (2006) _____ (2005) _____ (2004) _____ (2003) _____					
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the <b>larger</b> of <b>(1)</b> the amount on line 25 for the year or <b>(2)</b> \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals ) <b>Do not file this list with your return.</b> After computing the difference between the amount received and the larger amount described in <b>(1)</b> or <b>(2)</b> , enter the sum of these differences (the excess amounts) for each year (2006) _____ (2005) _____ (2004) _____ (2003) _____					
<b>c</b> Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					<b>27c</b>
<b>d</b> Add Line 27a total _____ and line 27b total _____					<b>27d</b>
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27e</b>
<b>f</b> Total support for section 509(a)(2) test Enter amount from line 23, column (e)					<b>27f</b>
<b>g</b> <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b>					<b>27g</b>
<b>h</b> <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b>					<b>27h</b>
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant <b>Do not file this list with your return.</b> Do not include these grants in line 15					

**Part V Private School Questionnaire** (See page 7 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
<b>29</b>	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
<b>30</b>	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
<b>31</b>	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )		
<b>32</b>	Does the organization maintain the following		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?		
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>33</b>	Does the organization discriminate by race in any way with respect to		
<b>a</b>	Students' rights or privileges?		
<b>b</b>	Admissions policies?		
<b>c</b>	Employment of faculty or administrative staff?		
<b>d</b>	Scholarships or other financial assistance?		
<b>e</b>	Educational policies?		
<b>f</b>	Use of facilities?		
<b>g</b>	Athletic programs?		
<b>h</b>	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>34a</b>	Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
<b>35</b>	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)Check  **a** if the organization belongs to an affiliated group Check  **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

**(a)**  
Affiliated group  
totals**(b)**  
To be completed  
for all electing  
organizations

<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>		
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>		
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>		
<b>39</b>	Other exempt purpose expenditures	<b>39</b>		
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>		
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table— <b>If the amount on line 40 is—</b> <b>The lobbying nontaxable amount is—</b> Not over \$500,000                                      20% of the amount on line 40 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>41</b>		
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>		
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>		0
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>		0

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.**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 45 through 50 on page 11 of the instructions )

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

	Yes	No	Amount
<b>a</b> Volunteers		No	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.)	Yes		
<b>c</b> Media advertisements		No	
<b>d</b> Mailings to members, legislators, or the public		No	
<b>e</b> Publications, or published or broadcast statements		No	
<b>f</b> Grants to other organizations for lobbying purposes	Yes		6,506
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body	Yes		38,196
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		No	
<b>i</b> Total lobbying expenditures (Add lines c through h.)			44,702

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities















## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 61-1140447  
**Name:** MARYMOUNT MEDICAL CENTER





### Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>a</b> BAD DEBT EXPENSE	<b>43a</b>	12,108,834	12,108,834		
<b>b</b> INSURANCE EXPENSE	<b>43b</b>	3,311,183	3,311,183		
<b>c</b> ADVERTISING AND RECRUITMENT	<b>43c</b>	478,459		478,459	
<b>d</b> BANK FEES	<b>43d</b>	46,206		46,206	
<b>e</b> OTHER EXPENSES	<b>43e</b>	176,609	66,784	109,825	
<b>f</b> DUES & SUBSCRIPTIONS	<b>43f</b>	174,054	63,143	110,911	
<b>g</b> OTHER PURCHASED SERVICES	<b>43g</b>	9,443,563	9,165,724	277,839	
<b>h</b> EDUCATION	<b>43h</b>	73,819	63,790	10,029	
<b>i</b> CONTRACTED MEDICAL SERVICES	<b>43i</b>	2,118,193	2,118,193		
<b>j</b> NURSING HOME EXPENSE	<b>43j</b>	480,296	480,296		
<b>k</b> PENALTIES, FINES, & JUDGEMENTS	<b>43k</b>	500	500		
<b>l</b> UTILITIES	<b>43l</b>	677,093	637,053	40,040	
<b>m</b> PROVIDER TAX	<b>43m</b>	1,767,195	1,767,195		

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
VIRGINIA DEMPSEY  310 EAST NINTH STREET LONDON, KY 40741	CEO PRESIDENT 40 0	0	0	0
ROBERT BROCK  310 EAST NINTH STREET LONDON, KY 40741	CFO 40 0	217,466	48,077	0
THOMAS MECHAS MD  310 EAST NINTH STREET LONDON, KY 40741	BOARD MEMBER 2 0	0	0	0
MICHAEL P FIECHTER  310 EAST NINTH STREET LONDON, KY 40741	BOARD CHAIR 4 0	0	0	0
JOANNE JAMES  310 EAST NINTH STREET LONDON, KY 40741	BOARD MEMBER 2 0	0	0	0
ERNEST MATT HOUSE  310 EAST NINTH STREET LONDON, KY 40741	BOARD MEMBER 2 0	0	0	0
JUDY PHELPS  310 EAST NINTH STREET LONDON, KY 40741	BOARD MEMBER 2 0	0	0	0
NANCY MORRIS MD  310 EAST NINTH STREET LONDON, KY 40741	BOARD MEMBER 2 0	0	0	0
KERRY PHELPS  310 EAST NINTH STREET LONDON, KY 40741	BOARD MEMBER 2 0	0	0	0
BRITT THOMPSON  310 EAST NINTH STREET LONDON, KY 40741	BOARD MEMBER 2 0	0	0	0

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
DONNIE COX  310 EAST NINTH STREET LONDON, KY 40741	BOARD MEMBER 2 0	0	0	0
MARC BRIERE MD  310 EAST NINTH STREET LONDON, KY 40741	BOARD MEMBER 2 0	0	0	0
STEVEN ANDERSON DMD  310 EAST NINTH STREET LONDON, KY 40741	BOARD MEMBER 2 0	0	0	0
ANGELA MCCOWAN  310 EAST NINTH STREET LONDON, KY 40741	BOARD MEMBER 2 0	0	0	0

**Form 990, Part VII, Line 93 - Program service revenue:**

<b>Note: Enter gross amounts unless otherwise indicated.</b>	Unrelated business income		Excluded by section 512, 513, or 514		<b>(E) Related or exempt function income</b>
	<b>(A) Business code</b>	<b>(B) Amount</b>	<b>(C) Exclusion code</b>	<b>(D) Amount</b>	
<b>a</b> PATIENT SERVICE REVENUE					54,195,908
<b>b</b> PHYSICIAN BILLING	541200	2,685			
<b>c</b> LAB SERVICES	541200	5,875			
<b>d</b> MISCELLANEOUS REVENUE					16,976
<b>e</b> DISCOUNTS					3,272
<b>f</b> OBSTETRICS					2,701
<b>g</b> CPR					80,398
<b>h</b> KENPAC					168,580

**TY 2007 Activities not Previously Reported Explanation**

**Name:** MARYMOUNT MEDICAL CENTER

**EIN:** 61-1140447

**Explanation:** AS OF 6/30/08 MARYMOUNT MEDICAL CENTER MERGED INTO ST. JOSEPH HEALTHCARE. EIN- 61-1334601

**TY 2007 Cash Grants Paid Schedule****Name:** MARYMOUNT MEDICAL CENTER**EIN:** 61-1140447

<b>Class of Activity</b>	<b>Recipient's name</b>	<b>Address</b>	<b>Amount</b>	<b>Relationship</b>
	NORTH LAUREL LITTLE LEAGUE	1535 SINKING CREEK ROAD LONDON, KY 40741	500	NONE
	GIDEONS	334 MEADOWBROOK ROAD LONDON, KY 40741	325	NONE
	AMERICAN CANCER SOCIETY	1000 LAJOLLA DRIVE LONDON, KY 40741	1,000	NONE
	KENTUCKY HOSPITAL RESEARCH	PO BOX 436629 LOUISVILLE, KY 40253	4,214	NONE
	MEDSHARE	3240 CLIFTON SPRINGS ROAD DECATUR, GA 30034	812	NONE
	LONDON LAUREL CO CHAMBER OF COMMERC	409 SOUTH MAIN STREET LONDON, KY 40741	630	NONE
	PREMIER MARTIAL ARTS	577 HWY 192 WEST LONDON, KY 40741	750	NONE
	LAUREL COUNTY OPAC	426 1/2 EAST 4TH STREET LONDON, KY 40741	1,000	NONE

<b>Class of Activity</b>	<b>Recipient's name</b>	<b>Address</b>	<b>Amount</b>	<b>Relationship</b>
	THE BENNETT CENTER OF LONDON	240 BENNETT CIRCLE LONDON, KY 40741	1,000	NONE
	LONDON LAUREL COUNTY RESCUE SQUAD	PO BOX 2213 LONDON, KY 40741	200	NONE
	NORTH LAUREL HIGH SCHOOL	1300 EAST HAL ROGERS PARKWAY LONDON, KY 40741	700	NONE
	JACKSON HEART STUDY	350 W WOODROW WILSON DRIVE JACKSON, MI 39213	500	NONE
	TRI COUNTY HOSPICE	PO BOX 2328 LONDON, KY 40743	1,354	SUBSIDIARY
	THANKSGIVING FOOD BASKET	521 WEST 5TH STREET LONDON, KY 40741	1,000	NONE
	CORNERSTONE CHRISTIAN SCHOOL	PO BOX 810 LILY, KY 40740	1,000	NONE
	LAUREL COUNTY AFRICAN AMERICAN	119 SHORT STREET LONDON, KY 40741	500	NONE

<b>Class of Activity</b>	<b>Recipient's name</b>	<b>Address</b>	<b>Amount</b>	<b>Relationship</b>
	CITY OF LONDON	PO BOX 1032 LONDON, KY 40741	300	NONE
	SOUTHERN KENTUCKY AHEC	PO BOX 1915 LONDON, KY 40741	1,500	NONE
	BELIZE MISSION	3240 CLIFTON SPRINGS ROAD DECATUR, GA 30034	1,429	NONE
	MARCH OF DIMES FOUNDATION	44 OFFICE PARK DRIVE SOMERSET, KY 42501	500	NONE
	AVON BREAST CANCER WALK	114 NORTH 2ND STREET WILLIAMSBURG, KY 40769	100	NONE
	GEORGE M ERMERS MEMORIAL FUND	537 N SUPERIOR STREET APPLETON, WI 54911	150	NONE



## TY 2007 Compensation Explanation

**Name:** MARYMOUNT MEDICAL CENTER

**EIN:** 61-1140447

Person Name	Explanation
VIRGINIA DEMPSEY	VIRGINIA DEMPSEY IS EMPLOYED BY CATHOLIC HEALTH INITIATIVES, THE PARENT COMPANY OF MARY MOUNT MEDICAL CENTER

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## TY 2007 Compensation Schedule

**Name:** MARYMOUNT MEDICAL CENTER

**EIN:** 61-1140447

Name	Related Organization		Relationship	Compensation Amount	Benefit Plan Contributions	Expense Account	Compensation Description
	Name	EIN					
VIRGINIA DEMPSEY	CATHOLIC HEALTH INITIATIVES	47-0617373	CHI OWNS/SUPPORTS FILIG ENTITY	310,824	71,803	21,400	VIRGINIA DEMPSEY IS EMPLOYED BY CATHOLIC HEALTH INITIATIVES, THE PARENT

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

### TY 2003 Gain/Loss from Sale of Nonpublic Securities Schedule

**Name:** MARYMOUNT MEDICAL CENTER

**EIN:** 61-1140447

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Sales Expenses	Total (net)
CHI OPERATING INVESTMENT, LP					1,170,918			1,170,918

## TY 2007 General Explanation Attachment

**Name:** MARYMOUNT MEDICAL CENTER

**EIN:** 61-1140447

Identifier	Return Reference	Explanation
LIST OF RELATED ORGANIZATIONS	FORM 990, PART VI, LINE 80b	<p>St Joseph Community Health Services, Albuquerque, NM, Exempt St Joseph Community Health Foundation, Albuquerque, NM, Exempt St Joseph Healthcare System, Albuquerque, NM, Exempt St Elizabeth Health Care Foundation, Baker City, OR, Exempt St Elizabeth Health Services , Inc , Baker City, OR, Exempt Flaget Healthcare Inc , Bardstow n, KY, Exempt Flaget Memori al Hospital Foundation, Inc , Bardstow n, KY, Exempt Flaget Radiation Oncology LLC, Bardsto w n, KY, Nonexempt Lakew ood Health Center, Baudette, MN, Exempt Appletree Court, Breckenrid ge, MN, Exempt St Francis Home, Breckenridge, MN, Exempt St Francis Medical Center, Brec kenridge, MN, Exempt Healthcare and Wellness Foundation, Breckenridge, MN, Exempt Nazareth Assurance Company, Burlington, VT, Nonexempt Carrington Health Center, Carrington, ND, Ex empt Caduceus Medical Associates, Inc, Chattanooga, TN, Nonexempt Memorial Health Care Sys tem Foundation, Chattanooga, TN, Exempt Memorial Health Care System, Inc , Chattanooga, TN , Exempt MHP Foundation, Chattanooga, TN, Exempt Mountain Management Services Inc, Chattan ooga, TN, Nonexempt Memorial Health Partners, Inc , Chattanooga, TN, Exempt OccuNet, LLC, Chattanooga, TN, Nonexempt Memorial Office Partners, LP, Chattanooga, TN, Nonexempt Missio n Outpatient Surgery Center, LLC, Chattanooga, TN, Nonexempt Community Limited Care Dialys is Center, Cincinnati, OH, Exempt Good Samaritan Hospital, Cincinnati, OH, Exempt Good Sam aritan Hospital Foundation of Cincinnati, Cincinnati, OH, Exempt Universal Health Corp, Ci ncinnati, OH, Exempt Good Samaritan College of Nursing &amp; Health Science, Cincinnati, OH, E xempt Dixmyth Properties, LLC, Cincinnati, OH, Nonexempt Audubon Land Company, LLC, Colora do Springs, CO, Nonexempt S E T of Colorado Springs, Colorado Springs, CO, Exempt Total H ealthcare, Colorado Springs, CO, Exempt CHI Colorado Foundation, Colorado Springs, CO, Exe mpt PENRAD Imaging, Colorado Springs, CO, Nonexempt Breckenridge Medical Clinic, LLC, Brec kenridge, CO, Nonexempt Samaritan Health Foundation, Dayton, OH, Exempt Samaritan Health P artners, Dayton, OH, Exempt The Maria-Joseph Living Care Center, Dayton, OH, Exempt Greate r Dayton Area MRI Consortium, Inc , Dayton, OH, Exempt Samaritan North Surgery Center, Ltd , Dayton, OH, Nonexempt Samaritan Behavioral Health, Inc , Dayton, OH, Exempt Samaritan F amily Care, Inc , Dayton, OH, Exempt Alternative Insurance Management Services, Denver, CO , Nonexempt Catholic Health Initiatives, Denver, CO, Exempt CHI Operating Investment Progr am LP, Denver, CO, Nonexempt CHI Welfare Benefit Admin and Development Trust, Denver, CO, Nonexempt Comcare Services, Inc , Denver, CO, Nonexempt First Initiatives Insurance Compa ny Ltd, Denver, CO, Nonexempt Franciscan Services, Inc and Subsidiaries, Denver, CO, None xempt Health S E T , Denver, CO, Exempt Global Health Initiatives, Denver, CO, Exempt Cath olic Health Care Foundation, Denver, CO, Exempt St Clare's Primary Care, Inc Denville, N J, Nonexempt St Clare's Health Care solutions, Inc , Denville, NJ, Nonexempt Saint Clare' s Hospital, Denville, NJ, Exempt Saint Clare's Foundation, Inc , Denville, NJ, Exempt Sain t Clare's Community Care, Denville, NJ, Exempt Visiting Nurse Association of Saint Clare's , Inc , Denville, NJ, Exempt St Francis Life Care Corp , Denville, NJ, Exempt St Clare's Health Services, Inc , Denville, NJ, Exempt Des Moines Medical Center, Inc , Des Moines, IA, Nonexempt Bishop Drumm Retirement Center, Des Moines, IA, Exempt CHI - low a, Corp , De s Moines, IA, Exempt House of Mercy, Des Moines, IA, Exempt Mercy Clinics, Inc , Des Moine s, IA, Exempt Mercy College of Health Sciences, Des Moines, IA, Exempt Mercy Foundation of Des Moines, IA, Des Moines, IA, Exempt St Joseph Mercy Hospital, Centerville, low a, Des Moines, IA, Exempt Mercy Park Apartments, Des Moines, IA, Nonexempt Mercy Professional Pra ctice Associates, Inc , Des Moines, IA, Exempt Mercy Auxiliary of Central low a, Des Moines , IA, Exempt Mercy West Endoscopy, Des Moines, IA, Nonexempt Mercy Hospital of Devils Lake , Devils Lake, ND, Exempt St Joseph Lifecare Foundation, Dickinson, ND, Exempt St Joseph 's Hospital &amp; Health Center, Dickinson, ND, Exempt Mercy Medical Center, Durango, CO, Exem pt Catholic Health Initiatives - Colorado, Englew ood, CO, Exempt Centura Health Corporatio n, Englew ood, CO, Exempt CHI Kentucky, Louisville, KY, Exempt Villa Nazareth, Inc , Fargo, ND, Exempt St Catherine Hospital, Garden City, KS, Exempt St Catherine Hospital Foundat ion, Garden City, KS, Exempt Saint Francis Foundation, Grand Island, NE, Exempt Saint Fran cis Medical Center, Grand Island, NE, Exempt Central Nebraska Rehabilitation Services, Gra nd Island, NE, Nonexempt Healthcare Support Services, LLC, Grand Island, NE, Nonexempt Cen tral Kansas Medical Center, Great Bend, KS, Exempt St Joseph Memorial Hospital, Larned, K S, Exempt Central Kansas Health Services Association, Great Bend, KS, Nonexempt Maude Nort on Memorial Hospital, Columbus, KS, Exempt St Joh</p>

Identifier	Return Reference	Explanation
LIST OF RELATED ORGANIZATIONS	FORM 990, PART VI, LINE 80b	<p>n's Medical Group, Joplin, MO, Exempt Mercy Health Services Corporation, Joplin, MO, Nonexempt Mercy Lifecare Systems, Joplin, MO, Exempt St John's Mercy Regional Foundation, Joplin, MO, Exempt St John's Regional Medical Center, Joplin, MO, Exempt Central Nebraska Home Care Services, Kearney, NE, Nonexempt Good Samaritan Health System, Inc, Kearney, NE, Exempt Good Samaritan Hospital, Kearney, NE, Exempt Good Samaritan Hospital Foundation, Kearney, NE, Exempt Good Samaritan Outreach Services, Kearney, NE, Nonexempt Health Systems Enterprises, Inc, Kearney, NE, Nonexempt Bachmann Realty Corp, Lancaster, PA, Exempt St Joseph Health Ministries, Lancaster, PA, Exempt St Joseph Health Ministries Foundation, Lancaster, PA, Exempt St Joseph Health Services, Inc, Lancaster, PA, Exempt Bluegrass Regional Imaging Center, Lexington, KY, Nonexempt Continuing Care Hospital, Lexington, KY, Exempt St Joseph Healthcare Inc, Lexington, KY, Exempt St Joseph Office Park Association, Lexington, KY, Nonexempt St Joseph Hospital Foundation, Lexington, KY, Exempt St Joseph Medical Foundation, Inc, Lexington, KY, Exempt Gateway Regional Health Network, Mt Sterling, KY, Exempt Health Care Management, Inc, Lincoln, NE, Nonexempt Saint Elizabeth Foundation, Lincoln, NE, Exempt Saint Elizabeth Health Services, Lincoln, NE, Exempt Saint Elizabeth Health System, Lincoln, NE, Exempt The Physician Network, Lincoln, NE, Exempt Saint Elizabeth Regional Medical Center, Lincoln, NE, Exempt Lisbon Area Health Services, Lisbon, ND, Exempt Alverna Apartments, Little Falls, MN, Exempt Unity Family Healthcare, Little Falls, MN, Exempt St Vincent Community Health Services, Inc, Little Rock, AR, Nonexempt St Vincent Infirmary Medical Center, Little Rock, AR, Exempt St Vincent Medical Group, Little Rock, AR, Exempt North River Surgery Center, LLC, Little Rock, AR, Nonexempt St Vincent Foundation, Little Rock, AR, Exempt Marymount Medical Center, London, KY, Exempt Marymount Medical Center Foundation, London, KY, Exempt Our Lady of the Way Hospital, Inc, Martin, KY, Exempt St Anthony's Hospital Association, Morrilton, AR, Exempt Mednow, Inc, Nampa, ID, Nonexempt Mercy Medical Center, Nampa, ID, Exempt Mercy O/P Surgery Center, LLC, Nampa, ID, Nonexempt Mercy Medical Center Foundation, Nampa, ID, Exempt Mercy Physician Group, Nampa, ID, Nonexempt St Mary's Community Hospital, Nebraska City, NE, Exempt St Mary's Hospital Foundation, Nebraska City, NE, Exempt Oakes Community Hospital, Oakes, ND, Exempt Oakes Community Hospital Foundation, Oakes, ND, Exempt Alegent Health - Bergan Mercy Health System, Omaha, NE, Exempt Bergan Mercy Foundation, Omaha, NE, Exempt Mercy Health Care Foundation, Corning, NE, Exempt Mercy Hospital, Corning, IA, Exempt Mercy Hospital Foundation, Council Bluffs, NE, Exempt Auxiliary of Holy Rosary Hospital, Ontario, OR, Exempt Holy Rosary Medical Center, Ontario, OR, Exempt Holy Rosary Medical Center Foundation, Ontario, OR, Exempt Pathway Hospice, LLC, Ontario, OR, Nonexempt St Joseph's Area Health Services, Park Rapids, MN, Exempt St Anthony Development Company, Pendleton, OR, Nonexempt St Anthony Hospital, Pendleton, OR, Exempt St Anthony Hospital Foundation, Pendleton, OR, Exempt Gettysburg Medical Center, Gettysburg, SD, Exempt St Mary's Healthcare Center, Pierre, SD, Exempt Mt St Joseph, Portland, OR, Exempt Pueblo StepUp, Pueblo, CO, Exempt Bornemann Healthcare Corp, Reading, PA, Exempt SJH Services Corporation, Reading, PA, Nonexempt St Joseph Medical Center Foundation, Reading, PA, Exempt St Joseph Regional Health Network, Reading, PA, Exempt St Joseph Medical Group, Reading, PA, Exempt Ambulatory Surgery Center of Roseburg, LLC, Roseburg, OR, Nonexempt Canyonville Health Clinic, Inc, Roseburg, OR, Nonexempt Linus Oakes, Roseburg, OR, Exempt Mercy Foundation, Roseburg, OR, Exempt Mercy Medical Center, Inc, Roseburg, OR, Exempt Mercy Services Corporation, Roseburg, OR, Nonexempt Franciscan Villa of South Milwaukee, South Milwaukee, WI, Exempt Franciscan Foundation, Tacoma, WA, Exempt Franciscan Health System, Tacoma, WA, Exempt Franciscan Medical Group, Tacoma, WA, Exempt Enumclaw Community Hospital Association, Enumclaw, WA, Exempt Management Service Organization, Tacoma, WA, Nonexempt Physician Health System Network, Tacoma, WA, Nonexempt St Joseph Development Corporation, Tacoma, WA, Nonexempt St Joseph Medical Center, Towson, MD, Exempt St Joseph Medical Center Foundation, Towson, MD, Exempt Towson Management, Inc, Towson, MD, Nonexempt Towson Physician Services, Towson, MD, Exempt Ruxton Surgicenter, LLC, Towson, MD, Nonexempt Mercy Hospital of Valley City, Valley City, ND, Exempt Medquest Inc, Williston, ND, Nonexempt Mercy Medical Center, Williston, ND, Exempt Mercy Medical Foundation, Williston, ND, Exempt</p>

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT NARRATIVE	FORM 990, PART III, LINE A	<p>CATHOLIC HEALTH INITIATIVES Community Benefits Report I Introduction A MARY MOUNT MEDICAL CENTER NOW SAINT JOSEPH - LONDON Marymount Medical Center changed it's name to Saint Jose ph - London (SJL) in January 2008 and merged into St Joseph Healthcare on June 30, 2008 a t midnight Its mission remains the same- to provide quality healthcare to everyone in need regardless of their financial status or ability to pay Located at the foothills of Appal achia in Southeastern Kentucky, the hospital has had a long commtment to providing a heal ing ministry to the people of the area Today's mission is a continuation of the vision of the Sisters of Charity oF Nazareth, w ho purchased the facility in 1946 Through subsequen t years of ministry and the formation w ith other religious congregations of Catholic Healt h Initiatives in 1997, the mission and vision has continued SJL is an 89 bed acute care f acility Our Emergency Department frequently serves as a primary resource of care for many of the uninsured and under-insured of the community This year 35,692 visits (Out patient ED visits) w ere made to the ED A Hospital Council comprised of local business leaders, p hysicians and clergy advises the hospital President on issues impacting future develop- me nts and community health needs B COMMUNITY BENEFIT APPROACH Our mission to create healthy communities continually challenges us to explore w ith representatives of business, social agencies, and religious organizations opportunities for reaching out to the changing need s of our community We seek new ways to extend our healing ministry through projects focus ed on improving the health and quality of life of those w e serve, especially the poor, uni nsured and underinsured Through a community-based healthy community coalition, needs are explored and projects are identified The Healthy Community Department develops those projects w ith input from the Broader community Partnerships are key in the success of any end eavor Plans often include collaborative efforts w ith the Laurel County Health Department, The University of Kentucky Extension Office, YMCA, Kentucky Home Place, United Way, School Systems and those agencies w orking directly w ith those in need C FINANCIAL ASSISTANCE P ROGRAMS SJL follow s the CHI Standards and Guidelines for the provision of charity care Ou r income guidelines are based on 130% of the HUD Very Low Income levels We communicate th is charity program to all patients through signage, information in the patient hand book, and oral communication Any patient presenting to our facility w ithout insurance is apprised of the available assistance programs including charity, Medicaid, and the KY Hospital Care program Financial Counselors are available on first and second shifts to meet w ith pa tients and discuss financial assistance options We staff counselors at the main hospital registration department, in the Emergency Department, and at an offsite ancillary location Financial Counselors are also available by phone and do a great deal of follow up work b y contacting patients prior to turning over to a collection agency in order to identify th ose individuals w ho may be eligible for financial assistance Saint Joseph - The major components of SJL's Community Benefit are as follow s, (in thousands) Number of Persons Serve d Community Benefit Benefits For the Poor Cost of charity care provided 7,592 Unpaid cost of Medicaid 5,158 Unpaid cost of indigent programs - Non-billed services for the poor Cash and in-kind donations 3,126 24 Other benefits for the poor Total quantifiable benefits f or the poor 3,126 12,774 Benefits For the Broader Community Unpaid costs of Medicare and other senior programs Non-billed services for the community 13 115 Education and research 36 38 provided to the community Other community benefits 7,233 97 Total quantifiable benef its 7,282 250 for the broader community Unpaid Costs of Medicare 1,588 Total Quantifiable Community Benefits 10,408 14,612 III QUALITATIVE DESCRIPTION OF COMMUNITY BENEFIT A Comunity Outreach to the Poor The follow ing programs address specific areas of need w ithin t he community "Baby Fest - Each year, this event draw s families from all over the Tri-Coun ty area The festivals are offered in the spring and fall The fall event includes educati on and information on toddlers and is entitled Baby Fest/Toddlers The day long events dra w a large number of moms, family members and toddlers A combined total of 847 w omen regis tered and attended these events Baby Fest is a program that has been initiated by Southea stern Kentucky AHEC to assist young moms, many w ho are teenagers, in the care of their new borns, infants and toddlers The committee consists of members from SJL, Baptist Regional Medical Center, and Laurel and Whitley County Health Departments These groups have partne red together w ith AHEC to put together community education programs for expectant mothers, w hich include topics on signs and symptoms of lab</p>

Identifier	Return Reference	Explanation																				
COMMUNITY BENEFIT NARRATIVE	FORM 990, PART III, LINE A	<p>or, nutrition/breast feeding, care of new born and car seat safety "Childbirth Classes -Forty-five childbirth sessions were held this year Thirty five offered at night and ten on the weekend Two hundred participants, attended the sessions which included CPR training and an instruction in proper car seat safety by certified car seat staff Uninsured Awareness Day -For four days we traveled to different locations, setting up booths and tables to spread the word about current programs available for the uninsured and underinsured Locations were chosen based on high traffic areas where we would likely encounter individuals who could benefit from the information The four locations were Wal- Mart where we assisted 63 individuals, the Pediatric Clinic of London where we helped 23, First Baptist Church Health Fair, where information was provided to 178 individuals, and finally at Saint Joseph -London where 26 of our own employees were given information or signed up themselves or received information for family members for various programs In addition, two members of our staff traveled to three rural health clinics in Laurel and surrounding counties to provide information to their clients "Seed Luncheons - Once a month the local Senior Center closes on a Wednesday and does not offer lunch Seed Luncheons were begun in an effort to provide lunch on that one day to those who would normally be attending the Senior Center The local Catholic Church asked us to partner with them and provide education on health and other pertinent issues to the community This past year there were over 300 individuals seen in a twelve month period Educational topics have included Health Screenings, Glucose, Cholesterol, B/P, BMI Home Fire Safety Training Home Care / Hospice National Cancer Awareness Month Heart Healthy Lifestyle National Nutrition Month Abuse Prevention Senior Health &amp; Fitness (Body Recall) Services of Kentucky Home Place Kentucky Home Place - Kentucky Home Place (KHP) is a state funded program that works directly with the poor to address their housing, health and utility needs Our Healthy Community Director worked 136 hours at KHP providing diabetic education, flu shots, cholesterol checks and education, assisting with the monthly monitoring of the health needs of their clients This past October we began a new program that monitored Congestive Heart Failure patients With that program patients are assessed on their current health status and compliance Those who do not have a means of weighing themselves are provided scales These programs are maintained with the assistance of staff who help the director with various projects Our commitment to KHP has increased due to the needs that continue to be identified Below is a chart of the programs currently conducted at KHP</p> <table border="1"> <thead> <tr> <th>Program</th> <th>Education</th> <th>Assessments</th> <th>Follow up</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Flu Clinic</td> <td>1,200</td> <td>480</td> <td>200</td> <td>1,880</td> </tr> <tr> <td>Diabetes Clinic</td> <td>425</td> <td>480</td> <td>200</td> <td>1,105</td> </tr> <tr> <td>CHF-Meets Monthly</td> <td>82</td> <td>48</td> <td>0</td> <td>130</td> </tr> </tbody> </table> <p>"Summer Feeding Program - SJL has partnered again with the local YMCA to provide meals for children over an eight-week period at a Local public housing site SJL had 75 volunteers assist in distributing over 1,000 lunches to local children B Community Outreach for the Broader Community The following outlines projects/programs provided to the community Educational Projects and Programs " Saint Joseph-London is the CPR Center for Southeastern Kentucky Twenty-two counties are served by the CPR Center BLS, ACLS, and PALS classes are held for the community The Center provided the following courses BLS 3 Classes 12 participants ACLS 2 Classes 4 participants PALS 2 Classes 4 participants "SJL Co-sponsored the following events Staff provided time to organizing and planning the following events this year o The Cardiac Symposium was held in Whitley County with over 328 participants o A Diabetic Symposium was held in Laurel County with 450 in attendance o Cancer Survivors Dinner - Working with Baptist Regional Medical Center, and AHEC we collaborated in recognizing our Cancer Survivors in the Tri-County area Agencies and vendors provided information on cancer research, education and treatment 300 individuals attended the dinner o Domestic Violence Awareness - Ten members of our staff, many from Emergency Department, helped organize an evening vigil and program to heighten community awareness regarding Domestic Violence Approximately 75 members from the community attended o Go Red for Women - As part of the nation-wide Go Red For Women campaign, this program provided through Collaboration with AHEC, American Hospital Association, Baptist Regional Hospital and Saint Joseph - London offers Planning and organizational support for the annual community event for w</p>	Program	Education	Assessments	Follow up	Total	Flu Clinic	1,200	480	200	1,880	Diabetes Clinic	425	480	200	1,105	CHF-Meets Monthly	82	48	0	130
Program	Education	Assessments	Follow up	Total																		
Flu Clinic	1,200	480	200	1,880																		
Diabetes Clinic	425	480	200	1,105																		
CHF-Meets Monthly	82	48	0	130																		



Identifier	Return Reference	Explanation
COMMUNITY BENEFIT NARRATIVE	FORM 990, PART III, LINE A	<p>omen's health related issues This educational event focuses attention on preventative issues surrounding heart disease among women The event was attended by over 210 participants Throughout the year, members of our staff provide education on various topics to the public These courses include o Lactation Classes o Breastfeeding Classes o Sexual Assault o Diabetic Education o Education to physician offices on MRSA and Infection Control Education Medical Professionals SJL serves as a clinical education site for "Nursing students from Eastern Kentucky University, Lincoln Memorial, Somerset College "Public Health students from Cumberland College "Radiology students from Eastern Kentucky University "Laboratory interns "Health Information interns from Eastern Kentucky University "Pharmacy interns from UK "Somerset Community College Nursing Students "Respiratory Therapy students from Rock castle Community College "Paramedic students through local Ambulance Service "Cardiac Cath Technicians from ECU and LMU Health Screenings/Health Fairs/Support Groups Throughout the fiscal year, SJL has participated in many health fairs in our community The screenings have included such services as blood pressure, glucose, and cholesterol checks as well as body fat analysis Information is also provided on Advance Directives, Domestic Violence and KODA For many of our community, this is their only means of obtaining health checks Below is an overview of the Health Screenings/Fairs SJL has conducted this past fiscal year</p> <p>Event Participants/Measures Outcomes</p> <p>Flowers Bakery 220 employees screened, 12 out of normal Health Screening BMI, cholesterol, glucose, range values b/p, O2% provided Follow up &amp; Physicians referrals done Jackson County 325 employees screened 22 out of normal range Health Screening BMI, cholesterol, glucose, values Follow Up &amp; Fair b/p, O2% provided Physician referrals done Senture 45 employees screened 3 out of normal range Employees Health BMI, cholesterol, glucose, values Follow up &amp; Screening b/p, O2% Physician referrals done East Bernstadt 52 school children 7 out of normal Career/Health Fair BMI &amp; nutrition range values education given BMI Education material Career packet provided &amp; follow up done Laurel Cookie 143 employees screened 18 out of normal Factory Employees BMI, cholesterol, glucose, range values Health Screening b/p, O2% provided Follow up, referral to ER &amp; Physician done Laurel County School 40 school children N/A Career Fair Career packets given Wal-Marts Women 72 communities BMI done 22 out of normal Health Day Preventive education, range values b/p, diabetes, heart/stroke, Education given exercise given on abnormal BMI UK Extension 120 glucose 4 out of normal range Cooking School screens provided values 4 glucose Preventive Education given meters given Referral to Physician given Greer's Health 53 employees screened 7 Out of normal Screening BMI, cholesterol, range values glucose, b/p, O2% 2 glucose meters given Referral &amp; follow up Support Groups - provide a way for individuals to network and gain information, insight and support from and with others experiencing a similar disease process "Heart Support Group - A monthly group that addresses the needs of people who have had heart surgery Meeting monthly, the group focuses on issues involving diet, exercise and lifestyle adjustments for those who have had heart surgery "Look Good/Feel Better - Described as a "Make Over for the Spirit", this on-going program assists patients undergoing cancer treatment to combat the appearance-related side effects of treatment "Diabetes Support Group - Participants meet monthly for cooking classes, walking and self-management of diabetes "Living With Grief - Offered in conjunction with Tri-County Hospice and First Baptist Church, this group meets regularly and offers support for those who have experienced the death of a loved one</p>

## TY 2007 Individual Assistance Schedule

**Name:** MARYMOUNT MEDICAL CENTER

**EIN:** 61-1140447

Class of Activity	Amount
EMPLOYEE ASSISTANCE	3,801

## TY 2007 Investments - Land Schedule

**Name:** MARYMOUNT MEDICAL CENTER

**EIN:** 61-1140447

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
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**TY 2007 Investments - Other Schedule**

**Name:** MARYMOUNT MEDICAL CENTER

**EIN:** 61-1140447

Description	Book Value	Cost/FMV
CUMBERLAND HEALTH		

## TY 2007 Investments - Securities Schedule

**Name:** MARYMOUNT MEDICAL CENTER

**EIN:** 61-1140447

Description	Book Value	Cost/FMV
CHI OPERATING INVMT PROGRAM LP - OTHER		
FIXED - OTHER		
EQUITY - OTHER		

## TY 2007 Mortgages and Notes Payable Schedule

**Name:** MARYMOUNT MEDICAL CENTER

**EIN:** 61-1140447

**Total Mortgage Amount:** 0

<b>Item No.</b>	1
<b>Lender's Name</b>	CATHOLIC HEALTH INITIATIVES
<b>Lender's Title</b>	
<b>Relationship to Insider</b>	
<b>Original Amount of Loan</b>	10449936
<b>Balance Due</b>	
<b>Date of Note</b>	1998-06
<b>Maturity Date</b>	2017-12
<b>Repayment Terms</b>	MONTHLY AMORTIZATION
<b>Interest Rate</b>	5.1
<b>Security Provided by Borrower</b>	NONE
<b>Purpose of Loan</b>	DEBT RESTRUCTURING
<b>Description of Lender Consideration</b>	CASH
<b>Consideration FMV</b>	

<b>Item No.</b>	2
<b>Lender's Name</b>	CATHOLIC HEALTH INITIATIVES
<b>Lender's Title</b>	
<b>Relationship to Insider</b>	
<b>Original Amount of Loan</b>	2000000
<b>Balance Due</b>	
<b>Date of Note</b>	2003-04
<b>Maturity Date</b>	2012-12
<b>Repayment Terms</b>	MONTHLY AMORTIZATION
<b>Interest Rate</b>	5.1
<b>Security Provided by Borrower</b>	NONE
<b>Purpose of Loan</b>	EQUIPMENT PURCHASE
<b>Description of Lender Consideration</b>	CASH
<b>Consideration FMV</b>	

<b>Item No.</b>	3
<b>Lender's Name</b>	CATHOLIC HEALTH INITIATIVES
<b>Lender's Title</b>	
<b>Relationship to Insider</b>	
<b>Original Amount of Loan</b>	4200000
<b>Balance Due</b>	
<b>Date of Note</b>	2002-11
<b>Maturity Date</b>	2017-12
<b>Repayment Terms</b>	MONTHLY AMORTIZATION
<b>Interest Rate</b>	5.1
<b>Security Provided by Borrower</b>	NONE
<b>Purpose of Loan</b>	MINOR REMODELING, EQUIPMENT PURCHASE
<b>Description of Lender Consideration</b>	CASH
<b>Consideration FMV</b>	

<b>Item No.</b>	4
<b>Lender's Name</b>	DADE BEHRING CAPITAL LEASE AGREEMEN
<b>Lender's Title</b>	
<b>Relationship to Insider</b>	
<b>Original Amount of Loan</b>	47759
<b>Balance Due</b>	0
<b>Date of Note</b>	2002-10
<b>Maturity Date</b>	2007-10
<b>Repayment Terms</b>	60 MONTHLY PAYMENTS
<b>Interest Rate</b>	5.5
<b>Security Provided by Borrower</b>	NONE
<b>Purpose of Loan</b>	PURCHASE COAG ANALYZER LAB EQUIPMENT
<b>Description of Lender Consideration</b>	CASH
<b>Consideration FMV</b>	

## TY 2007 Other Assets Schedule

**Name:** MARYMOUNT MEDICAL CENTER

**EIN:** 61-1140447

Description	Beginning of Year Amount	End of Year Amount
CSV- LIFE INSURANCE	257,627	
PREPAID PENSION-DEFERRED INC	170,881	
MANAGEMENT FEES RECEIVABLE	44,838	
RETURNED CHECKS	3,110	
CONSORTA RECEIVABLE	262,447	
INTANGIBLE ASSET	178,658	
PHYSICIAN INCOME GUARANTEE	0	



**TY 2007 Other Changes in Net Assets Schedule****Name:** MARYMOUNT MEDICAL CENTER**EIN:** 61-1140447

Description	Amount
CAPITAL RESOURCE POOL CONTRIBUTION	930,997
CHANGE IN UNREALIZED LOSS ON SECURITIES	2,232,609
TRANSFER TO ST JOSEPH HEALTHCARE	55,031,832

**TY 2007 Other Investment Income Schedule****Name:** MARYMOUNT MEDICAL CENTER**EIN:** 61-1140447

Description	Amount
CHANGE IN EQUITY IN UNCONSOLIDATED ORGANIZATIONS	25,110

**TY 2007 Other Liabilities Schedule**

**Name:** MARYMOUNT MEDICAL CENTER

**EIN:** 61-1140447

Description	Beginning of Year Amount	End of Year Amount
DEFERRED INCOME PLAN	170,881	
MISC LIABILITIES	0	

**TY 2007 Payments to Affiliates Schedule**

**Name:** MARYMOUNT MEDICAL CENTER

**EIN:** 61-1140447

Name	Address	Amount	Purpose
NATIONAL ASSESSMENT		1,797,000	

**TY 2007 Non Electing Public Charities Statement**

**Name:** MARYMOUNT MEDICAL CENTER

**EIN:** 61-1140447

**Statement:** DIRECTOR OF PUBLIC AFFAIRS ESTIMATES 60 HOURS WAS DEVOTED TO READING ADVOCACY MATERIALS, RESPONDING TO E-MAILS, AND ATTENDING A PHONE CONFERENCE. TOTAL LABOR ESTIMATE IS \$2,196. MARYMOUNT MEDICAL CENTER UTILIZED THE PROFESSIONAL SERVICES OF GENE HUFF CONSULTING TO PREPARE CORRESPONDENCE AND VISIT WITH STATE AND FEDERAL LEGISLATORS TO FURTHER THE PUBLIC ADVOCACY PROGRAM DESCRIBED IN THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE: \$36,000. PORTION OF ORGANIZATIONAL DUES RELATED TO LOBBYING: CATHOLIC HOSPITAL ASSOCIATION: \$657 AMERICAN HOSPITAL ASSOCIATION: \$1,156 KENTUCKY HOSPITAL ASSOCIATION: \$4,693

## TY 2007 Scholarship Award Statement

**Name:** MARYMOUNT MEDICAL CENTER

**EIN:** 61-1140447

**Statement:** MARYMOUNT MEDICAL CENTER PROVIDES A NURSING SCHOLARSHIP PROGRAM OPEN TO ALL EMPLOYEES. THE TWO YEAR PROGRAM MUST BE COMPLETED IN 6 SEMESTERS. IN RETURN, THE RECIPIENT MUST COMMIT TO WORK FULL TIME FOR 1 YEAR AS AN RN FOR EACH YEAR OF ASSISTANCE THAT IS RECEIVED.

**TY 2007 Self Dealing Statement****Name:** MARYMOUNT MEDICAL CENTER**EIN:** 61-1140447

<b>Line Number</b>	<b>Explanation</b>
2a	MARYMOUNT MEDICAL CENTER LEASES AN OFFICE BUILDING FROM BOARD MEMBER, ERNEST MATT HOUSE. ALL TRANSACTIONS ARE AT AN ARMS LENGTH AND AT FAIR MARKET VALUE.
2d	FORM 990 PART V-A

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2007, or tax year beginning 07/01, 2007, and ending 06/30, 2008

2007

Department of the Treasury Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

See instructions on back.

Name of exempt organization

Employer identification number

MARYMOUNT MEDICAL CENTER FOUNDATION

26-0438748

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return, if any...

Table with 5 rows (1a-1e) and 2 columns (Form check here, Total revenue/tax/balance due). Includes handwritten 'X' in box 1a and '4,878' in column 1b.

Part II Declaration of Officer

I authorize the US Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry...

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent...

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2007 electronic return...

Sign Here: Signature of officer, Date 15-11-09, Title VP-Finance

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge.

ERO's Use Only: Signature, Date 5/6/09, Firm name CATHOLIC HEALTH INITIATIVES, Address 9780 MT. PYRAMID COURT ENGLEWOOD CO 80112, EIN 47-0617373, ERO's SSN or PTIN P00638233

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Paid Preparer's Use Only: Preparer's signature, Date, Firm's name, Address, EIN, Preparer's SSN or PTIN, Phone no.

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form 8453-EO (2007)