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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

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 435671701

D Employer identification number
34-4428214

E Telephone number
(419) 335-2015

G Gross receipts $ 77,975,310

F Name and address of principal officer
DALE NAFZIGER
725 SOUTH SHOOP AVENUE
WAUSEON, OH 435671701

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) ☐ 501(c) ( ) ◀ (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

1 Briefly describe the organization's mission or most significant activities
PROMOTION OF QUALITY 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 individuals employed in calendar year 2011 (Part V, line 2a)	**5**	908
6	Total number of volunteers (estimate if necessary)	**6**	170
7a	Total 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

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	72,931	91,767
	9 Program service revenue (Part VIII, line 2g)	70,539,222	76,021,800
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,288,418	-257,796
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	205,011	392,686
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	72,105,582	76,248,457
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	14,500
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	37,335,294	38,788,125
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	34,780,298	34,802,218
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	72,115,592	73,604,843
	19 Revenue less expenses Subtract line 18 from line 12	-10,010	2,643,614

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	76,504,967	78,528,681
	21 Total liabilities (Part X, line 26)	38,332,118	39,248,830
	22 Net assets or fund balances Subtract line 21 from line 20	38,172,849	39,279,851

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

****** 2012-11-13
Signature of officer — Date

PATRICIA A FINN CHIEF EXECUTIVE OFFICER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ BERNIE OSTROWSKI | Date | Check if self-employed ▶☐ | Preparer's taxpayer identification number (see instructions) P00366367

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 ▶ 38-1357951

Phone no ▶ (614) 849-3000

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's 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

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 organization's program service accomplishments for each of its three largest program services, as measured 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 $ 53,180,835 including grants of $ 12,500) (Revenue $ 76,238,594)

SEE SCHEDULE OLOCATION 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 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 SERVICE AREAS ARE 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 FOR 2011 AND 2012, FULTON COUNTY HEALTH CENTER HAS EARNED FROM HEALTHGRADES A FIVE STAR JOINT REPLACEMENT AND TOTAL KNEE REPLACEMENT AWARD HEALTHGRADES IS A LEADING HEALTHCARE RANKING SERVICE THAT IS RECOGNIZED THROUGHOUT THE COUNTRY IN IDENTIFYING QUALITY HEALTH PROGRAMS THIS AWARD ALSO MEANS THAT FCHC IS RANKED IN THE TOP 15% NATIONWIDE IN JOINT REPLACEMENTS INCLUDING TOTAL KNEE AND TOTAL HIP IN OVERALL CLINICAL PERFORMANCE THIS AWARD AFFIRMS THE QUALITY OUTCOMES BY ALL WHO PROVIDE CARE FOR PATIENTS THAT RECEIVE JOINT REPLACEMENT SURGERY HERE AT FCHC THE 2011 AND 2012 FIVE STAR JOINT REPLACEMENT AWARD IS DESIGNED TO IDENTIFY HOSPITALS WHO HAVE THE LOWEST COMPLICATION RATES IN JOINT REPLACEMENTS HEALTHGRADES IS A LEADING INDEPENDENT HEALTHCARE RATING ORGANIZATION WHO RATES HOSPITALS THROUGH ANNUAL REVIEWS OF SEVERAL PUBLIC AND PRIVATE SOURCES, INCLUDING CENTER FOR MEDICARE AND MEDICAID SERVICES 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 BETWEEN 42,000-45,000 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 REGIONALTERTIARY 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 THEMKNOWLEDGEABLE AND CURRENT ON DEVELOPMENTS IN HEALTH CARE DELIVERY THE HEALTH CENTER ALSO ENCOURAGES EMPLOYEES TO PURSUE HIGHER EDUCATION

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** ▶ $ 53,180,835

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	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.*	11b		No
c	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.*	11c		No
d	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.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
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		No
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	Yes	
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		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

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**	Yes	
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**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	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**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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**		No
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**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**	Yes	
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**		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
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**		No
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**		No
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**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	89		
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**	Yes	
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**	908			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		No
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 or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**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**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**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**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14		
b	Enter the number of voting members included in line 1a, above, who 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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
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	Yes	

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

DARRELL TOPMILLER
725 SOUTH SHOOP AVE
WAUSEON, OH 43567
(419) 335-2015

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII . . . . . .

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any 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, or 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) DALE L NAFZIGER PRESIDENT	80	X		X				0	0	0
(2) CARL HILL VICE PRESIDENT	80	X		X				0	0	0
(3) SANDY BARBER SECRETARY	80	X		X				0	0	0
(4) SHARON GILLESPIE TREASURER	80	X		X				0	0	0
(5) MATTHEW J MCQUADE DIRECTOR	80	X						0	0	0
(6) BRETT KOLB DIRECTOR	80	X						0	0	0
(7) DAVID GRIESER DIRECTOR	80	X						0	0	0
(8) JENNIFER MCCULLOUGH DIRECTOR	80	X						0	0	0
(9) MARK HAGANS DIRECTOR	80	X						0	0	0
(10) ALLEN LIECHTY DIRECTOR	80	X						0	0	0
(11) WILLIAM ANDERSON DIRECTOR	80	X						0	0	0
(12) STANLEY MULTHAUF DIRECTOR	80	X						0	0	0
(13) JASON ROW DIRECTOR	80	X						12,600	0	0
(14) ALAN SCHAFFNER DIRECTOR	80	X						0	0	0
(15) DEAN BECK ADMINISTRATOR	40 00			X				238,229	0	20,375
(16) PATRICIA A FINN ASSISTANT ADMINISTRATOR	40 00			X				125,540	0	24,605
(17) DARRELL TOPMILLER DIRECTOR OF FINANCE	40 00			X				110,043	0	17,129

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) JOANN SHORT DIRECTOR OF NURSING	40 00			X				100,877	0	12,651
(19) MARY JO SMALLMAN FM ADMINISTRATOR	40 00			X				83,009	0	15,605
(20) HARRY E MURTIFF PHYSICIAN	40 00					X		184,123	0	11,579
(21) SEMEGHAGHA J FOFUNG PHYSICIAN	40 00					X		268,507	0	6,752
(22) DANIEL J MCKERNAN PHYSICIAN	40 00					X		792,033	0	18,383
(23) RONALD E MUSIC PHYSICIAN	40 00					X		162,033	0	18,383
(24) ANN M STECK PHYSICIAN	40 00					X		149,131	0	6,744
(25) DR CHRIS SPIELES FORMER DIRECTOR	40 00						X	642,024	0	18,383

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	2,868,149	0	170,589

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 12

			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**	Yes	
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**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
R & F INC 6444 MONROE STREET SUITE 5 SYLVANIA, OH 43560	OCCUPATIONAL/PHYSICAL/SPEECH THERAPY	1,529,214
ALLIED MEDICAL SERVICES 6444 MONROE STREET SUITE 5 SYLVANIA, OH 43560	RESPITORY THERAPY, SLEEP SUPPLIES	833,587
FULTON ANESTHESIA 6444 MONROE STREET SUITE 5 SYLVANIA, OH 43560	ANESTHESIA	603,566
APRN SLEEP 6444 MONROE STREET SUITE 5 SYLVANIA, OH 43560	SLEEP STUDY	513,764
HLES OF OHIO PO BOX 277001 ATLANTA, GA 30384	ER DOCTORS	424,653

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 22

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	3,000			
	c	Fundraising events	1c	27,291			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	61,476			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		91,767			
Program Service Revenue			Business Code				
	2a	PATIENT SERVICES	622110	75,806,806	75,806,806		
	b	REBATES AND REFUNDS	900099	118,350	118,350		
	c	EDUCATION SERVICES	611710	96,644	96,644		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		76,021,800			
	3	Investment income (including dividends, interest and other similar amounts)		266,732			266,732
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents	331,821				
	b	Less rental expenses	477,562				
	c	Rental income or (loss)	-145,741				
	d	Net rental income or (loss)		-145,741	20,587		-166,328
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	206,381	497,416			
	b	Less cost or other basis and sales expenses	673,615	554,710			
	c	Gain or (loss)	-467,234	-57,294			
	d	Net gain or (loss)		-524,528			-524,528
Other Revenue	8a	Gross income from fundraising events (not including $ 27,291 of contributions reported on line 1c) See Part IV, line 18	a 25,400				
	b	Less direct expenses	b 20,329				
	c	Net income or (loss) from fundraising events		5,071			5,071
	9a	Gross income from gaming activities See Part IV, line 19	a 1,721				
	b	Less direct expenses	b 637				
	c	Net income or (loss) from gaming activities		1,084			1,084
	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	315,723			315,723
	b	FITNESS MEMBERSHIPS	621110	156,057	156,057		
	c	GIFT SHOP SALES	621110	36,851	36,851		
	d	All other revenue		23,641	3,299		20,342
	e	**Total.** Add lines 11a–11d		532,272			
	12	**Total revenue.** See Instructions		76,248,457	76,238,594	0	-81,904

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)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

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 United States See Part IV, line 21	12,500	12,500		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	2,000	2,000		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	760,662		760,662	
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	29,702,131	21,682,556	8,019,575	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,247,983	911,028	336,955	
9	Other employee benefits	5,100,040	3,723,029	1,377,011	
10	Payroll taxes	1,977,309	1,443,436	533,873	
11	Fees for services (non-employees)				
a	Management				
b	Legal	130,173		130,173	
c	Accounting	130,325		130,325	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	8,252,301	6,024,180	2,228,121	
12	Advertising and promotion	258,845		258,845	
13	Office expenses	14,032,391	10,243,645	3,788,746	
14	Information technology	659,109	481,150	177,959	
15	Royalties . .				
16	Occupancy	2,445,631	1,785,311	660,320	
17	Travel	6,096	4,450	1,646	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	928,709	538,651	390,058	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,820,179	2,215,704	1,604,475	
23	Insurance	693,514	693,514		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	BAD DEBT EXPENSE	3,351,375	3,351,375		
b	EDUCATION PROGRAMS	49,452	36,100	13,352	
c	GIFT SHOP EXPENSES	26,101	19,054	7,047	
d	INDEPENDENT LIVING	18,017	13,152	4,865	
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	73,604,843	53,180,835	20,424,008	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		452,029	1	321,438
	2	Savings and temporary cash investments		17,018,325	2	16,768,500
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		11,560,026	4	11,537,643
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,545,022	8	1,566,952
	9	Prepaid expenses and deferred charges		857,854	9	930,433
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 75,170,768			
	b	Less accumulated depreciation	10b 38,005,161	38,194,689	10c	37,165,607
	11	Investments—publicly traded securities		5,843,932	11	9,701,067
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		37,500	14	22,500
	15	Other assets See Part IV, line 11		995,590	15	514,541
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		76,504,967	16	78,528,681
Liabilities	17	Accounts payable and accrued expenses		5,580,904	17	5,649,532
	18	Grants payable			18	
	19	Deferred revenue		48,441	19	49,495
	20	Tax-exempt bond liabilities		28,406,250	20	28,647,500
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		4,296,523	25	4,902,303
	26	**Total liabilities.** Add lines 17 through 25		38,332,118	26	39,248,830
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		38,120,849	27	39,227,851
	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		38,172,849	33	39,279,851
	34	Total liabilities and net assets/fund balances		76,504,967	34	78,528,681

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	76,248,457
2	Total expenses (must equal Part IX, column (A), line 25)	2	73,604,843
3	Revenue less expenses Subtract line 2 from line 1	3	2,643,614
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	38,172,849
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,536,612
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	39,279,851

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			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		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	Yes	
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 separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated 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		No
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		

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SCHEDULE A (Form 990 or 990EZ)

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

2011

Open to Public Inspection

Name of the organization
FULTON COUNTY HEALTH CENTER

Employer identification number
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 **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 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									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2011.** 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—2010.** 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

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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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

2011

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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) or Form 990-EZ, line 35c (Proxy Tax), then

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

Name of the 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 on behalf of or in opposition to candidates for public office 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 funtion 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 the filing organization made payments 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-

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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		6,865
j	Total lines 1c through 1i			6,865
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A 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) non-deductible 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

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	DUES PAYMENTS TO OHA AND AHA THAT WERE USED BY THAT ORGANIZATION FOR LOBBYING PURPOSES

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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 may 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) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	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 taxable year ▶ _____

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's 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 the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

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

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

Part V Endowment Funds. Complete if 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	353,930	347,069	463,238	458,802	
b Contributions	1,260	6,305	5,300	875	
c Investment earnings or losses	417	556	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	355,607	353,930	347,069	463,238	

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

- a Board designated or quasi-endowment ▶ 85 380 %
- b Permanent endowment ▶ 14 620 %
- c Term endowment ▶ 0 %

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,516,320		2,516,320
b Buildings		40,001,235	15,795,067	24,206,168
c Leasehold improvements				
d Equipment		30,011,104	21,450,712	8,560,392
e Other		2,642,109	759,382	1,882,727
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				37,165,607

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
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should 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. *(Column (b) should 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) should 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	4,353,200
OBLIGATIONS UNDER CAPITAL LEASES	549,103
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	4,902,303

2. Fin 48 (ASC 740) 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 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	76,248,457
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	73,604,843
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,643,614
4	Net unrealized gains (losses) on investments	4	-124,023
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,412,589
9	Total adjustments (net) Add lines 4 - 8	9	-1,536,612
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,107,002

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	76,580,958
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-124,023		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	505,246		
e	Add lines **2a** through **2d**			2e	381,223
3	Subtract line **2e** from line **1**			3	76,199,735
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	48,722		
c	Add lines **4a** and **4b**			4c	48,722
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	76,248,457

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

1	Total expenses and losses per audited financial statements			1	72,386,370
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	-1,152,834		
e	Add lines **2a** through **2d**			2e	-1,152,834
3	Subtract line **2e** from line **1**			3	73,539,204
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	65,639		
c	Add lines **4a** and **4b**			4c	65,639
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	73,604,843

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, 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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE HOSPITAL AND ITS DIVISIONS AND SUBSIDIARIES ARE NONPROFIT CORPORATIONS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE
PART XI, LINE 8 - OTHER ADJUSTMENTS		K-1 LOSS 27,684 CHANGE IN FAIR VALUE OF INTEREST SWAP AGREEMENTS -1,630,397 AUXILIARY AND MEDICAL STAFF BEGINNING OF YEAR UNRESTRICTED NET ASSETS 190,124 TOTAL TO SCHEDULE D, PART XI, LINE 8 - 1,412,589
PART XII, LINE 2D - OTHER ADJUSTMENTS		RECLASS OF RENTAL EXPENSES 477,562 CHANGE IN FAIR VALUE OF INTEREST SWAP AGREEMENTS K-1 LOSS 27,684
PART XII, LINE 4B - OTHER ADJUSTMENTS		AUXILIARY REVENUE 48,222 MEDICAL STAFF REVENUE 500
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RECLASS OF RENTAL EXPENSES 477,562 CHANGE IN FAIR VALUE OF INTEREST SWAP AGREEMENTS -1,630,396
PART XIII, LINE 4B - OTHER ADJUSTMENTS		AUXILIARY EXPENSES 51,151 MEDICAL STAFF EXPENSES 14,488
		PART XI LINE 8 - CHANGE IN FAIR VALUE OF INTEREST RATE SWAP

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
FULTON COUNTY HEALTH CENTER

Employer identification number
34-4428214

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 GOLF OUTING (event type)	(b) Event #2 GERANIUM SALE (event type)	(c) Other Events 7 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	33,099	6,527	13,064	52,690
	2 Less Charitable contributions	24,808		2,483	27,291
	3 Gross income (line 1 minus line 2)	8,291	6,527	10,581	25,399
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	180			180
	6 Rent/facility costs	5,853			5,853
	7 Food and beverages	1,082			1,082
	8 Entertainment			150	150
	9 Other direct expenses	746	4,845	7,472	13,063
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(20,328)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				5,071

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

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

2011

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	Did the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization had 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 during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG to determine eligibility for providing *discounted* care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %	3b	Yes	
c	If the organization did 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	Did the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
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 eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit reportduring the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b	Yes	
	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 Worksheet 1)			2,870,185	2,409,371	460,814	0 660 %
b Medicaid (from Worksheet 3, column a)			6,353,694	2,889,413	3,464,281	4 930 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			906,157	223,861	682,296	0 970 %
d **Total** Charity Care and Means-Tested Government Programs			10,130,036	5,522,645	4,607,391	6 560 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			684,707	96,644	588,063	0 840 %
f Health professions education (from Worksheet 5)			70,150	1,500	68,650	0 100 %
g Subsidized health services (from Worksheet 6)			31,487	10,260	21,227	0 030 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			31,905	5,012	26,893	0 040 %
j **Total** Other Benefits			818,249	113,416	704,833	1 010 %
k **Total.** Add lines 7d and 7j			10,948,285	5,636,061	5,312,224	7 570 %

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

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1		No
2	Enter the amount of the organization's bad debt expense	2	3,351,375		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3	100,541		
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 a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	18,913,564		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	18,455,032		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	458,532		
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				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures (see instructions)

	(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					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

	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)
1	FULTON COUNTY HEALTH CENTER 725 S SHOOP AVE WAUSEON,OH 43567	X	X			X		X		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

FULTON COUNTY HEALTH CENTER

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☐ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☐ Medicaid/Medicare			
	g ☐ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
	b ☑ The policy was attached to all billing invoices			
	c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☑ The policy was posted in the hospital facility's admissions offices			
	e ☑ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☑ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☑ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? **2**

	Name and address	Type of Facility (Describe)
1	FULTON MANOR 725 SOUTH SHOOP AVENUE WAUSEON, OH 43567	SKILLED NURSING FACILITY
2	FCHC MEDICAL CARE 725 SOUTH SHOOP AVENUE WAUSEON, OH 43567	PHYSICIAN PRACTICES
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B

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 financial assistance policy

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

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities 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)

6 **Affiliated health care system.** 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

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		PART I, LINE 3C FCHC USES THE FEDERAL POVERTY GUIDELINES FOR DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE

Identifier	ReturnReference	Explanation
		PART I, LINE 6A NOT APPLICABLE

Identifier	ReturnReference	Explanation
		PART I, LINE 7 COST OF CHARITY CARE IS CALCULATED USING COST-TO-CHARGE RATIO FROM WORKSHEET 2 COST OF MEDICAID IS PER THE MEDICAID COST REPORT THE REMAINING ITEMS ARE CALCULATED BASED ON ACTUAL COSTS OF SPECIFIC PROGRAMS WITHOUT THE USE OF A COST ACCOUNTING SYSTEM

Identifier	ReturnReference	Explanation
		PART I, L7 COL(F) THE AMOUNT OF BAD DEBT EXPENSE THAT WAS REMOVED FROM THE CALCULATION IN PART I LINE 7 COLUMN (F) TOTALED $3,351,375

Identifier	ReturnReference	Explanation
		PART II N/A

Identifier	ReturnReference	Explanation
		PART III, LINE 4 "FINANCIAL STATEMENT FOOTNOTE REGARDING BAD DEBT 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 FCHC USES ACTUAL EXPENSE TO DETERMINE THE AMOUNT OF THE BAD DEBT EXPENSE ANY BAD DEBT EXPENSE THAT IS ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY FINANCIAL ASSISTANCE POLICY WOULD BE RECLASSIFIED FROM BAD DEBT TO CHARITY CARE ONCE IT IS IDENTIFIED THE ENTIRE AMOUNT OF THE BAD DEBT EXPENSE IS REVERSED AND ASSIGNED TO CHARITY CARE WE ESTIMATE THIS PORTION TO BE 3% OF THE TOTAL BAD DEBT EXPENSE "

Identifier	ReturnReference	Explanation
		PART III, LINE 8 MEDICARE ALLOWABLE COSTS WERE CALCULATED USING A COST ACCOUNTING SYSTEM AS A CRITICAL ACCESS HOSPITAL, MEDICARE PAYS FCHC AT COST THEREFORE, FCHC DOES NOT HAVE A MEDICARE SHORTFALL

Identifier	ReturnReference	Explanation
		PART III, LINE 9B THE PRACTICES 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 ACTION COLLECTION EFFORTS ARE NOT ENFORCED FOR BALANCES KNOWN TO QUALIFY UNDER CHARITY CARE OR OTHER FINANCIAL ASSISTANCE CRITERIA

Identifier	ReturnReference	Explanation
FULTON COUNTY HEALTH CENTER		PART V, SECTION B, LINE 13G 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 FINALLY, FINANCIAL COUNSELORS VISIT CERTAIN PATIENTS IN THE EMERGENCY DEPARTMENT AND ON THE INPATIENT FLOORS TO DISCUSS THE FINANCIAL ASSISTANCE AVAILABLE TO THEM

Identifier	ReturnReference	Explanation
		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 PATIENT HEALTH CARE NEEDS

Identifier	ReturnReference	Explanation
		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 IN ADDITION, FINANCIAL COUNSELORS VISIT CERTAIN PATIENTS IN THE EMERGENCY DEPARTMENT AND ON THE INPATIENT FLOORS TO DISCUSS THE FINANCIAL ASSISTANCE AVAILABLE TO THEM FINALLY, FCHC PUBLICIZES THEIR POLICY THROUGH THE FOLLOWING WAYS POSTED ON THE HOSPITAL FACILITY'S WEBSITE, ATTACHED TO BILLING INVOICES, POSTED IN THE HOSPITAL FACILITY'S EMERGENCY ROOMS AND WAITING ROOMS, POSTED IN THE HOSPITAL FACILITY'S ADMISSIONS OFFICES, PROVIDED IN WRITING TO PATIENTS ON ADMISSION TO THE HOSPITAL FACILITY, AND MADE AVAILABLE UPON REQUEST

Identifier	ReturnReference	Explanation
		PART VI, LINE 4 FCHC SERVES FULTON COUNTY, OHIO AS THE PRIMARY SERVICE AREA, AS WELL AS PORTIONS OF HENRY & WILLIAMS COUNTIES IN OHIO AND MORENCI, MICHIGAN AS THE SECONDARY SERVICE AREA THE ORGANIZATION IS A RURAL COMMUNITY THE HOSPITAL SERVES ALL RESIDENTS WITH VARIOUS DEMOGRAPHIC CHARACTERISTICS THE POPULATION THAT THE HOSPITAL SERVICES RANGES FROM 40,000 TO 45,000 THERE ARE NO OTHER HOSPITALS IN FULTON COUNTY THE PERCENTAGE OF PERSONS BELOW THE POVERTY LEVEL IS APPROXIMATELY 9-10% THE AVERAGE MEDIAN HOUSEHOLD INCOME IS APPROXIMATELY $53,000

Identifier	ReturnReference	Explanation
		PART VI, LINE 5 ALL OF THE ORGANIZATION'S BOARD MEMBERS RESIDE IN THE SERVICE AREA OF THE HOSPITAL BOARD MEMBERS REPRESENT AND LIVE IN THE CITIES AND VILLAGES OF FULTON COUNTY AND ARE NEITHER EMPLOYEES NOR INDEPENDENT CONTRACTORS OF THE ORGANIZATION THE ORGANIZATION EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIES PHYSICIANS IN ITS COMMUNITY THAT MEET THE MEDICAL STAFF BYLAW REQUIREMENTS THE ORGANIZATION REINVESTS SURPLUS FUNDS INTO THE ORGANIZATION IN THE FORM OF NEW EQUIPMENT, RENOVATIONS, AND ADDITIONAL SERVICES THE ORGANIZATION HAD 13% OF ITS REVENUE SOURCED FROM MEDICAID AND UNINSURED PATIENTS FCHC INCURRED $156,061 EXPENSES RELATED TO RECRUITING AND MAINTAINING QUALIFIED PHYSICIANS AND SPECIALISTS TO THE HOSPITAL THESE PHYSICIANS AND SPECIALISTS ARE CRITITICAL TO ENHANCING THE HEALTH AND LEVEL OF CARE PROVIDED TO THE COMMUNITY WITHOUT FCHC RECRUITING AND MAINTAINING THESE PHYSICIANS, THE COMMUNITY WOULD NOT HAVE ACCESS TO THESE DOCTORS AS SUCH, FCHC CONSIDERS THESE PHYSICIAN RECRUITMENT COSTS TO BE A COMMUNITY BENEFIT SERVICE

Identifier	ReturnReference	Explanation
		PART VI, LINE 6 N/A

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
FULTON COUNTY HEALTH CENTER

Employer identification number
34-4428214

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☐ Yes ☑ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ANONYMOUS			10,000				GENERAL SUPPORT TO HELP FUND THE CONSTRUCTION OF A PLAYGROUND IN THE LOCAL COMMUNITY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 1

3 Enter total number of other organizations listed in the line 1 table . . . . ▶ 0

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

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation

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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, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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Name of the organization
FULTON COUNTY HEALTH CENTER

Employer identification number
34-4428214

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 idemnification 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 in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all 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**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only 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**		No
b	Any related organization?	**5b**		No
	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**		No
b	Any related organization?	**6b**		No
	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**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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**		No
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 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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				
(1) DEAN BECK	(i)	238,229	0	0	11,961	8,414	258,604	0
	(ii)	0	0	0	0	0	0	0
(2) PATRICIA A FINN	(i)	125,540	0	0	6,580	18,025	150,145	0
	(ii)	0	0	0	0	0	0	0
(3) HARRY E MURTIFF	(i)	184,123	0	0	0	11,579	195,702	0
	(ii)	0	0	0	0	0	0	0
(4) SEMEGHAGHA J FOFUNG	(i)	268,507	0	0	0	6,752	275,259	0
	(ii)	0	0	0	0	0	0	0
(5) DANIEL J MCKERNAN	(i)	792,033	0	0	0	18,383	810,416	0
	(ii)	0	0	0	0	0	0	0
(6) RONALD E MUSIC	(i)	162,033	0	0	0	18,383	180,416	0
	(ii)	0	0	0	0	0	0	0
(7) ANN M STECK	(i)	149,131	0	0	0	6,744	155,875	0
	(ii)	0	0	0	0	0	0	0
(8) DR CHRIS SPIELES	(i)	642,024	0	0	0	18,383	660,407	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation

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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 in Schedule O (Form 990).**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
FULTON COUNTY HEALTH CENTER

Employer identification number
34-4428214

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	COUNTY OF FULTON OHIO	34-6400540		10-20-2011	28,755,000	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds defeased				
3	Total proceeds of issue	28,755,000			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	318,130			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	28,436,870			
12	Other unspent proceeds				
13	Year of substantial completion	2009			

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	X							
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?	X							
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any 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 ▶	0 %							
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 ▶	0 %							
6	Total of lines 4 and 5	0 %							
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	
		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 entered into a hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
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							

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
FORM 990, SCHEDULE K, PART III, LINE 3A		FOOTNOTE UNDER THE SAFE-HARBOR PROVISIONS OF REVENUE PROCEDURE 97-13, THE MANAGEMENT CONTRACTS DO NOT RESULT IN PRIVATE BUSINESS USES
FORM 990, SCHEDULE K, PART III, LINE 3C		FOOTNOTE FULTON COUNTY HEALTH CENTER'S ONCOLOGY DEPARTMENT PARTICIPATES IN THE TOLEDO ONCOLOGY CANCER DRUG RESEARCH PROGRAM RESEARCH AGREEMENTS RELATED TO THIS PROGRAM DO NOT RESULT IN PRIVATE BUSINESS USE
FORM 990, SCHEDULE K, PART I, LINE A, COLUMN (F)		FOOTNOTE CURRENT REFUNDING OF $28,500,000 FULTON COUNTY HEALTH CENTER, COUNTY OF FULTON, OHIO, ADJUSTABLE RATE DEMAND REVENUE BOND SERIES 2005, ISSUED DECEMBER 1, 2005
FORM 990, SCHEDULE K, PART II, LINE 11		FOOTNOTE PROCEEDS USED TO REFUND BONDS DESCRIBED IN PART I, LINE A, COLUM (F), AS REFERRED TO IN PART II, LINE 14 THE ORGANIZATION ENTERED INTO A QUALIFIED HEDGE WITH RESPECT TO THE REFUNDED BOND ISSUE PURSUANT TO TREASURY REGULATIONS SECTION 1 48-4(H)(3)(IV)(A), THE HEDGE WAS DEEMED TERMINATED UPON ISSUANCE OF THE 2011 REFUNDING BONDS UNDER TREASURY REGULATIONS SECTION 1 148-4(H)(3)(IV)(C), FOR REBATE PURPOSES THE DEEMED TERMINATION OF THE HEDGE RESULTS IN A DEEMED TERMINATION PAYMENT THAT IS ALLOCATED TO THE 2011 REFUNDING ISSUE AS A RESULT OF THIS PROVISION, FOR REBATE PURPOSES A PORTION OF THE PROCEEDS OF THE 2011 REFUNDING ISSUE IS DEEMED TO CONSTITUTE A PAYMENT TO THE HEDGE PROVIDER THE ORGANIZATION HAS REPORTED THE MANNER IN WHICH THE PROCEEDS WERE ACTUALLY SPENT IN PART II, LINES 1-11
FORM 990, SCHEDULE K, PART IV, LINE 3A		FOOTNOTE AS DISCUSSED IN THE SUPPLEMENTAL INFORMATION PROVIDED IN PART II, LINE 11, THE ORGANIZATION ENTERED INTO A QUALIFIED HEDGE WITH RESPECT TO THE BONDS THAT ARE DESCRIBED IN PART I, LINE A, COLUMN (F), WHICH WERE REFUNDED BY THE 2011 REFUNDING ISSUE THE QUALIFIED HEDGE WAS DEEMED TERMINATED PURSUANT TO TREASURY REGULATIONS SECTION 1 148-4(H)(3)(IV)(A) THE PAYMENTS ON THE HEDGE DO NOT CLOSELY CORRESPOND TO THE PRINCIPAL PAYMENTS ON THE 2011 REFUNDING ISSUE AND THE HEDGE HAS THEREFORE NOT BEEN IDENTIFIED AS A QUALIFYING HEDGE WITH RESPECT TO THE 2011 REFUNDING ISSUE

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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, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2011

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) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting 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 of grant or 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	No
(1) JANET M BUEHRER	EMPLOYEE OF FCHC/SISTER TO SHARON GILLEPSIE (BOARD MEMBER)	42,152	W-2 WAGES		No
(2) DAWN M KOLB	EMPLOYEE OF FCHC/WIFE TO BRETT KOLB (BOARD MEMBER)	40,269	W-2 WAGES		No

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
FULTON COUNTY HEALTH CENTER

Employer identification number
34-4428214

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	A COPY OF THE FORM 990 IS PROVIDED TO AND REVIEWED BY EACH OF THE ORGANIZATION'S BOARD OF DIRECTORS, DIRECTOR OF FINANCE - DARRELL TOPMILLER, AND CHIEF EXECUTIVE OFFICER - PATRICIA A FINN, BEFORE THE FORM IS FILED
	FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST QUESTIONNAIRES ARE DISTRIBUTED ANNUALLY TO THE BOARD OF DIRECTORS AND DEPARTMENT HEADS NEW BOARD MEMBERS ARE INTERVIEWED BY THE ADMINISTRATOR AND AT THAT TIME, DISCUSS WHETHER ANY CONFLICTS OF INTEREST EXIST THE BOARD MEMBER IS PRESENTED TO THE EXECUTIVE COMMITTEE WHO REVIEWS ALL PERTINENT INFORMATION TO DETERMINE IF THERE IS A CONFLICT OF INTEREST AND WHETHER THAT PERSON CAN SERVE AS A BOARD MEMBER 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 FULTON COUNTY HEALTH CENTER AND MEMBERS OF COMMITTEES AUTHORIZED TO APPROVE TRANSACTIONS OR ASSERT CLAIMS ON BEHALF OF THE FULTON COUNTY 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 15	THE COMPENSATION OF THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER, PATRICIA A FINN, IS APPROVED BY THE BOARD OF DIRECTORS THE ORGANIZATION PARTICIPATES WITH THE OHA AND USES THEIR WAGE SURVEYS TO HELP DETERMINE THE ADMINISTRATOR'S COMPENSATION THE ADMINISTRATOR'S COMPENSATION IS REVIEWED ANNUALLY AND DECISIONS ARE DOCUMENTED IN THE BOARD OF DIRECTOR MEETING MINUTES THE COMPENSATION OF OFFICERS AND KEY EMPLOYEES ARE REVIEWED BY THE BOARD OF DIRECTORS THE ORGANIZATION PARTICIPATES WITH THE OHA AND USES THEIR WAGE SURVEYS TO HELP DETERMINE OFFICER COMPENSATION THE BOARD APPROVES THE COMPENSATION OF EMPLOYEES IN THE AGGREGATE OFFICER COMPENSATION IS REVIEWED ANNUALLY AND DECISIONS ARE DOCUMENTED IN THE BOARD OF DIRECTOR MEETING MINUTES THE COMPENSATION REVIEW PROCESS FOR THE ADMINISTRATOR, OFFICERS, AND KEY EMPLOYEES WAS LAST PERFORMED IN SEPTEMBER 2011
	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
DIRECTOR WHO CANNOT BE REACHED AT ORGANIZATION'S MAILING ADDRESS	FORM 990, PART VI, LINE 9	WILLIAM ANDERSON 11550 CO RD 6 DELTA, OH 43515
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -124,023 K-1 LOSS 27,684 CHANGE IN FAIR VALUE OF INTEREST SWAP AGREEMENTS -1,630,397 AUXILIARY AND MEDICAL STAFF BEGINNING OF YEAR UNRESTRICTED NET ASSETS 190,124 TOTAL TO FORM 990, PART XI, LINE 5 -1,536,612
COMMITTEE OVERVIEW OF FINANCIAL STATEMENTS	FORM 990, PART XII, LINE 2C	THE OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS HAS NOT CHANGED SINCE THE PRIOR YEAR

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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

2011

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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" on 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
(1) FCHC MEDICAL CARE LLC 725 S SHOOP AVE WAUSEON, OH 435671702 01-0877201	PHYSICIAN BILLING AND PHYSICIAN PRACTICES	OH	4,423,801	1,776,749	FULTON COUNTY HEALTH CENTER
(2) FCHC MEDICAL SERVICES LLC 725 S SHOOP AVE WAUSEON, OH 435671702	HOLD LAND	OH	0	428,471	FULTON COUNTY HEALTH CENTER

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on 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	(g) Section 512(b)(13) controlled organization	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? 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	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	
b	Gift, grant, or capital contribution to related organization(s)	1b	
c	Gift, grant, or capital contribution from related organization(s)	1c	
d	Loans or loan guarantees to or for related organization(s)	1d	
e	Loans or loan guarantees by related organization(s)	1e	
f	Sale of assets to related organization(s)	1f	
g	Purchase of assets from related organization(s)	1g	
h	Exchange of assets with related organization(s)	1h	
i	Lease of facilities, equipment, or other assets to related organization(s)	1i	
j	Lease of facilities, equipment, or other assets from related organization(s)	1j	
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k	
l	Performance of services or membership or fundraising solicitations by related organization(s)	1l	
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	
n	Sharing of paid employees with related organization(s)	1n	
o	Reimbursement paid to related organization(s) for expenses	1o	
p	Reimbursement paid by related organization(s) for expenses	1p	
q	Other transfer of cash or property to related organization(s)	1q	
r	Other transfer of cash or property from related 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	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on 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) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	

Fulton County Health Center

Consolidated Financial Report
with Additional Information
December 31, 2011

Fulton County Health Center

Contents

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Independent Auditor's Report

To the Board of Directors
Fulton County Health Center

We have audited the accompanying consolidated balance sheet of Fulton County Health Center (the "Hospital") as of December 31, 2011 and 2010 and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended. These consolidated financial statements are the responsibility of the Hospital's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of Fulton County Health Center at December 31, 2011 and 2010 and the consolidated results of its operations, its changes in net assets, and its cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

Plante & Moran, PLLC

February 20, 2012

Fulton County Health Center

Consolidated Balance Sheet

	December 31, 2011	December 31, 2010
Assets		
Current Assets		
Cash and cash equivalents	$ 8,713,931	$ 5,585,801
Short-term investments	8,202,800	8,384,553
Accounts receivable (Note 3)	11,537,643	11,560,026
Estimated third-party payor settlements (Note 4)	39,036	178,361
Prepaid expenses and other	930,433	857,854
Inventory	1,566,952	1,545,022
Other current assets	14,668	192,689
Total current assets	31,005,463	28,304,306
Assets Limited as to Use (Note 6)	9,701,067	9,343,932
Property and Equipment - Net (Note 5)	37,165,607	38,194,689
Other Assets		
Physician advances	10,000	24,668
Bond issue costs	343,524	492,559
Other noncurrent assets	129,813	144,813
Total assets	**$ 78,355,474**	**$ 76,504,967**
Liabilities and Net Assets		
Current Liabilities		
Current portion of long-term debt (Note 7)	$ 1,195,769	$ 1,340,666
Accounts payable	1,759,567	1,702,835
Accrued liabilities and other:		
Accrued compensation	1,559,914	1,431,200
Accrued compensated absences	1,451,224	1,379,974
Accrued self insurance	637,643	629,151
Deferred revenue	49,495	48,441
Other accrued liabilities	241,184	437,744
Total current liabilities	6,894,796	6,970,011
Long-term Debt - Net of current portion (Note 7)	28,000,834	28,639,303
Fair Value of Interest Rate Swap Agreements (Note 9)	4,353,200	2,722,804
Total liabilities	39,248,830	38,332,118
Net Assets		
Unrestricted	39,054,644	38,120,849
Permanently restricted	52,000	52,000
Total net assets	39,106,644	38,172,849
Total liabilities and net assets	**$ 78,355,474**	**$ 76,504,967**

Fulton County Health Center

Consolidated Statement of Operations

	Year Ended December 31, 2011	Year Ended December 31, 2010
Unrestricted Revenue, Gains, and Other Support		
Net patient service revenue	$ 75,806,806	$ 70,204,796
Other	789,944	714,006
Total unrestricted revenue, gains, and other support	76,596,750	70,918,802
Expenses (Note 10)		
Salaries and wages	30,372,429	29,163,414
Employee benefits and payroll taxes	8,415,696	8,171,880
Operating supplies and expenses	3,443,153	3,643,810
Medical supplies and drugs	10,203,181	10,589,071
Professional services and consultant fees	8,494,797	7,884,831
Insurance	693,514	756,314
Utilities	1,640,926	1,697,331
Depreciation and amortization	4,110,372	4,243,123
Provision for bad debts	3,351,375	3,573,497
Interest expense	928,709	712,930
Other	2,362,614	2,166,614
Total expenses	74,016,766	72,602,815
Operating Income (Loss)	2,579,984	(1,684,013)
Other Income (Expense)		
Investment income	262,778	308,636
Contributions	960	21,259
Loss on extinguishment of debt (Note 1)	(473,615)	-
Other income	237,658	310,470
Unrealized (loss) gain on investments	(124,023)	148,635
Realized gain on interest rate swap agreements	-	981,000
Change in fair value of interest rate swap agreements	(1,630,397)	(1,867,303)
Total other expense	(1,726,639)	(97,303)
Excess of Revenue Over (Under) Expenses	853,345	(1,781,316)
Contributions for the Purchase of Property and Equipment	80,450	51,672
Increase (Decrease) in Unrestricted Net Assets	**$ 933,795**	**$ (1,729,644)**

Fulton County Health Center

Consolidated Statement of Changes in Net Assets

	Year Ended December 31, 2011	Year Ended December 31, 2010
Change in Unrestricted Net Assets		
Excess of revenue over (under) expenses	$ 853,345	$ (1,781,316)
Contributions for purchase of property and equipment	80,450	51,672
Increase (Decrease) in Unrestricted Net Assets	933,795	(1,729,644)
Net Assets - Beginning of year	38,172,849	39,902,493
Net Assets - End of year	**$ 39,106,644**	**$ 38,172,849**

Fulton County Health Center

Consolidated Statement of Cash Flows

	Year Ended December 31, 2011	Year Ended December 31, 2010
Cash Flows from Operating Activities		
Increase (decrease) in net assets	$ 933,795	$ (1,729,644)
Adjustments to reconcile increase (decrease) in net assets to net cash from operating activities:		
Depreciation and amortization	4,110,372	4,243,123
Unrealized net loss (gain) on investments	124,023	(148,635)
Contributions for purchases of property and equipment	(80,450)	(51,672)
Loss on disposal of equipment	57,294	1,967
Loss on extinguishment of debt	473,615	-
Provision for bad debts	3,351,375	3,573,497
Forgiveness of physician receivables	178,021	190,521
Change in fair value of interest rate swap agreements	1,630,397	886,303
Changes in assets and liabilities which (used) provided cash:		
Accounts receivable	(3,328,992)	(4,948,995)
Inventory, prepaid expenses, and other assets	(69,183)	(150,287)
Third-party settlements	139,325	1,251,330
Accounts payable and accrued expenses	69,682	513,937
Net cash provided by operating activities	7,589,274	3,631,445
Cash Flows from Investing Activities		
Acquisition and construction of capital assets	(3,107,990)	(1,294,140)
Purchases of investments	(6,729,603)	(11,935,044)
Proceeds from sale and maturities of investments	6,911,356	10,288,640
Change in assets limited as to use	(481,158)	1,034,023
Net cash used in investing activities	(3,407,395)	(1,906,521)
Cash Flows from Financing Activities		
Principal payment on long-term debt	(28,513,749)	(93,750)
Payments on capital lease obligations	(1,024,617)	(1,159,852)
Contributions for purchase of property and equipment	80,450	51,672
Realized gain on interest rate swap agreement	-	981,000
Issuance of bonds	28,755,000	-
Bond issuance costs	(350,833)	-
Net cash used in financing activities	(1,053,749)	(220,930)
Net Increase in Cash and Cash Equivalents	3,128,130	1,503,994
Cash and Cash Equivalents - Beginning of year	5,585,801	4,081,807
Cash and Cash Equivalents - End of year	**$ 8,713,931**	**$ 5,585,801**
Supplemental Cash Flow Information		
Cash paid for interest	$ 929,000	$ 713,000
Equipment obtained via capital lease	-	609,000

See Notes to Consolidated Financial Statements.

Note 1 - Nature of Business and Significant Accounting Policies

Organization - Fulton County Health Center (the "Hospital") is a private, nonprofit, independent hospital governed by a board of directors. The Hospital is located in Wauseon, Ohio and provides inpatient, outpatient, emergency care, and psychiatric services to residents of Fulton and surrounding counties.

In addition, the Hospital operates Fulton Manor, a long-term care facility. The facility operates as a division of the Hospital and provides assisted-living, skilled nursing, and intermediate healthcare services.

The Hospital also operates FCHC Medical Care, LLC (Medical Care), which includes Delta Medical Center, Inc. (Delta), Fayette Medical Center (Fayette), West Ohio Orthopedics (WOO), and other hospital-based physician services. The limited liability corporation provides both professional medical services and the related billing services for the medical practice.

Basis of Consolidation - The accompanying consolidated financial statements include the accounts of Fulton County Health Center and its subsidiaries, Fulton Manor, Delta, Fayette, Medical Care, and WOO (collectively, the "Hospital"). All significant intercompany transactions and balances have been eliminated in consolidation.

Cash and Cash Equivalents - The Hospital considers demand deposits, money market funds, and certificates of deposit with original maturities of three months or less to be cash equivalents.

Short-term Investments - Short-term investments consist of certificates of deposit with original maturities greater than three months but less than one year.

Investments - Investments in equity securities with readily determinable fair values and all investments in debt securities are considered trading and are measured at fair value in the consolidated balance sheet. Investment income or loss (including realized and unrealized gains and losses on investments, interest, and dividends) is included in excess of revenue over expenses from operations unless the income or loss is restricted by donor or law.

Accounts Receivable - Accounts receivable for patients, insurance companies, and governmental agencies are based on gross charges. 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 is based on expected payment rates from payors based on current reimbursement methodologies.

Note 1 - Nature of Business and Significant Accounting Policies (Continued)

Inventories - Inventories, consisting of drugs, medical and surgical supplies, and food, are carried at cost determined on a first-in, first-out basis, which is not in excess of market.

Bond Issuance Costs - Certain closing costs and legal fees incurred in connection with the issuance of the revenue bonds are recorded as deferred costs and amortized over the life of the bonds. During the year ended December 31, 2011, approximately $475,000 of the Series 2005 bond issue costs were written off and approximately $383,000 of Series 2011 new bond issue costs were capitalized in conjunction with bond refinancing. Amortization expense was approximately $30,000 and $39,000 in 2011 and 2010, respectively.

Property and Equipment - Property and equipment amounts are recorded at cost. Depreciation is provided on the straight-line method over the estimated useful lives of the assets. Depreciation of capital lease assets is included in depreciation expense in the consolidated statement of operations. Costs of maintenance and repairs are charged to expense when incurred. Interest cost incurred on borrowed funds during construction of capital assets is capitalized as a component of the cost of acquiring those assets.

Assets Limited as to Use - Assets limited as to use consist principally of money market funds, U.S. Treasury bills, U.S. government agencies obligations, and equity securities. These assets are set aside for board designations or funds held by trustee for debt service and construction. Interest and dividends, realized gains or losses, and unrealized gains and losses on trading securities are included in other income (expense).

Physician Advances - Advances to physicians represent loans to physicians under various cash flow support and loan agreements. These loans are to be forgiven over time as the physician meets certain criteria under the terms of the agreement. If a physician defaults on the loan agreement, the remaining unforgiven portion is due on demand, including interest at the prime rate plus 1 percent.

Permanently Restricted Net Assets - Permanently restricted net assets have been restricted by donors to be maintained by the Hospital in perpetuity; however, the income produced by such assets is expendable for unrestricted purposes. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying consolidated financial statements.

Charity Care - The Hospital maintains records to identify and monitor the amount of charity care it provides. These records include the amount of charges foregone for services and supplies furnished under its charity care policy. See Note 13 for amount of charity care provided during 2011 and 2010.

Note 1 - Nature of Business and Significant Accounting Policies (Continued)

Deferred Revenue - Deferred revenue represents room and board billed in advance for nursing home residents. The revenue is recognized when services are provided.

Employee Pension Plan - The Hospital has a defined contribution plan covering substantially all employees. All contributions are based on a percentage of each eligible employee's compensation and are fully vested to employees. The Hospital's policy is to fund pension costs accrued. Pension expense for 2011 and 2010 totaled approximately $1,282,000 and $1,178,000, respectively.

Excess of Revenue Over (Under) Expenses - The consolidated statement of operations includes excess of revenue over (under) expenses. Changes in unrestricted net assets, which are excluded from excess of revenue over (under) expenses, consistent with industry practice, include permanent transfers of assets to and from affiliates for other than goods or services, and contributions of long-lived assets.

Net Patient Service Revenue - Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. Management believes that it is in compliance with all applicable laws and regulations. Final determination of compliance of such laws and regulations is subject to future government review and interpretation. Violations may result in significant regulatory action including fines, penalties, and exclusions from the Medicare and Medicaid programs.

Tax Status - The Hospital and its divisions and subsidiaries are nonprofit corporations exempt from income tax under Section 501(c)(3) of the Internal Revenue Code.

Contributions - Contributions of cash and other assets are reported as revenue when granted or received, measured at fair value. Contributions with donor-imposed time or purpose restrictions are reported as restricted support. Contributions without donor-imposed restrictions are reported as unrestricted support. Other restricted gifts are reported as restricted support and temporarily or permanently restricted net assets.

Note 1 - Nature of Business and Significant Accounting Policies (Continued)

The Hospital reports gifts of land, buildings, and equipment as unrestricted support unless specific donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash and other assets that must be used to acquire long-lived assets are reported as restricted support. Absent specific donor stipulations about how long those long-lived assets must be maintained, the Hospital reports the expiration of donor restrictions when the assets are placed in service.

Interest Rate Swaps - The Hospital entered into interest rate swap transactions to reduce economic risks associated with variability in cash outflows for interest required under provisions of variable rate revenue bonds. Interest rate swaps are recognized as assets or liabilities at fair value. Realized gains and losses on interest rate swaps are classified as a component of income from operations and are presented as part of interest expense in the consolidated statement of changes in net assets. Unrealized changes in the fair value of the interest rate swap are recognized as other income or expense, separate from income from operations.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

Fair Value of Financial Instruments - The following methods and assumptions were used by the Hospital in estimating the fair value of its financial instruments:

- **Cash and Cash Equivalents** - The carrying amount reported in the consolidated balance sheet for cash and cash equivalents approximates fair value.
- **Investments and Assets Limited as to Use** - Fair values, which are the amounts reported in the consolidated balance sheet, are based on quoted market prices.
- **Accounts Receivable, Accounts Payable, and Accrued Expenses** - The carrying amounts reported in the consolidated balance sheet for accounts receivable, accounts payable, and accrued expenses approximate their fair values.
- **Estimated Cost Report Settlements Receivable and Payable** - The carrying amount reported in the consolidated balance sheet for estimated cost report settlements receivable and payable approximates their fair value.
- **Interest Rate Swaps** - The carrying amount reported in the consolidated balance sheet for interest rate swaps represents their fair value. The fair value of the Hospital's interest rate swaps is calculated by an independent party.

Note 1 - Nature of Business and Significant Accounting Policies (Continued)

- **Long-term Debt** - The fair value of the Hospital's bonds is based on current traded value. The fair value of the Hospital's remaining long-term debt is estimated using market information. The carrying amount of long-term debt approximates its fair value due to the nature of the instruments.

Subsequent Events - The consolidated financial statements and related disclosures include evaluation of events up through and including February 20, 2012, which is the date the consolidated financial statements were available to be issued.

Reclassifications - Certain amounts in the Hospital's 2010 consolidated financial statements have been reclassified to conform with the presentation in the Hospital's 2011 consolidated financial statements. Short-term investments of $3,500,000 at December 31, 2010 have been reclassified to assets limited as to use, reflecting the board's designation of assets.

Note 2 - Cash in Excess of Insured Limits

The Hospital maintains cash and investment balances at several financial institutions located in the vicinity of Wauseon, Ohio. For the year ended December 31, 2011, accounts at each institution are insured by the Federal Deposit Insurance Corporation up to $250,000 per institution. As of December 31, 2011, the combined uninsured cash balances totaled approximately $2,400,000.

Note 3 - Patient Accounts Receivable

The details of patient accounts receivable are set forth below:

	2011	2010
Patient accounts receivable	$ 19,719,643	$ 19,145,026
Less:		
Allowance for uncollectible accounts	(3,798,000)	(3,369,000)
Allowance for contractual adjustments	(4,384,000)	(4,216,000)
Total accounts receivable	$ 11,537,643	$ 11,560,026

Note 3 - Patient Accounts Receivable (Continued)

The Hospital grants credit without collateral to patients, most of whom are local residents and are insured under third-party payor agreements. The composition of receivables from patients and third-party payors is as follows:

	Percent	
	2011	2010
Medicare	21 %	23 %
Blue Cross/Blue Shield	6	5
Medicaid	2	2
Commercial insurance and HMOs	37	41
Self-pay	34	29
Total	100 %	100 %

Note 4 - Cost Report Settlements

Approximately 70 percent of the Hospital's net patient service revenue is received from the Medicare, Medicaid, Blue Cross/Blue Shield, and Medical Mutual programs. The Hospital has agreements with these payors that provide for reimbursement at amounts different from established rates.

- **Medicare** - Effective December 30, 2005, the Hospital received critical access status designation from Medicare. Under the critical access program, the Hospital is cost reimbursed for inpatient and outpatient services, including laboratory services. Reimbursement for psychiatric services is paid based on prospectively determined rates.
- **Medicaid** - Hospital inpatient, acute-care services rendered to Medicaid program beneficiaries are paid at prospectively determined rates per discharge. Capital costs relating to Medicaid inpatients are paid on a cost-reimbursement method. The Hospital is reimbursed for outpatient services on an established fee-for-service methodology. Psychiatric services provided are reimbursed on a per diem basis.
- **Medical Mutual** - Hospital inpatient and outpatient services are paid on a percentage of charges basis.
- **Fulton Manor** - Medicare and Medicaid reimbursement is based on a prospective payment system paid at various per diem rates.

Final reimbursement under these programs is subject to audit by fiscal intermediaries. Although these audits may result in some changes in these amounts, they are not expected to have a material effect on the accompanying consolidated financial statements.

Note 4 - Cost Report Settlements (Continued)

The Medicaid payment system in Ohio is a prospective one, whereby rates for the following state fiscal year beginning July 1 are based upon filed cost reports for the preceding calendar year. The continuity of this system is subject to the uncertainty of the fiscal health of the State of Ohio, which can directly impact future rates and the methodology currently in place. Any significant change in rates, or the payment system itself, could have a material impact on future Medicaid funding to providers.

The Hospital has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Hospital under these agreements includes prospectively determined daily rates.

Cost report settlements result from the adjustment of interim payments to final reimbursement under third-party payor programs that are subject to audit by fiscal intermediaries. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

The Medicare program has initiated a recovery audit contractor (RAC) initiative, whereby claims subsequent to October 1, 2007 will be reviewed by contractors for validity, accuracy, and proper documentation. A demonstration project completed in several other states resulted in the identification of potential significant overpayments. The RAC program began in 2010 for Ohio hospitals. The Hospital has not yet been subject to such audits and is unable to determine the extent of the liability for any potential overpayments or underpayments.

Note 5 - Property and Equipment

Net property and equipment at December 31 consist of the following:

	2011	2010	Depreciable Life - Years
Land	$ 2,516,320	$ 858,990	-
Land improvements	1,207,090	1,113,610	2-10
Buildings	40,305,520	40,074,921	7-40
Equipment under capital leases	6,066,913	6,105,988	3-5
Equipment	24,168,079	23,973,582	3-5
Construction in progress	906,846	345,034	-
Total cost	75,170,768	72,472,125	
Accumulated depreciation	(38,005,161)	(34,277,436)	
Net property and equipment	$ 37,165,607	$ 38,194,689	

Note 5 - Property and Equipment (Continued)

Depreciation expense on property and equipment totaled $4,080,772 and $4,198,523 in 2011 and 2010, respectively, including depreciation of assets under capital lease of $904,324 and $924,364 in 2011 and 2010, respectively.

Note 6 - Assets Limited as to Use

Assets limited as to use for future capital acquisitions consist of the following:

	2011	2010
Board-designated assets:		
Cash and short-term investments	$ 6,189,719	$ 5,832,559
Fixed income	1,975,768	2,083,346
Equity funds	1,535,580	1,428,027
Total assets limited as to use	$ 9,701,067	$ 9,343,932

Note 7 - Long-term Debt

A summary of long-term debt and capital lease obligations at December 31, 2011 and 2010 is as follows:

	2011	2010
County of Fulton, Ohio Hospital Revenue Bonds bonds, Series 2011, with variable interest rate (1.57 percent at December 31, 2011), and varying maturities through November 1, 2035, collateralized by gross revenue, equipment, and real property	$ 28,647,500	$ -
County of Fulton, Ohio healthcare facilities revenue bonds, Series 2005, with variable interest rate, refinanced in 2011, collateralized by gross revenue, equipment, and real property	-	28,406,250
Obligations under capital leases	549,103	1,573,719
Total	29,196,603	29,979,969
Less current portion	1,195,769	1,340,666
Long-term portion	$ 28,000,834	$ 28,639,303

Note 7 - Long-term Debt (Continued)

The following represents scheduled bond principal payments and future minimum lease payments as of December 31, 2011:

Years Ending December 31	Long-term Debt	Capital Lease Obligations	
		Principal	Interest
2012	$ 650,833	$ 544,936	$ 4,636
2013	685,000	4,167	-
2014	716,667	-	-
2015	755,833	-	-
2016	791,667	-	-
Thereafter	25,047,500	-	-
Total	$ 28,647,500	$ 549,103	$ 4,636

Interest rates on capitalized leases range from 3.77 to 5.07 percent and are imputed at the beginning of the lease based on the lessor's implicit rate of return. The Hospital is the lessee of certain medical equipment under capital leases. The assets and liabilities under the capital leases are recorded at the amount of the future minimum lease payments. The assets are depreciated over the lesser of their related lease terms or their estimated productive lives. Depreciation of assets under the capital leases is included in depreciation expense for 2011 and 2010. The following capital lease assets and related amortization include capital leases included in construction in progress at December 31, 2011 and 2010.

	2011	2010
Cost of equipment under capital lease	$ 6,105,988	$ 6,105,988
Less accumulated amortization	(5,049,018)	(4,183,769)
Net carrying amount	$ 1,056,970	$ 1,922,219

In December 2005, the County of Fulton, Ohio issued $28,500,000 of Adjustable Rate Demand Revenue Bonds, Series 2005. The terms of the bonds included annual principal payments beginning at $316,250 in 2011 and increasing on a fixed schedule annually with the bonds maturing on November 1, 2030. These bonds were defeased during 2011.

In December 2011, the County of Fulton, Ohio issued $28,755,000 of Adjustable Rate Demand Hospital Facilities Revenue Bonds, Series 2011 (the "Series 2011 Bonds"). The Series 2011 Bonds are a private placement in which Huntington Bank purchased the Series 2011 Bonds and agreed to hold the Series 2011 Bonds until at least November 1, 2016. The Series 2011 Bonds were issued in order to refund the 2005 Hospital Facilities Revenue Bonds, and pay certain costs related to the issuance of the Series 2011 Bonds.

Note 7 - Long-term Debt (Continued)

The debt has a final maturity date of November 1, 2035 and provides for the repayment of principal in increasing monthly principal payments beginning in 2012 through November 1, 2016, at which time the Series 2011 Bonds are subject to mandatory tender. As long as no event of default occurs under the indenture, then the bonds cannot be redeemed by the bondholder until November 1, 2016. Principal and interest payments are made monthly by the Hospital to a trustee, at which time the Hospital is relieved from liability.

The trust indenture of the Series 2011 Bonds requires the maintenance of certain debt coverage ratios and compliance with certain other restrictive covenants.

In connection with the issuance of the Series 2011 Bonds, the Hospital and the County of Fulton, Ohio entered into a lease arrangement whereby the Hospital has leased its existing facilities to the County of Fulton. The base lease, by its terms, will remain in effect at least until full provision has been made for the payment of the Series 2011 Bonds under the indenture. The base lease requires the County of Fulton to pay a total sum of $1 and other valuable consideration for which its receipt has been acknowledged.

The County of Fulton and the Hospital have entered into a sublease. The sublease provides that the existing facilities will be leased by the County of Fulton to the Hospital, commencing on the execution and delivery of the lease, for a term at least as long as the bonds are outstanding. Under the sublease agreement, rental payments are sufficient to pay the total amount due with respect to the principal and interest on the Series 2011 Bonds. The Series 2011 Bonds are collateralized by a mortgage on substantially all property. Accordingly, such property, together with the bond proceeds and bond indebtedness, is included in the accompanying consolidated financial statements as assets and liabilities of the Hospital.

The Hospital entered into interest rate swap agreements in conjunction with its 2005 adjustable rate revenue bonds. See Note 9 for more information regarding the interest rate swap agreements.

Note 8 - Fair Value Measurements

The following tables present information about the Hospital's assets and liabilities measured at fair value on a recurring basis at December 31, 2011 and 2010 and the valuation techniques used by the Hospital to determine those fair values.

In general, fair values determined by Level 1 inputs use quoted prices in active markets for identical assets or liabilities that the Hospital has the ability to access.

Note 8 - Fair Value Measurements (Continued)

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets and liabilities in active markets, and other inputs such as interest rates and yield curves that are observable at commonly quoted intervals.

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset or liability.

In instances where inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Hospital's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset or liability.

Disclosures concerning assets and liabilities measured at fair value are as follows:

Assets and Liabilities Measured at Fair Value on a Recurring Basis at December 31, 2011

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Balance at December 31, 2011
Assets - Assets limited as to use				
Equity funds	$ 1,535,580	$ -	$ -	$ 1,535,580
Corporate obligations	-	1,079,932	-	1,079,932
Fixed income	-	895,836	-	895,836
Liabilities - Interest rate swap	-	4,353,200	-	4,353,200

Assets and Liabilities Measured at Fair Value on a Recurring Basis at December 31, 2010

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Balance at December 31, 2010
Assets - Assets limited as to use				
Equity funds	$ 1,428,027	$ -	$ -	$ 1,428,027
Corporate obligations	-	1,166,216	-	1,166,216
Fixed income	-	917,130	-	917,130
Liabilities - Interest rate swap	-	2,722,804	-	2,722,804

Note 9 - Derivative Financial Instruments

The Hospital is exposed to certain risks in the normal course of its business operations. The main risks are those relating to the variability of future earnings and cash flows, which are managed through the use of derivatives. The Hospital holds interest rate swap agreements, which are reported on the consolidated balance sheet at fair value.

During 2005, the Hospital entered into an interest rate swap agreement in conjunction with its debt financing program of issuing adjustable rate revenue bonds. The swap agreement requires the Hospital to pay a fixed rate of interest at approximately 3.6 percent on an original notional amount of $22,800,000, with a current notional amount of $22,475,000 at December 31, 2011. The variable rate, which the Hospital receives, is based on 68 percent of the three-month LIBOR. The term of the interest rate swap expires on November 1, 2030.

In June 2006, the Hospital entered into a second interest rate swap agreement in conjunction with the original interest rate swap agreement entered into during 2005 related to the adjustable rate revenue bonds. Under the second interest rate swap agreement, the Hospital will pay a variable rate based on 68 percent of the three-month LIBOR. In return, the Hospital will receive a variable rate based on 60.5 percent of the ISDA-Swap rate. The original notional amount of the swap agreement was $22,800,000, with a current notional amount of $ 22,475,000 at December 31, 2011. The term of the interest rate swap expires on November 1, 2030.

During 2010, the Hospital received $981,000 in connection with the suspension of the second interest rate swap agreement. As a result, this swap agreement reverts from the Hospital receiving 60.5 percent of the ISDA-Swap rate to the Hospital receiving 68 percent of the three-month LIBOR on 80 percent of the Series 2005 Bonds through May 31, 2015. At the end of the suspension, the swap reverts back to the original terms.

As of December 31, 2011 and 2010, the fair value of derivatives held was as follows:

	Asset Derivatives		Liability Derivatives	
	2011	2010	2011	2010
Interest rate swaps	$ -	$ -	$ 4,353,200	$ 2,722,804

The interest rate swap agreements are reported on the consolidated balance sheet as a liability.

Note 9 - Derivative Financial Instruments (Continued)

For the years ended December 31, 2011 and 2010, the amounts of gain or loss recognized in the consolidated statement of operations attributable to the interest rate swap agreements in the consolidated statement of operations are as follows:

	Amount of Gain (Loss) Recognized in Earnings		Reported in Consolidated Statement of Operations as
	2011	2010	
Interest rate swaps	$ (1,630,937)	$ (1,867,303)	Change in fair value of interest swap agreements
Interest rate swaps	$ -	$ 981,000	Realized gain on interest rate swap agreement

Note 10 - Functional Expenses

The Hospital is a critical access healthcare facility which provides acute and long-term care services to residents within its geographic location. Expenses related to providing these services for the years ended December 31, 2011 and 2010 are as follows:

	2011	2010
Healthcare services	$ 53,092,226	$ 52,557,178
General and administrative	20,924,540	20,045,637
Total	$ 74,016,766	$ 72,602,815

Note 11 - Self-insured Benefits

The Hospital is partially self-insured under a plan covering substantially all employees for health benefits. The plan is covered by a stop-loss policy that covers claims over $100,000 per employee per annum, with an aggregate limit of $6,165,425. The plan policy year ends on January 31. Total expenses charged to operations, including an estimate of claims incurred but not reported, were approximately $3,830,000 and $3,741,000 for the years ended December 31, 2011 and 2010, respectively.

Note 12 - Medical Malpractice Claims

Based on the nature of its operations, the Hospital is at times subject to pending or threatened legal actions, which arise in the normal course of its activities.

Note 12 - Medical Malpractice Claims (Continued)

The Hospital is insured against medical malpractice claims under a claims-based policy, whereby only the claims reported to the insurance carrier during the policy period are covered regardless of when the incident giving rise to the claim occurred. Under the terms of the policy, the Hospital bears the risk of the ultimate costs of any individual claims exceeding $1,000,000, or aggregate claims exceeding $3,000,000, for claims asserted in the policy year. In addition, the Hospital has an umbrella policy with an additional $5,000,000 of coverage.

Should the claims-made policy not be renewed or replaced with equivalent insurance, claims based on the occurrences during the claims-made term, but reported subsequently, will be uninsured.

The Hospital is not aware of any medical malpractice claims, either asserted or unasserted, that would exceed the policy limits. No claims have been settled during the past three years that have exceeded policy coverage limits. The cost of this insurance policy represents the Hospital's cost for such claims for the year, and it has been charged to operations as a current expense.

Note 13 - Charity Care

The Hospital maintains records to identify and monitor the level of charity care provided. These records include the cost for services and supplies rendered under its charity care policy. The following information measures the level of charity care provided:

	2011	2010
Cost of charity care provided	$ 521,364	$ 521,606
Equivalent percent of charity care charges to total charges	0.89 %	0.93 %

In addition, under arrangements with various governmental insurance programs, the Hospital provides significant care to the local indigent population for which reimbursement for services rendered is generally less than the cost of providing such services. As part of its obligation to the local communities, the Hospital also provides numerous other services that benefit the communities and are generally performed at no charge.

Additional Information

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Independent Auditor's Report on Additional Information

To the Board of Directors
Fulton County Health Center

We have audited the consolidated financial statements of Fulton County Health Center as of and for the years ended December 31, 2011 and 2010. Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The information in the accompanying schedules is presented for the purpose of additional analysis rather than to present the financial position, results of operations, and cash flows of the individual companies and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Plante & Moran, PLLC

February 20, 2012

Fulton County Health Center

Consolidating Balance Sheet
December 31, 2011

	Hospital	Fulton Manor	Medical Care	Eliminating Entries	Total
Assets					
Current Assets					
Cash and cash equivalents	$ 8,549,698	$ 960	$ 163,273	$ -	$ 8,713,931
Short-term investments	8,202,800	-	-	-	8,202,800
Accounts receivable	9,858,684	921,231	757,728	-	11,537,643
Estimated third-party payor settlements	39,036	-	-	-	39,036
Prepaid expenses and other	883,646	11,986	34,801	-	930,433
Inventory	1,566,952	-	-	-	1,566,952
Other current assets	2,562,157	958,102	-	(3,505,591)	14,668
Total current assets	31,662,973	1,892,279	955,802	(3,505,591)	31,005,463
Assets Limited as to Use - Trading	9,701,067	-	-	-	9,701,067
Property and Equipment - Net	33,365,208	2,573,481	1,226,918	-	37,165,607
Other Assets					
Physician advances	10,000	-	-	-	10,000
Bond issue costs	343,524	-	-	-	343,524
Other noncurrent assets	107,313	-	22,500	-	129,813
Total assets	**$ 75,190,085**	**$ 4,465,760**	**$ 2,205,220**	**$ (3,505,591)**	**$ 78,355,474**

Fulton County Health Center

Consolidating Balance Sheet (Continued)
December 31, 2011

	Hospital	Fulton Manor	Medical Care	Eliminating Entries	Total
Liabilities and Net Assets					
Current Liabilities					
Current portion of long-term debt	$ 1,195,769	$ -	$ -	$ -	$ 1,195,769
Accounts payable	1,759,567	-	-	-	1,759,567
Accrued liabilities and other:					
Accrued compensation	1,542,218	-	17,696	-	1,559,914
Accrued compensated absences	1,133,493	-	317,731	-	1,451,224
Accrued self insurance	637,643	-	-	-	637,643
Deferred revenue	-	49,495	-	-	49,495
Intercompany payable	-	-	3,505,591	(3,505,591)	-
Other accrued liabilities	130,439	99,312	11,433	-	241,184
Total current liabilities	6,399,129	148,807	3,852,451	(3,505,591)	6,894,796
Long-term Debt - Net of current portion	28,000,834	-	-	-	28,000,834
Fair Value of Interest Rate Swap Agreements	4,353,200	-	-	-	4,353,200
Total liabilities	38,753,163	148,807	3,852,451	(3,505,591)	39,248,830
Net Assets					
Unrestricted	36,384,922	4,316,953	(1,647,231)	-	39,054,644
Permanently restricted	52,000	-	-	-	52,000
Total liabilities and net assets	**$ 75,190,085**	**$ 4,465,760**	**$ 2,205,220**	**$ (3,505,591)**	**$ 78,355,474**

Fulton County Health Center

Consolidating Statement of Operations
Year Ended December 31, 2011

	Hospital	Fulton Manor	Medical Care	Eliminating Entries	Total
Unrestricted Revenue, Gains, and Other Support					
Net patient service revenue	$ 65,297,855	$ 6,109,907	$ 4,399,044	$ -	$ 75,806,806
Other	766,396	29	23,519	-	789,944
Total unrestricted revenue, gains, and other support	66,064,251	6,109,936	4,422,563	-	76,596,750
Expenses					
Salaries and wages	23,131,327	3,453,277	3,787,825	-	30,372,429
Employee benefits and payroll taxes	7,019,729	645,746	750,221	-	8,415,696
Operating supplies and expenses	2,571,238	756,383	115,532	-	3,443,153
Medical supplies and drugs	9,659,766	404,935	138,480	-	10,203,181
Professional services and consultant fees	6,520,426	444,866	1,529,505	-	8,494,797
Insurance	522,042	43,567	127,905	-	693,514
Utilities	1,393,965	190,865	56,096	-	1,640,926
Depreciation and amortization	3,800,195	164,237	145,940	-	4,110,372
Provision for bad debts	3,200,838	-	150,537	-	3,351,375
Interest expense	909,836	18,873	-	-	928,709
Other	1,973,387	79,489	309,738	-	2,362,614
Total expenses	60,702,749	6,202,238	7,111,779	-	74,016,766
Operating Income (Loss)	5,361,502	(92,302)	(2,689,216)	-	2,579,984
Other Income (Expense)					
Investment income	262,778	-	-	-	262,778
Contributions	960	-	-	-	960
Loss on extinguishment of debt	(473,615)	-	-	-	(473,615)
Other income	231,126	5,294	1,238	-	237,658
Unrealized loss on investments	(124,023)	-	-	-	(124,023)
Change in fair value of interest rate swap agreements	(1,630,397)	-	-	-	(1,630,397)
Total other (expense) income	(1,733,171)	5,294	1,238	-	(1,726,639)
Excess of Revenue Over (Under) Expenses	3,628,331	(87,008)	(2,687,978)	-	853,345
Contributions for the Purchase of Property and Equipment	80,450	-	-	-	80,450
Increase (Decrease) in Net Assets	**$ 3,708,781**	**$ (87,008)**	**$ (2,687,978)**	**$ -**	**$ 933,795**

Additional Data

Software ID:
Software Version:
EIN: 34-4428214
Name: FULTON COUNTY HEALTH CENTER

Form 990, Special Condition Description:

Special Condition Description