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As Amended

EXTENSION GRANTED TO NOVEMBER 15, 2010

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termin-ated
- ☒ Amended return
- ☐ Applica-tion pending

Please use IRS label or print or type. See Specific Instruc-tions.

C Name of organization
FULTON COUNTY HEALTH CENTER

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
725 SOUTH SHOOP AVENUE

City or town, state or country, and ZIP + 4
WAUSEON, OH 43567-1701

D Employer identification number
34-4428214

E Telephone number
(419)335-2015

G Gross receipts $ 74,111,072.

F Name and address of principal officer DALE NAFZIGER
SAME AS C ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.FULTONCOUNTYHEALTHCENTER.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1973 M State of legal domicile: OH

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROMOTION OF HEALTH CARE TO THE GENERAL PUBLIC.		
	2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of employees (Part V, line 2a)	5	938
	6 Total number of volunteers (estimate if necessary)	6	162
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.

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		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	48,871.	123,879.
	9 Program service revenue (Part VIII, line 2g)	70,859,249.	72,900,381.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	604,185.	354,888.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	747,808.	145,582.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	72,260,113.	73,524,730.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	36,675,091.	37,668,651.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	34,715,017.	34,894,066.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	71,390,108.	72,562,717.
	19 Revenue less expenses Subtract line 18 from line 12	870,005.	962,013.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	76,159,093.	77,256,820.
	21 Total liabilities (Part X, line 26)	41,417,488.	37,354,327.
	22 Net assets or fund balances. Subtract line 21 from line 20	34,741,605.	39,902,493.

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 — Date: 1-19-12

▶ DEAN BECK, ADMINISTRATOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ — Date: 1-25-12 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶
PLANTE & MORAN, PLLC
65 EAST STATE ST, STE 600
COLUMBUS, OH 43215

EIN ▶

Phone no. ▶ (614) 849-3000

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

2 17 14

As Amended

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission SEE SCHEDULE O

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 $ 52,525,219. including grants of $ 0.) (Revenue $ 72,924,229.)
SEE SCHEDULE O

4b (Code) (Expenses $ including grants of $) (Revenue $)

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 ▶ $** 52,525,219.

As Amended

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	X	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		X
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*	6		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*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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*	9		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*	10	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*	11	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*	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes: X / No:)	12A		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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*	14b		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*	15		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*	16		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*	17		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*	18		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*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	X	

As Amended

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*	21		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*	22		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*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		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?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		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*	25b		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*	26		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*	27		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*	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		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*	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		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*	32		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*	33	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*	34		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*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

As Amended

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	1a	73		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	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	2a	938		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI Governance, Management, and Disclosure *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
1a	Enter the number of voting members of the governing body	1a	14		
b	Enter the number of voting members that are independent	1b	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5			X
6	Does the organization have members or stockholders?	6			X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a			X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X	

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ OH

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 ▶

DARRELL TOPMILLER - (419) 335-2015

725 SOUTH SHOOP AVE, WAUSEON, OH 43567

As Amended

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			
DALE L. NAFZIGER PRESIDENT	0.80	X		X				0.	0.	0.
CARL HILL VICE PRESIDENT	0.80	X		X				0.	0.	0.
SANDY BARBER SECRETARY	0.80	X		X				0.	0.	0.
MERRILL NOFZIGER TREASURER	0.80	X		X				0.	0.	0.
MATTHEW J. MCQUADE DIRECTOR	0.80	X						0.	0.	0.
ALAN SCHAFFNER DIRECTOR	0.80	X						0.	0.	0.
DR. LEE DAVIS DIRECTOR	0.80	X						0.	0.	0.
SHARON GILLESPIE DIRECTOR	0.80	X						0.	0.	0.
JENNIFER MCCULLOUGH DIRECTOR	0.80	X						0.	0.	0.
DR. CHRIS SPIELES DIRECTOR	40.00	X						650,000.	0.	15,355.
MARK HAGANS DIRECTOR	0.80	X						0.	0.	0.
ALLEN LIECHTY DIRECTOR	0.80	X						0.	0.	0.
WILLIAM ANDERSON DIRECTOR	0.80	X						0.	0.	0.
STANLEY MULTHAUF DIRECTOR	0.80	X						0.	0.	0.
DEAN BECK ADMINISTRATOR	40.00			X				235,296.	0.	20,017.
PATRICIA FINN ASST. ADMINISTRATOR	40.00			X				129,439.	0.	21,952.
DARRELL TOPMILLER DIRECTOR OF FINANCE	40.00			X				110,962.	0.	21,057.

As Amended

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			
JOANN SHORT DIRECTOR OF NURSING	40.00			X				100,606.	0.	12,375.
DAVID RENTON FM ADMINISTRATOR	40.00			X				33,573.	0.	7,391.
MARY JO SMALLMAN FM ADMINISTRATOR	40.00			X				80,565.	0.	19,328.
SEMEGHAGHA FOFUNG PHYSICIAN	40.00					X		228,173.	0.	7,465.
HARRY MURTIFF PHYSICIAN	40.00					X		160,352.	0.	15,355.
DR. DANIEL MCKERNAN PHYSICIAN	40.00					X		802,124.	0.	15,355.
EDWARD W CLAUSING PHYSICIAN	40.00					X		104,865.	0.	21,306.
RONALD E MUSIC PHYSICIAN	40.00					X		165,006.	0.	15,355.
1b Total						▶		2,800,961.	0.	192,311.

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 ▶ 10

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		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*	4	X	
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*	5		X

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
AMERISOURCE - BERGEN 27550 NETWORK PLACE, CHICAGO, IL 60673	DRUGS / SUPPLIES	4,743,960.
ZIMMER US INC, 14235 COLLECTIONS CENTER DRIVE, CHICAGO, IL 60693	ORTHOPEDIC SURGERY PRODUCTS	1,754,468.
AMERICAN PHYSICAL REHABILITATION, 6444 MONROE STREET, SUITE 5, SYLVANIA, OH 43560	THERAPY SERVICES-PT, OT & ST	1,531,325.
HLES OF OHIO, 3724 NATIONAL DRIVE, SUITE 109, RALEIGH, NC 27612	ER PHYSICIANS	1,348,793.
SENECA MEDICAL INC PO BOX 636696, CINCINNATI, OH 45263	MEDICAL SUPPLIES	1,164,000.

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 ▶ 56

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	123,879.			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f	▶	123,879.			
Program Service Revenue		Business Code				
	2a PATIENT SERVICES	622110	72425101.	72425101.		
	b REBATES AND REFUNDS	900099	192,130.	192,130.		
	c OTHER INCOME	900099	188,542.	188,542.		
	d EDUCATION SERVICES	611710	94,608.	94,608.		
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	▶	72900381.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	390,905.			390,905.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real	(ii) Personal			
	6a Gross Rents	331,289.				
	b Less rental expenses	540,915.				
	c Rental income or (loss)	-209626.				
	d Net rental income or (loss)	▶	-209,626.	23,848.		-233,474.
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory		9,410.			
	b Less cost or other basis and sales expenses	7,523.	37,904.			
	c Gain or (loss)	-7,523.	-28,494.			
	d Net gain or (loss)	▶	-36,017.			-36,017.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events	▶				
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Business Code				
	11a FOOD SALES	621110	325,164.			325,164.
	b					
	c					
	d All other revenue	621110	30,044.			30,044.
	e **Total.** Add lines 11a-11d	▶	355,208.			
	12 **Total revenue** See instructions.	▶	73524730.	72924229.	0.	476,622.

As Amended

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,457,916.		1,457,916.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	28,276,450.	20,641,809.	7,634,641.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,089,932.	795,650.	294,282.	
9 Other employee benefits	4,871,308.	3,556,055.	1,315,253.	
10 Payroll taxes	1,973,045.	1,440,323.	532,722.	
11 Fees for services (non-employees)				
a Management				
b Legal	94,148.		94,148.	
c Accounting	209,501.		209,501.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	8,623,941.	6,295,477.	2,328,464.	
12 Advertising and promotion	205,167.		205,167.	
13 Office expenses	14,505,433.	10,588,966.	3,916,467.	
14 Information technology	600,239.	438,174.	162,065.	
15 Royalties				
16 Occupancy	2,700,381.	2,700,381.		
17 Travel	56,008.	40,886.	15,122.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	561,971.	325,943.	236,028.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,890,374.	2,256,417.	1,633,957.	
23 Insurance	749,043.	749,043.		
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 BAD DEBT EXPENSE	2,691,322.	2,691,322.		
b MISCELLANEOUS	6,538.	4,773.	1,765.	
c				
d				
e				
f All other expenses				
25 **Total functional expenses** Add lines 1 through 24f	72,562,717.	52,525,219.	20,037,498.	0.
26 **Joint costs** Check here ▶ ☐ 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				

As Amended

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		509,123.	1	1,197,020.
	2	Savings and temporary cash investments		14,128,814.	2	13,122,936.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		7,610,010.	4	9,984,732.
	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		30,500.	7	
	8	Inventories for sale or use		1,469,644.	8	1,514,965.
	9	Prepaid expenses and deferred charges		705,978.	9	805,189.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 71,341,150.			
	b	Less accumulated depreciation	10b 30,843,920.	42,428,368.	10c	40,497,230.
	11	Investments - publicly traded securities		7,070,265.	11	6,729,320.
	12	Investments - other securities See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets		96,423.	14	62,141.
	15	Other assets See Part IV, line 11		2,109,968.	15	3,343,287.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		76,159,093.	16	77,256,820.
Liabilities	17	Accounts payable and accrued expenses		5,096,144.	17	5,215,191.
	18	Grants payable			18	
	19	Deferred revenue		37,630.	19	38,924.
	20	Tax-exempt bond liabilities		28,500,000.	20	28,435,000.
	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		7,783,714.	25	3,665,212.
	26	**Total liabilities.** Add lines 17 through 25		41,417,488.	26	37,354,327.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		34,689,605.	27	39,850,493.
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets		52,000.	29	52,000.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		34,741,605.	33	39,902,493.
	34	Total liabilities and net assets/fund balances		76,159,093.	34	77,256,820.

As Amended

Part XI Financial Statements and Reporting

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

As Amended

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	Employer identification number
FULTON COUNTY HEALTH CENTER	34-4428214

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?

		Yes	No
(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?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

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? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
Total									

As Amended

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) **14** %

15 Public support percentage from 2008 Schedule A, Part II, line 14 **15** %

16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

As Amended

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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 ▶ ☐

As Amended

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
FULTON COUNTY HEALTH CENTER	34-4428214

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-

As Amended

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
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the 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
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

As Amended

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) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c	Media advertisements?		X	
d	Mailings to members, legislators, or the public?		X	
e	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?	X		1,156.
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i	Other activities? If "Yes," describe in Part IV		X	
j	Total. Add lines 1c through 1i			1,156.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to 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."**

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

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

PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:

DUES PAYMENTS TO OHA THAT WERE USED BY THAT ORGANIZATION FOR LOBBYING PURPOSES.

As Amended

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization
FULTON COUNTY HEALTH CENTER

Employer identification number
34-4428214

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? ☐ Yes ☐ No

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
- ☐ Preservation of land for public use (e g , recreation or pleasure)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of a certified historic structure

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 Tax 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 section 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 ▶ $ _____

As Amended

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

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

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 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
1c	
1d	
1e	
1f	

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	463,238.	458,802.			
b Contributions	5,300.	875.			
c Net investment earnings, gains, and losses	923.	7,133.			
d Grants or scholarships					
e Other expenditures for facilities and programs	121,940.				
f Administrative expenses	452.	3,572.			
g End of year balance	347,069.	463,238.			

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ 85.02 %
b Permanent endowment ▶ 14.98 %
c Term endowment ▶ .00 %

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

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

(i) unrelated organizations
(ii) related organizations

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		858,990.		858,990.
b Buildings		39,802,813.	12,731,936.	27,070,877.
c Leasehold improvements				
d Equipment		29,217,376.	17,529,357.	11,688,019.
e Other		1,461,971.	582,627.	879,344.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				40,497,230.

Schedule D (Form 990) 2009

As Amended

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		
Total. (Col (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
Total (Col (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
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

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

1 (a) Description of liability	(b) Amount
Federal income taxes	
FAIR VALUE OF INTEREST RATE SWAP	855,501.
COST REPORT SETTLEMENT PAYABLE	620,309.
OBLIGATIONS UNDER CAPITAL LEASES	2,189,402.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	3,665,212.

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

As Amended

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	73,524,730.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	72,562,717.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	962,013.
4	Net unrealized gains (losses) on investments	4	382,638.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	3,816,237.
9	Total adjustments (net) Add lines 4 through 8	9	4,198,875.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	5,160,888.

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	78,264,520.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	382,638.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	4,357,152.		
e	Add lines **2a** through **2d**			2e	4,739,790.
3	Subtract line **2e** from line **1**			3	73,524,730.
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	0.
5	Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*			5	73,524,730.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	73,103,632.
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	540,915.		
e	Add lines **2a** through **2d**			2e	540,915.
3	Subtract line **2e** from line **1**			3	72,562,717.
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	0.
5	Total expenses Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18)*			5	72,562,717.

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

PART V, LINE 4: PERMANENT ENDOWMENT FUNDS WILL BE USED AS DIRECTED BY THE DONOR. BOARD DESIGNATED FUNDS ARE A MEMORIAL ACCOUNT AND FUNDS WILL BE SPENT AS DIRECTED BY THE BOARD OF DIRECTORS.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN FAIR VALUE OF INTEREST RATE SWAP: 3816237.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIV Supplemental Information *(continued)*

RECLASS OF RENTAL EXPENSES: 540915.

CHANGE IN FAIR VALUE OF INTEREST SWAP AGREEMENTS: 3816237.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

RECLASS OF RENTAL EXPENSES: 540915.

PART XI LINE 8 - CHANGE IN FAIR VALUE OF INTEREST RATE SWAP

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

As Amended
Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

FULTON COUNTY HEALTH CENTER

Employer identification number

34-4428214

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	X	
b	If "Yes," is it a written policy?	1b	X	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ %	3a	X	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other _____ %	3b	X	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	X	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	X	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	X	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		X
6a	Does the organization prepare an annual community benefit report?	6a	X	
b	If "Yes," does the organization make it available to the public?	6b	X	

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			3659361.	1081786.	2577575.	3.69%
b Unreimbursed Medicaid (from Worksheet 3, column a)			4674100.	1999326.	2674774.	3.83%
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			8333461.	3081112.	5252349.	7.52%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			853,811.	168,760.	685,051.	.98%
f Health professions education (from Worksheet 5)			57,128.		57,128.	.08%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			9,064.	5,438.	3,626.	.01%
j **Total.** Other Benefits			920,003.	174,198.	745,805.	1.07%
k **Total.** Add lines 7d and 7j			9253464.	3255310.	5998154.	8.59%

As Amended

Part II Community Building Activities Complete this table if the organization conducted any community building activities

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

Part III Bad Debt, Medicare, & Collection Practices

			Yes	No
Section A. Bad Debt Expense				
1	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		X
2	Enter the amount of the organization's bad debt expense (at cost)	2 1,107,216.		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit			
Section B. Medicare				
5	Enter total revenue received from Medicare (including DSH and IME)	5 16,479,292.		
6	Enter Medicare allowable costs of care relating to payments on line 5	6 16,323,140.		
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7 156,152.		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used			
	[X] Cost accounting system [ ] Cost to charge ratio [ ] Other			
Section C. Collection Practices				
9a	Does the organization have a written debt collection policy?	9a	X	
b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	X	

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	TECHNICORE	CLINICAL ENGINEERING	10.00%	.00%	.00%
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

As Amended

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
FULTON COUNTY HEALTH CENTER 725 S. SHOOP AVE WAUSEON, OH 43567	X	X			X		X		
FULTON MANOR 725 S. SHOOP AVE WAUSEON, OH 43567									SKILLED NURSING FACILITY
FCHC MEDICAL CARE 725 S. SHOOP AVE WAUSEON, OH 43567									PHYSICIAN PRACTICES

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

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

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

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

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

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

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C: FCHC USES THE FEDERAL POVERTY GUIDELINES FOR DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE.

PART I, LINE 7: COST OF CHARITY CARE IS CALCULATED USING COST-TO-CHARGE RATIO. COST OF MEDICAID IS PER THE MEDICAID COST REPORT. REMAINING ITEMS ARE CALCULATED BASED ON ACTUAL COSTS OF SPECIFIC PROGRAMS.

PART I, LINE 7F: THE AMOUNT OF BAD DEBT EXPENSE THAT WAS REMOVED FROM THE CALCULATION IN PART I LINE 7 COLUMN (F) TOTALED $2,691,322.

PART III, LINE 4: AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IS ESTABLISHED ON AN AGGREGATE BASIS BY USING HISTORICAL LOSS-RATE FACTORS APPLIED TO UNPAID ACCOUNTS BASED ON AGING. LOSS-RATE FACTORS ARE BASED ON HISTORICAL LOSS EXPERIENCE AND ADJUSTED FOR ECONOMIC CONDITIONS AND OTHER TRENDS AFFECTING THE HOSPITAL'S ABILITY TO COLLECT OUTSTANDING AMOUNTS. UNCOLLECTIBLE AMOUNTS ARE WRITTEN OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IN THE PERIOD THEY ARE DETERMINED TO BE UNCOLLECTIBLE. AN ALLOWANCE FOR CONTRACTUAL ADJUSTMENTS, INCLUDING INTERIM PAYMENT ADVANCES, IS BASED ON EXPECTED PAYMENT RATES FROM PAYORS BASED ON CURRENT REIMBURSEMENT METHODOLOGIES.

Part VI Supplemental Information

FCHC USES A COST ACCOUNTING SYSTEM TO DETERMINE THE COST OF THE BAD DEBT EXPENSE.

PART III, LINE 8: AS A CRITICAL ACCESS HOSPITAL, MEDICARE PAYS FCHC AT COST. THEREFORE, FCHC DOES NOT HAVE A MEDICARE SHORTFALL.

PART III, LINE 9B: THE CRITERION FULTON COUNTY HEALTH CENTER UTILIZES TO COLLECT FROM PATIENTS INCLUDES: PATIENTS ARE SENT STATEMENTS FOR OUTSTANDING BALANCES FOR A PERIOD OF TIME NOT LESS THAN 105 DAYS, AFTER AN EFFORT HAS BEEN MADE TO COLLECT THE BALANCE OR PLAN A PATIENT-PAY ACCOUNT PAYMENT PLAN THROUGH A SERIES OF 4 LETTERS AND 2 TELEPHONE CONTACTS DURING THE AFOREMENTIONED 105 DAY PERIOD, THE ACCOUNT IS TURNED OVER TO A COLLECTION AGENCY FOR FURTHER COLLECTION EFFORTS OR LEGAL COLLECTIONS.

COLLECTION EFFORTS ARE NOT ENFORCED FOR BALANCES KNOWN TO QUALIFY UNDER CHARITY CARE OR OTHER FINANCIAL ASSISTANCE CRITERIA.

PART VI, LINE 2: EVERY FIVE YEARS, THE ORGANIZATION PERFORMS A COMMUNITY HEALTH NEEDS ASSESSMENT TO DETERMINE THE CURRENT HEALTH NEEDS WITHIN THE COMMUNITY. IN ADDITION, THE MEDICAL STAFF PROVIDES THE HOSPITAL WITH HEALTH CARE NEEDS WITHIN THE COMMUNITY BASED ON THEIR OWN PATIENTS HEALTH CARE NEEDS.

PART VI, LINE 3: FCHC HAS SIGNS POSTED AT EACH PLACE THAT REGISTERS PATIENTS TO INFORM THEM OF FINANCIAL ASSISTANCE AVAILABLE. ALSO, EACH BILLING STATEMENT SENT TO THE PATIENTS PROVIDES INFORMATION ON WHO THE PATIENT MAY CONTACT FOR INFORMATION REGARDING FINANCIAL ASSISTANCE.

As Amended

Part VI Supplemental Information

FINALLY, FINANCIAL COUNSELORS VISIT CERTAIN PATIENTS IN THE EMERGENCY DEPARTMENT AND ON THE INPATIENT FLOORS TO DISCUSS THE FINANCIAL ASSISTANCE AVAILABLE TO THEM.

PART VI, LINE 4: FCHC SERVES FULTON COUNTY, OHIO AS THE PRIMARY SERVICE AREA, AS WELL AS SURROUNDING COUNTIES AS THE SECONDARY SERVICE AREA. THE HOSPITAL SERVES ALL RESIDENTS WITH VARIOUS DEMOGRAPHIC CHARACTERISTICS.

PART VI, LINE 5: N/A

PART VI, LINE 6: ALL ACTIVITIES HAVE BEEN REPORTED IN PRIOR SECTIONS OF SCHEDULE H.

As Amended

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	Employer identification number
FULTON COUNTY HEALTH CENTER	34-4428214

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
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		
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			
	☒ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed 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.			
	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			
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			
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		

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				
DR. CHRIS SPIELES	(i)	650,000.	0.	0.	0.	15,355.	665,355.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DEAN BECK	(i)	235,296.	0.	0.	11,765.	8,252.	255,313.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
PATRICIA FINN	(i)	129,439.	0.	0.	6,472.	15,480.	151,391.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
SEMEGHAGHA FOFUNG	(i)	225,014.	0.	3,159.	0.	7,465.	235,638.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
HARRY MURTIFF	(i)	160,352.	0.	0.	0.	15,355.	175,707.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DR. DANIEL MCKERNAN	(i)	800,009.	0.	2,115.	0.	15,355.	817,479.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
RONALD E MUSIC	(i)	165,006.	0.	0.	0.	15,355.	180,361.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

As Amended

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
FULTON COUNTY HEALTH CENTER

Employer identification number
34-4428214

Part I Bond Issues SEE SCHEDULE O FOR COLUMN (F) CONTINUATIONS

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No
A	COUNTY OF FULTON, OHIO	34-6400540	360241AA1	12/01/05	28500000.	FUNDS FOR EXPANSION AND RENOVATION AND		X		X
B										
C										
D										
E										

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	29,238,057.				
2	Gross proceeds in reserve funds					
3	Proceeds in refunding or defeasance escrows					
4	Other unspent proceeds					
5	Issuance costs from proceeds	310,443.				
6	Working capital expenditures from proceeds	231,601.				
7	Capital expenditures from proceeds	17,546,274.				
8	Year of substantial completion	2009				

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?	X									
10	Were the bonds issued as part of an advance refunding issue?		X								
11	Has the final allocation of proceeds been made?	X									
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E 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								
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X								

As Amended

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?	X									
b Are there any research agreements with respect to the financed property which may result in private business use?	X									
c 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									
4 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 ▶	.00 %		%		%		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	.00 %		%		%		%		%	
6 Total of lines 4 and 5	.00 %		%		%		%		%	
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV Arbitrage

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 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								
2 Is the bond issue a variable rate issue?	X									
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X									
b Name of provider	MORGAN STANLEY									
c Term of hedge	30.0000000									
4a Were gross proceeds invested in a GIC?		X								
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?	X									
6 Did the bond issue qualify for an exception to rebate?		X								

As Amended

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

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2009

Open To Public Inspection

Name of the organization FULTON COUNTY HEALTH CENTER

Employer identification number 34-4428214

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

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

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
MEDICAL MUTUAL	SHARON GILLESPIE IS	3,051,222.	HEALTH INSU		X

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

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

932131 02-01-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

As Amended
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

Name of the organization
FULTON COUNTY HEALTH CENTER

Employer identification number
34-4428214

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE FULTON COUNTY HEALTH CENTER CONTINUALLY STRIVES TO REACH A HIGH DEGREE OF EXCELLENCE IN MEETING THE NEEDS OF BOTH INTERNAL AND EXTERNAL CUSTOMERS 100% OF THE TIME. QUALITY OF PATIENT/RESIDENT CARE AND ALL OF THE INSTITUTIONAL PRACTICES IS THE PRIMARY CRITERION UTILIZED TO MONITOR THE HEALTH CENTER SERVICES AND TO EVALUATE PROPOSED CHANGES OF PROPOSED NEW SERVICES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

LOCATION: THE FULTON COUNTY HEALTH CENTER IS LOCATED AT 725 SOUTH SHOOP AVENUE, WAUSEON, OH 43567. THE HEALTH CENTER IS EASILY ACCESSIBLE FROM INTERSTATE 80/90 (OHIO TURNPIKE) AND STATE ROUTE 2. IT IS CENTRALLY LOCATED WITHIN FULTON COUNTY WHERE WAUSEON IS THE COUNTY SEAT.

PHILOSOPHY/AUSPICES: THE FULTON COUNTY HEALTH CENTER IS A PRIVATE, NON-PROFIT HOSPITAL, LONG-TERM CARE & INDEPENDENT LIVING FACILITY GOVERNED BY A BOARD OF DIRECTORS. THE HEALTH CENTER IS OPERATED ON THE PRINCIPLE THAT EVERY INDIVIDUAL HAS A BASIC RIGHT TO ATTAIN THE HIGHEST DEGREE OF WELLNESS POSSIBLE BASED ON HIS OR HER OWN NEEDS. THE SERVICES OF THE HOSPITAL SHALL BE AVAILABLE TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, SEX, AGE, NATIONAL ORIGIN, RELIGIOUS CREED, ECONOMIC CONDITION OR DISABILITY.

COMMITMENT TO QUALITY: THE FULTON COUNTY HEALTH CENTER CONTINUALLY STRIVES TO REACH A HIGH DEGREE OF EXCELLENCE IN MEETING THE NEEDS OF

As Amended

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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Name of the organization: FULTON COUNTY HEALTH CENTER

Employer identification number: 34-4428214

BOTH INTERNAL AND EXTERNAL CUSTOMERS 100% OF THE TIME. QUALITY OF PATIENT/RESIDENT CARE AND ALL OF THE INSTITUTIONAL PRACTICES IS THE PRIMARY CRITERION UTILIZED TO MONITOR THE HEALTH CENTER SERVICES AND TO EVALUATE PROPOSED CHANGES OF PROPOSED NEW SERVICES.

LEVEL OF CARE: THE HEALTH CENTER IS A SHORT-TERM GENERAL HOSPITAL OFFERING A FULL RANGE OF SERVICES RELATED TO ACUTE CARE. INCLUDED IN THESE SERVICES AREA A WIDE RANGE OF OUTPATIENT SERVICES THAT INVOLVE DIAGNOSTIC AND REHABILITATIVE TREATMENT. THE HEALTH CENTER ALSO HAS LONG-TERM CARE AND INDEPENDENT LIVING AVAILABLE TO OFFER THE CONTINUUM OF CARE. THE LEVEL OF CARE PROVIDED TO ALL PATIENTS AND RESIDENTS IS THE SAME WHETHER INPATIENT OR OUTPATIENT. THIS IS ACCOMPLISHED THROUGH PROGRESSIVE HEALTH AWARENESS.

CENTERS OF EXCELLENCE: AMONG THE SPECIAL STRENGTHS OF THE HEALTH CENTER ARE AN OBSTETRICAL UNIT, A CRITICAL CARE/CARDIAC CARE UNIT, A SHORT TERM INPATIENT AND OUTPATIENT ADULT PSYCHIATRIC UNIT, AN EMERGENCY DEPARTMENT THAT IS STAFFED WITH LICENSED PHYSICIANS 24 HOURS PER DAY, EVERY DAY OF THE YEAR, AN INPATIENT AND OUTPATIENT SURGICAL UNIT AND OTHER DIAGNOSTIC AND THERAPEUTIC SERVICES. DAILY OUTPATIENT SPECIALTY CLINICS OFFER THE CONSULTATIVE AND DIAGNOSTIC SERVICES OF SEVERAL TYPES OF MEDICAL SPECIALISTS. LONG-TERM CARE AND INDEPENDENT LIVING FACILITY OFFERING THE CONTINUUM OF CARE FROM THE HOSPITAL AREA. A WIDE RANGE OF ORGANIZED EDUCATIONAL AND HEALTH PROMOTION OPPORTUNITIES ARE PROVIDED FOR PATIENTS, RESIDENTS, EMPLOYEES AND MEMBERS OF THE SURROUNDING COMMUNITIES.

As Amended

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

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.

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Open to Public Inspection

Name of the organization: FULTON COUNTY HEALTH CENTER

Employer identification number: 34-4428214

LIMITATIONS: PATIENTS IN NEED OF TERTIARY CARE ARE REFERRED TO AREA SPECIALTY CENTERS.

POPULATION SERVED: THE FULTON COUNTY HEALTH CENTER SERVES THE POPULATION IN FULTON COUNTY AND PATIENTS IN THE IMMEDIATE BORDER AREAS OF ADJACENT COUNTIES. TOTAL POPULATION OF OUR SERVICE AREA IS ESTIMATED AT 42,000. THE STRESS UNIT PRIMARILY SERVES A FOUR COUNTY AREA INCLUDING FULTON, DEFIANCE, HENRY AND WILLIAMS COUNTIES AS WELL AS FROM OUTSIDE OUR IMMEDIATE GEOGRAPHIC AREA.

INSTITUTIONAL RELATIONSHIPS: THE HEALTH CENTER MAINTAINS RELATIONSHIPS WITH AREA NURSING HOMES, CITY AND COUNTY ORGANIZATIONS, AND REGIONAL TERTIARY CARE CENTERS. THE HEALTH CENTER IS A CLINIC-TRAINING SITE FOR A WIDE RANGE OF HEALTH CARE DISCIPLINES.

EDUCATION: THE HEALTH CENTER MAINTAINS AN ACTIVE AND ONGOING IN-SERVICE AND CONTINUING EDUCATION PROGRAM FOR OUR STAFF TO KEEP THEM KNOWLEDGEABLE AND CURRENT ON DEVELOPMENTS IN HEALTH CARE DELIVERY. THE HEALTH CENTER ALSO ENCOURAGES EMPLOYEES TO PURSUE HIGHER EDUCATION.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PROVIDED TO AND REVIEWED BY THE ORGANIZATION'S GOVERNING BODY INCLUDING DARRELL TOPMILLER, DIRECTOR OF FINANCE, THE BOARD OF DIRECTORS, AND DEAN BECK, THE ORGANIZATION'S ADMINISTRATOR, BEFORE THE FORM IS FILED.

As Amended

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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Name of the organization: FULTON COUNTY HEALTH CENTER

Employer identification number: 34-4428214

FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST QUESTIONNAIRES ARE DISTRIBUTED ANNUALLY TO THE BOARD OF DIRECTORS AND DEPARTMENT HEADS. VENDORS ARE REVIEWED REGULARLY BY DEPARTMENT HEADS TO DETERMINE IF ANY RELATIONSHIPS EXIST PER THE CONFLICT OF INTEREST QUESTIONNAIRES.

AN OFFICER, DIRECTOR, OR KEY EMPLOYEE WHO HAS A CONFLICT OF INTEREST SHALL DISCLOSE THE CONFLICT OF INTEREST WHEN IT ARISES, AND BEFORE ACTION ON THE TRANSACTION OR CLAIM IN QUESTION. DISCLOSURE IS REQUIRED EVEN IF A DECISION CONCERNING THE TRANSACTION OR CLAIM IS NOT SUBJECT TO APPROVAL BY THE OFFICER, DIRECTOR, OR KEY EMPLOYEE OR THE BOARD OR COMMITTEE ON WHICH THE OFFICER, DIRECTOR, OR KEY EMPLOYEE SERVES.

THE POLICY PROVIDES A PROCEDURE FOR REPORTING POTENTIAL CONFLICTS WHEN THEY ARISE AND BEFORE ACTION TO APPROVE OR AUTHORIZE THE TRANSACTION IS TAKEN. THE POLICY COVERS DIRECTORS, OFFICERS, EMPLOYEES OR AGENTS OF THE HEALTH CENTER AND MEMBERS OF COMMITTEES AUTHORIZED TO APPROVE TRANSACTIONS OR ASSERT CLAIMS ON BEHALF OF THE HEALTH CENTER. THE BOARD OF DIRECTORS, OTHER THAN ANY BOARD MEMBER DIRECTLY INVOLVED WITH THE CONFLICT, DETERMINES WHETHER A CONFLICT OF INTEREST INVOLVING AN INDIVIDUAL COVERED BY THE POLICY EXISTS AND REVIEWS ACTUAL CONFLICTS. INDIVIDUALS WITH CONFLICTS ARE NOT PERMITTED TO PARTICIPATE IN DELIBERATIONS OR VOTE TO AUTHORIZE A TRANSACTION OR ASSERTION OF A CLAIM.

FORM 990, PART VI, SECTION B, LINE 15A: THE COMPENSATION OF THE ORGANIZATION'S ADMINISTRATOR, DEAN BECK, IS APPROVED BY THE BOARD OF

As Amended

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
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Open to Public Inspection

Name of the organization: FULTON COUNTY HEALTH CENTER

Employer identification number: 34-4428214

DIRECTORS. THE COMPENSATION OF KEY EMPLOYEES ARE REVIEWED BY THE ADMINISTRATOR. THE BOARD APPROVES THE COMPENSATION OF EMPLOYEES IN THE AGGREGATE.

ALL COMPENSATION IS REVIEWED ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND THE FINANCIAL STATEMENTS ARE NOT AVAILABLE TO THE PUBLIC.

FORM 990, PART XI, LINE 2C

COMMITTEE OVERVIEW OF FINANCIAL STATEMENTS

THE OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS HAS NOT CHANGED SINCE THE PRIOR YEAR.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: COUNTY OF FULTON, OHIO

(F) DESCRIPTION OF PURPOSE:

FUNDS FOR EXPANSION AND RENOVATION AND CURRENT BOND REFUNDING

FORM 990, SCHEDULE K, PART III, LINE 3A:

FOOTNOTE: MANAGEMENT CONTRACTS DO NOT RESULT IN PRIVATE BUSINESS USE UNDER THE SAFE-HARBOR PROVISIONS OF REVENUE PROCEDURES 97-13.

As Amended

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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Name of the organization: FULTON COUNTY HEALTH CENTER

Employer identification number: 34-4428214

FORM 990, SCHEDULE K, PART III, LINE 3B:

FOOTNOTE: FULTON COUNTY HEALTH CENTER'S ONCOLOGY DEPARTMENT PARTICIPATES IN THE TOLEDO ONCOLOGY PROGRAM. THIS AGREEMENT DOES NOT RESULT IN PRIVATE BUSINESS USE FOR FULTON COUNTY HEALTH CENTER.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: MEDICAL MUTUAL

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SHARON GILLESPIE IS VP OF CUSTOMER SUPPORT & A DIRECTOR OF FCHC

(D) DESCRIPTION OF TRANSACTION: HEALTH INSURANCE COVERAGE / CLAIMS FOR HOSPITAL

FORM 990, PART VI, LINE 9

CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

DAVID RENTON - 6147 WELSFELD COURT, MAUMEE, OH 43537.

FORM 990, PAGE 1, LINE B:

THE FOLLOWING PARTS OF THE ORGANIZATION'S 2009 FORM 990 ARE BEING AMENDED:

PART VI, SECTION B, LINE 12C

THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THEIR CONFLICT OF INTEREST POLICY AS DESCRIBED IN

As Amended

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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Employer identification number: 34-4428214

SCHEDULE O. THIS DISCLOSURE IS EXPANDED TO BE MORE COMPLETE ON THIS AMENDED RETURN.

SCHEDULE H, PART I, LINE 7A

THE ORGANIZATION'S TOTAL COMMUNITY BENEFIT EXPENSE INCREASED DUE TO A CALCULATED INCREASE IN THE AMOUNT OF MEDICAID PROVIDER TAXES.

SCHEDULE H, PART I, LINE 7G

AFTER FURTHER ANALYSIS WAS PERFORMED BY THE ORGANIZATION, IT WAS DETERMINED THAT THE SUBSIDIZED HEALTH SERVICES REPORTED ON THE ORIGINALLY FILED RETURN DID NOT QUALIFY AS SUBSIDIZED HEALTH SERVICES. THEREFORE, THE SUBSIDIZED HEALTH SERVICES HAVE BEEN REMOVED ON THIS AMENDED RETURN.

SCHEDULE H, PART III, LINE 5

THE ORGANIZATION'S TOTAL REVENUE RECEIVED FROM MEDICARE INCREASED BECAUSE THE ORGANIZATION CALCULATED THE NEW AMOUNT USING A MORE ACCURATE COST REPORT AND TEMPLATE.

SCHEDULE H, PART III, LINE 6

THE ORGANIZATION'S AMOUNT OF MEDICARE ALLOWABLE COSTS OF CARE INITIALLY INCREASED DUE TO THE ELIMINATION OF SUBSIDIZED HEALTH

As Amended

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
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Name of the organization: FULTON COUNTY HEALTH CENTER

Employer identification number: 34-4428214

SERVICES BECAUSE THE ORGANIZATION DID NOT HAVE ANY QUALIFYING SUBSIDIZED SERVICES AFTER FURTHER ANALYSIS WHICH WERE PREVIOUSLY FACTORED INTO THE CALCULATED AMOUNT. IN ADDITION, THE AMOUNT INCREASED BECAUSE THE ORGANIZATION RECALCULATED THE AMOUNT USING A MORE ACCURATE COST REPORT AND TEMPLATE THAN PREVIOUSLY REPORTED.

SCHEDULE K, PART II, LINE 3

THE ORGANIZATION'S 2005 BOND ISSUE WAS A CURRENT REFUNDING WITH NO CONTINUING ESCROW, THEREFORE THE AMOUNT PREVIOUSLY LISTED ON LINE 3 HAS BEEN REMOVED.

SCHEDULE K, PART II, LINE 5

THE ORGANIZATION INADVERTENTLY INCLUDED TITLE INSURANCE COSTS TWICE, THEREFORE THE AMOUNT PREVIOUSLY LISTED ON LINE 5 HAS BEEN ADJUSTED.

SCHEDULE K, PART II, LINE 7

THE ORGANIZATION INCLUDED PROCEEDS USED TO REFUND PRIOR ISSUES, THEREFORE THE AMOUNT PREVIOUSLY LISTED ON LINE 7 HAS BEEN ADJUSTED.

SCHEDULE K, PART III, LINE 3A

THE ORGANIZATION ADDED A FOOTNOTE TO THE QUESTION CLARIFYING THE

As Amended

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
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Open to Public Inspection

Name of the organization: FULTON COUNTY HEALTH CENTER

Employer identification number: 34-4428214

ORGANIZATION'S MANAGEMENT OR SERVICE CONTRACTS RELATED TO PRIVATE BUSINESS USE.

SCHEDULE K, PART III, LINE 3B

THE ORGANIZATION DOES HAVE RESEARCH AGREEMENTS BUT A FOOTNOTE HAS BEEN ADDED INDICATING THAT THE RESEARCH AGREEMENTS DO NOT RESULT IN ANY PRIVATE BUSINESS USE.

SCHEDULE K, PART IV, LINE 5

THE ORGANIZATION STILL HAD PROCEEDS IN THE CONSTRUCTION PROJECT FUND BEYOND THE TWO-YEAR TEMPORARY PERIOD APPLICABLE TO QUALIFY FOR AN EXCEPTION TO ARBITRAGE REBATE.

SCHEDULE R, PART I

THE ORGANIZATION HAS ADDED AN ADDITIONAL DISREGARDED ENTITY, FCHC MEDICAL SERVICES, LLC, THAT HAD NOT PREVIOUSLY BEEN RECORDED ON THE FORM 990.

As Amended

SCHEDULE R (Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009
Open to Public Inspection

Name of the organization
FULTON COUNTY HEALTH CENTER

Employer identification number
34-4428214

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
FCHC MEDICAL CARE, LLC - 01-0877201 725 S. SHOOP AVE. WAUSEON, OH 43567-1702	PHYSICIAN BILLING AND PHYSICIAN PRACTICES	OHIO	-3083389.	3,342,915.	N/A
FCHC MEDICAL SERVICES, LLC 725 S. SHOOP AVE. WAUSEON, OH 43567-1702	HOLD LAND	OHIO	0.	476,395.	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity

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

Schedule R (Form 990) 2009

932161
02-04-10

As Amended

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to 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		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to other organization(s)	1b		
c Gift, grant, or capital contribution from other organization(s)	1c		
d Loans or loan guarantees to or for other organization(s)	1d		
e Loans or loan guarantees by other organization(s)	1e		
f Sale of assets to other organization(s)	1f		
g Purchase of assets from other organization(s)	1g		
h Exchange of assets	1h		
i Lease of facilities, equipment, or other assets to other organization(s)	1i		
j Lease of facilities, equipment, or other assets from other organization(s)	1j		
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		
m Sharing of facilities, equipment, mailing lists, or other assets	1m		
n Sharing of paid employees	1n		
o Reimbursement paid to other organization for expenses	1o		
p Reimbursement paid by other organization for expenses	1p		
q Other transfer of cash or property to other organization(s)	1q		
r Other transfer of cash or property from other organization(s)	1r		

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

	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

As Amended

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproportionate allocations? Yes	(f) No	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

send As Amended

Form **8868** (Rev. April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- 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* and click on *e-file for Charities & Nonprofits.*

Type or print	Name of Exempt Organization	**Employer identification number**
File by the due date for filing your return See instructions	FULTON COUNTY HEALTH CENTER	34-4428214
	Number, street, and room or suite no. If a P.O. box, see instructions. 725 SOUTH SHOOP AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WAUSEON, OH 43567-1702	

ACCEPTED

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

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ DARRELL TOPMILLER 725 SOUTH SHOOP AVE - WAUSEON, OH 43567
  Telephone No. ▶ (419) 335-2015 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) _____. 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 AUGUST 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [X] calendar year 2009 or
▶ [ ] tax year beginning _____, and ending _____.

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	$	N/A

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.

As Amended

- 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		Employer identification number
	FULTON COUNTY HEALTH CENTER		34-4428214
	Number, street, and room or suite no. If a P.O. box, see instructions. 725 SOUTH SHOOP AVENUE		For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions. WAUSEON, OH 43567-1702		

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

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

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 ▶ DARRELL TOPMILLER 725 SOUTH SHOOP AVE - WAUSEON, OH 43567
  Telephone No. ▶ (419) 335-2015 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) _____ 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 NOVEMBER 15, 2010.

5 For calendar year 2009, or other tax year beginning _____, and ending _____.

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
ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a	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.	8a	$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, 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	$	
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	$	N/A

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 ▶ [signature] Title ▶ CPA/Agent Date ▶ 7/27/10