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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 05-01-2011 and ending 04-30-2012

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

C Name of organization
JOHN FITZGIBBON MEMORIAL HOSPITAL

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2305 S 65 HIGHWAY
PO BOX 250

City or town, state or country, and ZIP + 4
MARSHALL, MO 65340

D Employer identification number
44-0655986

E Telephone number
(660) 886-7431

G Gross receipts $ 54,721,443

F Name and address of principal officer
RONALD A OTT
2305 S 65 HIGHWAY
MARSHALL, MO 65340

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 fitzgibbon org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1923

M State of legal domicile MO

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO IMPROVE THE HEALTH OF OUR COMMUNITY BY OFFERING QUALITY HEALTH CARE SERVICES, IMPROVING ACCESS & OUTCOMES, EMPOWERING THE COMMUNITY & PEOPLE WE SERVE, & PARTICIPATING IN HEALTH CARE PARTNERSHIPS

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**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	593
6	Total number of volunteers (estimate if necessary)	**6**	58
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
8	Contributions and grants (Part VIII, line 1h)	326,412	215,558
9	Program service revenue (Part VIII, line 2g)	50,352,024	54,203,327
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	193,607	227,551
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-238,396	45,384
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	50,633,647	54,691,820
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	17,379	12,000
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)	22,173,271	22,977,067
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 39,255		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	26,575,897	29,846,908
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	48,766,547	52,835,975
19	Revenue less expenses Subtract line 18 from line 12	1,867,100	1,855,845

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	54,036,579	55,752,440
21	Total liabilities (Part X, line 26)	22,819,048	22,649,341
22	Net assets or fund balances Subtract line 21 from line 20	31,217,531	33,103,099

Part II Signature Block

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

Sign Here

****** Signature of officer — 2013-03-07 Date

RONALD A OTT CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Brian D Todd | Date | Check if self-employed ☐ | Preparer's taxpayer identification number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4: BKD LLP, 910 E ST LOUIS 200/PO BOX 1190, SPRINGFIELD, MO 658062523 | EIN ▶ | Phone no ▶ (417) 865-8701

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

TO IMPROVE THE HEALTH OF OUR COMMUNITY

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 $ 39,858,875 including grants of $) (Revenue $ 42,061,429)

HOSPITAL SERVICE - FITZGIBBON HOSPITAL IS A 60 BED ACUTE CARE FACILITY SERVING MARSHALL, MO & THE SURROUNDING COMMUNITIES THE FACILITY PROVIDES STATE OF THE ART HEALTH CARE WITH A 24 HOUR PHYSICIAN-STAFFED EMERGENCY DEPARTMENT, AN INTENSIVE CARE UNIT, IN AND OUT-PATIENT MEDICAL/SURGICAL SERVICES, AN OBSTETRICS UNIT, A BEHAVIOR HEALTH UNIT AND A 24 HOUR HOSPITALIST PROGRAM TO SERVE IN-PATIENT NEEDS AT ALL TIMES ANCILLARY SERVICES SUCH AS RADIOLOGY, LABORATORY, RESPIRATORY THERAPY & REHABILITATIVE SERVICES ARE AVAILABLE ON SITE FOR MORE INFORMATION, SEE SCHEDULE O

4b (Code) (Expenses $ 4,664,235 including grants of $) (Revenue $ 5,122,066)

CLINIC SERVICE-SPECIALTY CLINICS WITHIN THE HOSPITAL PROVIDE ORTHOPEDIC, WOUND CARE, NEUROLOGIC & PAIN MANAGEMENT SERVICES TO BOTH IN & OUT-PATIENTS THESE CLINICS PROVIDED SERVICES TO 19,679 PATIENTS THE HOSPITAL ALSO SUPPORTS A SEPARATE OUT-PATIENT CLINIC ON CAMPUS FOR FAMILY MEDICINE, OB/GYN, GENERAL SURGERY & PSYCHIATRY STAFFED MEDICAL PROFESSIONALS PRACTICING IN THESE SPECIALTIES FOR FISCAL YEAR 2012 THIS CLINIC PROVIDED SERVICES FOR 13,654 PATIENT VISITS TWO SATELLITE FAMILY PRACTICE CLINICS ARE ALSO SUPPORTED BY THE HOSPITAL THESE CLINICS PROVIDED SERVICES FOR 15,368 PATIENT VISITS

4c (Code) (Expenses $ 1,074,710 including grants of $) (Revenue $ 2,064,176)

COMMUNITY HEALTH SERVICES - HOSPICE, HOME HEALTH, & HOMEMAKER SERVICES HOSPICE PROVIDED 4,600 PALLIATIVE CARE VISITS, 71 WERE FREE FOR PATIENTS W/O INSURANCE HOME HEALTH PROVIDED 6,530 VISITS & HOMEMAKER PERFORMED 12,276 HOURS OF SERVICE TO RESIDENTS THE COMMUNITY SERVICES GROUP ALSO COORDINATES PARTICIPATION IN THE OATS TRANSPORTATION PROGRAM BY PERFORMING THE SCHEDULING FOR ALL RIDERS THE HOSPITAL DONATES $12,000 ANNUALLY TO OATS TO HELP SUSTAIN IT IN THE MARSHALL COMMUNITY THE PROGRAM PROVIDED TRANSPORTATION FOR 3,590 RIDERS DURING FY 2012

4d Other program services (Describe in Schedule O)

(Expenses $ 520,762 including grants of $ 12,000) (Revenue $ 4,955,656)

4e **Total program service expenses** ▶ $ 46,118,582

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		No
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**		No
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**	Yes	
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**	Yes	
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**	120		
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**	593			
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**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
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	12		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	10		
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		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	Yes	
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		No

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		No
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		No
b	Other officers or key employees of the organization	15b		No
	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 ▶

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 ▶

ROBERTA NIENHUESER
2305 S 65 HIGHWAY PO BOX 250
MARSHALL, MO 65340
(660) 831-3251

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) FRED UTLAUT PRESIDENT	1 0	X		X				0	0	0
(2) WILLIAM L SUMMERS VICE PRESIDENT	1 0	X		X				0	0	0
(3) DON VOGELSMEIER SECRETARY/TREASURER	1 0	X		X				0	0	0
(4) VIRGINIA HUPP DIRECTOR	1 0	X						0	0	0
(5) ROOK EVANS DIRECTOR	1 0	X						0	0	0
(6) B F KNIPSCHILD MD DIRECTOR	1 0	X						0	0	0
(7) RANDY MORROW DIRECTOR	1 0	X						0	0	0
(8) JAMES SOWASH MD DIRECTOR	1 0	X						0	0	0
(9) JACK UHRIG MD DIRECTOR	1 0	X						0	0	0
(10) GAYLE CARTER DIRECTOR	1 0	X						0	0	0
(11) CRAIG MCCOY DO MEDICAL STAFF PRESIDENT	1 0	X						81,862	0	0
(12) BILL JACKSON DIRECTOR	1 0	X						0	0	0
(13) RONALD A OTT PRESIDENT/CEO	40 0			X				275,368	0	11,128
(14) ROBERTA NIENHUESER VP FINANCIAL SRVCS, BEG 11/11	40 0			X				12,000	0	0
(15) NANCY HARRIS VP FINANCIAL SRVCS, THRU 11/11	40 0			X				109,674	0	4,454
(16) LYNNE OTT VP PATIENT CARE SERVICES	40 0				X			160,028	0	6,159
(17) DENNIS SOUSLEY VP CLINICAL SERVICES	40 0				X			174,571	0	4,824

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) KELLY ROSS DO ORTHOPEDIC SURGEON	40 0					X		483,941	0	2,000
(19) CRAIG SIMONS DO HOSPITALIST/ER PHYSICIAN	40 0					X		381,332	0	2,466
(20) JOHN BRIZENDINE MD GENERAL SURGEON	40 0					X		333,253	0	7,000
(21) DEVINDER GUPTA MD HOSPITALIST	40 0					X		329,114	0	4,600
(22) LORENZO ROMNEY DO HOSPITALIST	40 0					X		257,978	0	2,466
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								2,599,121	0	45,097

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 ▶ 19

			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**		No
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
PHARMACY SYSTEMS INC	PHARMACY MGMT	712,175
WATERSTONE BENEFIT	ADMINISTRATOR	442,661
PAUL T BRIZENDINE MD	ER PHYSICIAN	260,610
THOMAS LAIRD MD	ER PHYSICIAN	259,865
MO MEDICAL COLLECTIONS	COLLECTIONS	210,505

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 ▶ 15

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	61,563			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	26,184			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	127,811			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f			215,558		
			Business Code				
Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	900099	53,255,217	53,255,217		
	b	EHR INCENTIVE REVENUE	722210	606,836	606,836		
	c	CAFETERIA	900099	234,754	234,754		
	d	MANAGEMENT FEES	561000	60,000	60,000		
	e	OTHER REVENUE	900099	46,520	46,520		
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		54,203,327			
	3	Investment income (including dividends, interest and other similar amounts)		208,992			208,992
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		19,839			
	b	Less cost or other basis and sales expenses		1,280			
	c	Gain or (loss)		18,559			
	d	Net gain or (loss)			18,559		18,559
Other Revenue	8a	Gross income from fundraising events (not including $ 61,563 of contributions reported on line 1c) See Part IV, line 18	a	26,858			
	b	Less direct expenses	b	28,343			
	c	Net income or (loss) from fundraising events			-1,485		-1,485
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities			0		
	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			0		
		Miscellaneous Revenue	Business Code				
	11a	INSURANCE PROCEEDS	900099	46,869			46,869
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d			46,869		
	12	**Total revenue.** See Instructions			54,691,820	54,203,327	272,935

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	12,000	12,000		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	867,992	405,969	462,023	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	48,334	48,334		
7	Other salaries and wages	18,977,037	16,292,077	2,648,949	36,011
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	227,477	193,641	33,836	
9	Other employee benefits	1,473,463	1,249,412	224,051	
10	Payroll taxes	1,382,764	1,160,235	219,890	2,639
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	70,676		70,676	
c	Accounting	159,694		159,694	
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	0			
g	Other	4,870,006	3,850,226	1,019,780	
12	Advertising and promotion	116,485	60,592	55,893	
13	Office expenses	3,196,894	2,569,485	626,856	553
14	Information technology	0			
15	Royalties . .	0			
16	Occupancy	621,824	532,704	89,120	
17	Travel	214,525	188,542	25,931	52
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	81,007	30,569	50,438	
20	Interest	885,507	741,519	143,988	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	3,037,563	2,543,639	493,924	
23	Insurance	634,473	436,729	197,744	
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	8,783,041	8,783,041		
b	MEDICAL SUPPLIES & DRUGS	4,825,723	4,825,723		
c	MEDICAID TAX	2,115,459	2,115,459		
d	RECRUITING & RETENTION	234,031	78,686	155,345	
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	52,835,975	46,118,582	6,678,138	39,255
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		4,392,747	1	4,144,337
	2	Savings and temporary cash investments		14,273,107	2	14,273,733
	3	Pledges and grants receivable, net		1,667	3	0
	4	Accounts receivable, net		6,736,879	4	9,132,104
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	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		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		1,153,318	8	1,067,081
	9	Prepaid expenses and deferred charges		928,877	9	956,364
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 50,887,619			
	b	Less accumulated depreciation	10b 29,074,072	23,095,354	10c	21,813,547
	11	Investments—publicly traded securities		3,421,840	11	4,150,421
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		32,790	15	214,853
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		54,036,579	16	55,752,440
Liabilities	17	Accounts payable and accrued expenses		4,365,808	17	5,410,671
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		17,055,755	20	16,554,667
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		267,848	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	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		1,129,637	25	684,003
	26	**Total liabilities.** Add lines 17 through 25		22,819,048	26	22,649,341
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		30,232,173	27	32,105,961
	28	Temporarily restricted net assets		530,141	28	541,921
	29	Permanently restricted net assets		455,217	29	455,217
		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		31,217,531	33	33,103,099
	34	Total liabilities and net assets/fund balances		54,036,579	34	55,752,440

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	54,691,820
2	Total expenses (must equal Part IX, column (A), line 25)	2	52,835,975
3	Revenue less expenses Subtract line 2 from line 1	3	1,855,845
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	31,217,531
5	Other changes in net assets or fund balances (explain in Schedule O)	5	29,723
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	33,103,099

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
JOHN FITZGIBBON MEMORIAL HOSPITAL

Employer identification number
44-0655986

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
JOHN FITZGIBBON MEMORIAL HOSPITAL	44-0655986

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		9,332
j	Total lines 1c through 1i			9,332
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
OTHER LOBBYING ACTIVITIES	SCHEDULE C, PART II-B, LINE 1(I)	THE ORGANIZATION PAYS DUES TO THE MISSOURI HOSPITAL ASSOCIATION AND THE AMERICAN HOSPITAL ASSOCIATION A PORTION OF THESE DUES ARE ALLOCATED TO LOBBYING

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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
JOHN FITZGIBBON MEMORIAL HOSPITAL

Employer identification number
44-0655986

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	694,769	677,227	618,998	579,322	
b	Contributions			25,296		
c	Investment earnings or losses	24,351	21,898	36,603	39,676	
d	Grants or scholarships					
e	Other expenditures for facilities and programs		4,296	3,670		
f	Administrative expenses	60	60			
g	End of year balance	719,060	694,769	677,227	618,998	

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

- a Board designated or quasi-endowment ▶ 24 865 %
- b Permanent endowment ▶ 63 307 %
- c Term endowment ▶ 11 828 %

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		71,000		71,000
b Buildings		23,520,648	8,521,587	14,999,061
c Leasehold improvements		0	0	0
d Equipment		26,001,580	19,858,204	6,143,376
e Other		1,294,391	694,281	600,110
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				21,813,547

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	0
DUE TO RELATED PARTY	34,003
EST AMT DUE TO 3RD PTY PYRS	650,000
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	684,003

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	54,691,820
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	52,835,975
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,855,845
4	Net unrealized gains (losses) on investments	4	29,723
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	29,723
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,885,568

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	54,749,886
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	29,723		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	29,723
3	Subtract line **2e** from line **1**			3	54,720,163
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	-28,343		
c	Add lines **4a** and **4b**			4c	-28,343
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	54,691,820

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

1	Total expenses and losses per audited financial statements			1	52,864,318
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	28,343		
e	Add lines **2a** through **2d**			2e	28,343
3	Subtract line **2e** from line **1**			3	52,835,975
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	52,835,975

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
ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4	THE ORGANIZATION HAS ENDOWMENT FUNDS FROM THE L P ADAMS FUND PER THE AGREEMENT, THE INCOME FROM THE FUND IS USED FOR GENERAL PURPOSES OF THE HOSPITAL THE ORGANIZATION ALSO HAS FUNDS FROM THE BUCKNER ENDOWMENT THESE FUNDS ARE RESTRICTED TO INVESTMENTS IN EQUIPMENT FOR THE BUCKNER WELLNESS CENTER FINALLY, THE ORGANIZATION HAS FUNDS FROM THE NURSING ENDOWMENT SCHOLARSHIP FUND THIS FUND WAS CREATED TO PROVIDE NURSING SCHOLARSHIPS TO SALINE COUNTY RESIDENTS ATTENDING THE NURSING PROGRAM AT THE MO VALLEY COLLEGE IN MARSHALL, MISSOURI IN THE EVENT THAT THE MO VALLEY COLLEGE DOES NOT HAVE A NURSING PROGRAM, SCHOLARSHIPS CAN BE USED FOR NURSING PROGRAMS IN SURROUNDING AREAS
UNCERTAIN TAX POSITION	SCHEDULE D, PART X, LINE 2	MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS
OTHER REVENUE INCLUDED ON FORM 990, PART VIII, LINE 12, BUT NOT ON LINE 1	SCHEDULE D, PART XII, LINE 4B	$(28,343) SPECIAL EVENTS EXPENSES
OTHER EXPENSE INCLUDED ON LINE 1, BUT NOT ON FORM 990, PART IX, LINE 25	SCHEDULE D, PART XIII, LINE 2D	$ 28,343 SPECIAL EVENTS EXPENSES

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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
JOHN FITZGIBBON MEMORIAL HOSPITAL

Employer identification number
44-0655986

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?		**(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
		Yes	**No**			
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 SPRING FLING (event type)	(b) Event #2 GOLF TOURNEY (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	45,621	28,147	14,653	88,421
	2 Less Charitable contributions	33,233	19,325	9,005	61,563
	3 Gross income (line 1 minus line 2)	12,388	8,822	5,648	26,858
Direct Expenses	4 Cash prizes		5,249		5,249
	5 Non-cash prizes		2,951		2,951
	6 Rent/facility costs		1,188		1,188
	7 Food and beverages	3,342	1,226		4,568
	8 Entertainment				
	9 Other direct expenses	6,488	1,088	6,811	14,387
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(28,343)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-1,485

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
JOHN FITZGIBBON MEMORIAL HOSPITAL

Employer identification number
44-0655986

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		No
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		
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)			185,808	0	185,808	0 420 %
b Medicaid (from Worksheet 3, column a)			8,873,810	7,011,019	1,862,791	4 230 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	0 %
d **Total** Charity Care and Means-Tested Government Programs			9,059,618	7,011,019	2,048,599	4 650 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			32,901	5,202	27,699	0 060 %
f Health professions education (from Worksheet 5)			361,961	0	361,961	0 820 %
g Subsidized health services (from Worksheet 6)			5,107,941	4,606,431	501,510	1 140 %
h Research (from Worksheet 7)			0	0	0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			12,000	0	12,000	0 030 %
j **Total** Other Benefits			5,514,803	4,611,633	903,170	2 050 %
k **Total.** Add lines 7d and 7j			14,574,421	11,622,652	2,951,769	6 700 %

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	Yes	
2	Enter the amount of the organization's bad debt expense	2	8,783,041		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3	3,688,877		
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	11,816,554		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	12,240,073		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-423,519		
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

	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	JOHN FITZGIBBON MEMORIAL HOSPITAL 2305 S 65 HIGHWAY MARSHALL, MO 65340	X	X					X		ORTHO, WOUND CARE, REHAB, ONCOLOGY, PAIN, NEUROLOGIC

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)

JOHN FITZGIBBON MEMORIAL HOSPITAL

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		No
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 100%			
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 200 %			
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? **5**

	Name and address	Type of Facility (Describe)
1	FITZGIBBON PROFESSIONAL BUILDING 2301 S 65 HIGHWAY MARSHALL,MO 65340	OB/GYN, SURGERY, FAMILY PRACTICE, MENTAL HEALTH CLINIC
2	FITZGIBBON COMMUNITY HOME HEALTH CARE 2303 S 65 HIGHWAY MARSHALL,MO 65340	HOME HEALTH, HOSPICE, HOMEMAKER
3	AKEMAN MCBURNEY MEDICAL CLINIC 420 WEST FRONT STREET SLATER,MO 65349	OFFSITE MEDICAL CLINIC
4	GRAND RIVER MEDICAL CLINIC 815 EAST BROADWAY BRUNSWICK,MO 65236	OFFSITE MEDICAL CLINIC
5	BUCKNER WELLNESS CENTER 2299 S 65 HIGHWAY MARSHALL,MO 65340	CARDIAC/PULMONARY WELLNESS
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
PERCENT OF TOTAL EXPENSE	SCHEDULE H, PART I, LINE 7, COLUMN F	TO ARRIVE AT THE PERCENT OF TOTAL EXPENSES, THE DENOMINATOR WHICH EQUALS TOTAL OPERATING EXPENSES PER PART IX, LINE 25 OF THE FORM 990 ($52,835,975) WAS REDUCED BY BAD DEBT EXPENSE ($8,783,041) COSTING METHODOLOGY SCHEDULE H, PART I, LINE 7G THE COST TO CHARGE RATIO CALCULATED ON IRS WORKSHEET 2 WAS USED IN THE CALCULATION OF COST ON IRS WORKSHEETS 1 AND 3 IRS WORKSHEET 6 USED INTERNAL COST ACCOUNTING METHODOLOGY

Identifier	ReturnReference	Explanation
BAD DEBT EXPENSE	SCHEDULE H, PART III, SECTION A, LINE 4	THE AUDITED FINANCIAL STATEMENTS DO NOT CONTAIN A FOOTNOTE THAT DESCRIBES BAD DEBT EXPENSE THEY DO, HOWEVER, CONTAIN A FOOTNOTE THAT DESCRIBES PATIENT ACCOUNTS RECEIVABLE THAT FOOTNOTE READS AS FOLLOWS THE HOSPITAL REPORTS PATIENT ACCOUNTS RECEIVABLE FOR SERVICES RENDERED AT NET REALIZABLE AMOUNTS FROM THIRD-PARTY PAYERS, PATIENTS AND OTHERS THE HOSPITAL PROVIDES AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON A REVIEW OF OUTSTANDING RECEIVABLES, HISTORICAL COLLECTION INFORMATION AND EXISTING ECONOMIC CONDITIONS AS A SERVICE TO THE PATIENT, THE HOSPITAL BILLS THIRD-PARTY PAYERS DIRECTLY AND BILLS THE PATIENT WHEN THE PATIENT'S LIABILITY IS DETERMINED PATIENT ACCOUNTS RECEIVABLE ARE DUE IN FULL WHEN BILLED ACCOUNTS ARE CONSIDERED DELINQUENT AND SUBSEQUENTLY WRITTEN OFF AS BAD DEBTS BASED ON INDIVIDUAL CREDIT EVALUATION AND SPECIFIC CIRCUMSTANCES OF THE ACCOUNT THE ORGANIZATION REPORTED BAD DEBT ATTRIBUTABLE TO PATIENT ACCOUNTS FROM THE AUDITED FINANCIAL STATEMENTS BAD DEBT ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY WAS DETERMINED USING POVERTY LIMIT DEMOGRAPHIC INFORMATION OBTAINED THROUGH THE US CENSUS BUREAU THIS AMOUNT EXPENSED BY THE ORGANIZATION IS ATTRIBUTABLE TO LOW INCOME INDIVIDUALS IN THEIR TARGET COMMUNITY AND IS CONSIDERED A COMMUNITY BENEFIT

Identifier	ReturnReference	Explanation
COMMUNITY BENEFIT RATIONALE	SCHEDULE H, PART III, SECTION B, LINE 8	MEDICARE DATA COMPUTED USING THE MEDICARE COST REPORT FILED WITH CMS WAS UTILIZED FOR THE COMPUTATIONS IN PART III, SECTION B SERVING PATIENTS WITH GOVERNMENT HEALTH BENEFITS, SUCH AS MEDICARE, IS A COMPONENT OF THE COMMUNITY BENEFIT STANDARD THAT TAX-EXEMPT HOSPITALS ARE HELD TO THIS IMPLIES THAT SERVING MEDICARE PATIENTS IS A COMMUNITY BENEFIT AND THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY

Identifier	ReturnReference	Explanation
COLLECTION POLICY	SCHEDULE H, PART III, SECTION C, LINE 9B	THE ORGANIZATION'S BILLING AND PAYMENT POLICY NOTES IF ACCOUNTS HAVE ALREADY BEEN CONSIDERED "BAD DEBT" BY FITZGIBBON HOSPITAL AND CLINICS THEN FINANCIAL ASSISTANCE/CHARITY CARE IS NOT AN OPTION "BAD DEBT" IS DEFINED AS EXPENSES RESULTING FROM TREATMENT FOR SERVICES PROVIDED TO A PATIENT WHO HAS NOT MET THEIR FINANCIAL OBLIGATION NOR SET UP AN AGREEABLE PAYMENT ARRANGEMENT WITH FITZGIBBON HOSPITAL AND CLINICS WITHIN 120 DAYS FROM THE DATE THE PATIENT HAS BEEN MADE RESPONSIBLE FOR ANY BALANCES DUE EITHER AFTER INSURANCE HAS PAID THEIR PORTION OR WHEN NO INSURANCE IS INVOLVED

Identifier	ReturnReference	Explanation
NEEDS ASSESSMENT	SCHEDULE H, PART VI, LINE 2	OUR MISSION AT FITZGIBBON HOSPITAL IS TO "IMPROVE THE HEALTH OF OUR COMMUNITY" IN ORDER TO MEET THIS MISSION WE STRIVE TO UNDERSTAND THE NEEDS OF OUR COMMUNITY IN SEVERAL DIFFERENT WAYS OUR LEADERSHIP AND STAFF ARE MEMBERS OF CIVIC CLUBS, BOARDS, AND COMMITTEES OUR BOARD OF DIRECTORS IS COMPRISED OF MEMBERS FROM COUNTIES THROUGHOUT OUR SERVICE AREA WE WORK CLOSELY WITH THE HEALTH DEPARTMENT AND OTHER COMMUNITY AGENCIES STATE, REGIONAL AND LOCAL MEDIAS ARE USED TO MONITOR NEEDS AT ALL LEVELS WE ALSO BELONG TO MANY HEALTHCARE RELATED ORGANIZATIONS THAT PROVIDE INFORMATION REGARDING USAGE AND NEEDS OF HEALTHCARE IN OUR SERVICE AREA WHICH IS USED TO EVALUATE WHAT WE NEED TO FOCUS ON TO IMPROVE THE HEALTH IN OUR COMMUNITY

Identifier	ReturnReference	Explanation
PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	SCHEDULE H, PART VI, LINE 3	THE HOSPITAL USES SEVERAL AVENUES TO PROVIDE PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE THE PATIENT ACCOUNTS DEPARTMENT DEVELOPED A BROCHURE WHICH IS AVAILABLE TO PATIENTS AT THE TIME OF REGISTRATION THE BROCHURE OUTLINES WHAT THE PATIENT IS TO EXPECT IN THE BILLING PROCESS, HOW TO CONTACT THE DEPARTMENT, AND WHAT ASSISTANCE IS AVAILABLE WE HAVE A DETAILED POLICY WHICH OUTLINES PATIENT RESPONSIBILITY AND QUALIFICATIONS FOR CHARITY CARE OUR PATIENT ACCOUNTS REPRESENTATIVES MEET WITH SELF PAY PATIENTS WHEN THEY ARE IN THE FACILITY TO DISCUSS OUR POLICY OUR CARE COORDINATORS AND SOCIAL WORKERS ALSO EDUCATE OUR PATIENTS ON ASSISTANCE THEY MAY BE ELIGIBLE FOR UNDER FEDERAL, STATE AND LOCAL GOVERNMENT PROGRAMS WE ALSO UTILIZE AN OUTSIDE AGENCY TO MAKE CONTACT WITH PATIENTS AND IDENTIFY THOSE THAT MIGHT BE ELIGIBLE FOR ASSISTANCE

Identifier	ReturnReference	Explanation
COMMUNITY INFORMATION	SCHEDULE H, PART VI, LINE 4	FITZGIBBON HOSPITAL'S PRIMARY SERVICE AREA IS SALINE COUNTY, MISSOURI WHICH IS A MID-MISSOURI AGRICULTURAL REGION AND INCLUDES THE TOWNS OF MARSHALL AND SLATER, MO THE SECONDARY SERVICE AREA IS PORTIONS OF THE CONTIGUOUS COUNTIES SURROUNDING SALINE COUNTY THE SALINE COUNTY POPULATION IN 2009 WAS 22,586 RESIDENTS SALINE COUNTY DATA FOR 2009 SHOWED 61 3% OF HOUSEHOLDS WITH INCOME UNDER $49,999 OF THIS NUMBER, 42 3% OF HOUSEHOLDS FELL INTO THE $34,999 AND BELOW BRACKET THE AGE DISTRIBUTION OF THE POPULATION IN SALINE COUNTY IN 2009 WAS 72 8% AGE 54 AND UNDER AND 27 2% WERE 55 AND OLDER

Identifier	ReturnReference	Explanation
AFFILIATED HEALTH CARE SYSTEM	SCHEDULE H, PART VI, LINE 6	THE AFFILIATED HEALTH SYSTEM INCLUDES THE ACTIVITIES OF JOHN FITZGIBBON MEMORIAL HOSPITAL AND FITZGIBBON HEALTH SERVICES, DOING BUSINESS AS THE LIVING CENTER, (COLLECTIVELY, THE "COMPANIES" OR THE "HOSPITAL") JOHN FITZGIBBON MEMORIAL HOSPITAL PRIMARILY EARNS REVENUES BY PROVIDING INPATIENT, OUTPATIENT, EMERGENCY CARE, PSYCHIATRIC AND SKILLED NURSING SERVICES TO PATIENTS IN THE MARSHALL, MISSOURI, AREA IT ALSO OPERATES A HOME HEALTH AGENCY IN THE SAME GEOGRAPHIC AREA IT IS DESIGNATED AS A MEDICARE DEPENDENT HOSPITAL BY MEDICARE EFFECTIVE JANUARY 1, 2007 IN MARCH 2012, THE HOSPITAL WAS DESIGNATED AS A SOLE COMMUNITY HOSPITAL BY MEDICARE THE COMPANIES ALSO OPERATE A LONG-TERM CARE FACILITY IN MARSHALL, MISSOURI, DOING BUSINESS AS THE LIVING CENTER

Identifier	ReturnReference	Explanation
CHARGES FOR MEDICAL CARE	SCHEDULE H, PART V, SECTION B, LINE 19	THE FACILITY INITIALLY CHARGES ALL PATIENTS FROM THE SAME FEE SCHEDULE WHEN SERVICES ARE PROVIDED THOSE PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE ARE ELIGIBLE FOR A DISCOUNT BASED ON A SLIDING SCALE THE AMOUNT OF FINANCIAL ASSISTANCE IS BASED ON FAMILY INCOME AND FAMILY SIZE FEDERAL POVERTY GUIDELINES ARE USED WHEN EVALUATING AMOUNT OF ASSISTANCE GRANTED

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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
JOHN FITZGIBBON MEMORIAL HOSPITAL

Employer identification number
44-0655986

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) OATS INC2501 MCGUIRE BLVD COLUMBIA,MO 65201	43-1016961	501(C)(3)	12,000				COMMUNITY SERVICES

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 . . . ▶

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
MONITORING USE OF GRANT FUNDS	SCHEDULE I, PART I, LINE 2	THE HOSPITAL WORKS IN CONJUNCTION WITH THE LOCAL OATS TRANSPORTATION PROGRAM TO COORDINATE TRANSPORTATION FOR MEMBERS OF THE COMMUNITY THE ORGANIZATION WITNESSES FIRSTHAND THE WORK DONE BY OATS IN THE COMMUNITY

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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

Open to Public Inspection

Name of the organization
JOHN FITZGIBBON MEMORIAL HOSPITAL

Employer identification number
44-0655986

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**	Yes	
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) RONALD A OTT	(i)	209,668	65,700	0	2,000	9,128	286,496	0
	(ii)	0	0	0	0	0	0	0
(2) LYNNE OTT	(i)	122,928	37,100	0	2,000	4,159	166,187	0
	(ii)	0	0	0	0	0	0	0
(3) DENNIS SOUSLEY	(i)	154,571	20,000	0	2,000	2,824	179,395	0
	(ii)	0	0	0	0	0	0	0
(4) KELLY ROSS DO	(i)	434,990	33,000	15,951	2,000	0	485,941	0
	(ii)	0	0	0	0	0	0	0
(5) CRAIG SIMONS DO	(i)	381,332	0	0	2,000	466	383,798	0
	(ii)	0	0	0	0	0	0	0
(6) JOHN BRIZENDINE MD	(i)	320,000	0	13,253	2,000	5,000	340,253	0
	(ii)	0	0	0	0	0	0	0
(7) DEVINDER GUPTA MD	(i)	323,114	0	6,000	2,000	2,600	333,714	0
	(ii)	0	0	0	0	0	0	0
(8) LORENZO ROMNEY DO	(i)	242,829	0	15,149	2,000	466	260,444	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
NON-FIXED PAYMENTS	SCHEDULE J, PART I, LINE 7	ACCORDING TO THE RESPECTIVE CONTRACT, ONE PHYSICIAN WAS DUE A MONTHLY INCENTIVE COMPENSATION THIS INCENTIVE WAS BASED ON TRAINING AND COLLABORATION WITH A PHYSICIAN ASSISTANT AND COMPLETION OF DOCUMENTATION IT IS NOT BASED ON HOSPITAL EARNINGS NON-FIXED PAYMENTS MADE TO RONALD OTT, NANCY HARRIS, LYNNE OTT, AND DENNIS SOUSLEY WERE BASED ON PERFORMANCE OF THE INDIVIDUALS AND ORGANIZATION BONUSES ARE PAID TO INDIVIDUALS WHO HAVE CONTRIBUTED POSITIVELY TO THE ORGANIZATION AND THEIR PERFORMANCE HAS ALLOWED THE ORGANIZATION TO MEET DEPARTMENTAL AND ORGANIZATIONAL GOALS AS OUTLINED ON THE ANNUAL PERFORMANCE APPRAISAL THESE GOALS INCLUDE, BUT ARE NOT LIMITED TO, SAFETY, PATIENT SATISFACTION AND FINANCIAL PERFORMANCE FITZGIBBON HOSPITAL HAS AN AGREEMENT WITH BOONE HOSPITAL CENTER WHICH ALLOWS BOONE HOSPITAL TO OVERSEE AND ASSIST IN EVALUATING THE WORK AND PERFORMANCE OF THE PRESIDENT OF THE HOSPITAL AND IN DETERMINING THE COMPENSATION AND BENEFITS TO WHICH THE PRESIDENT WILL BE ENTITLED THEREFORE, THE BONUSES WERE DETERMINED BY BOONE HOSPITAL IN CONSULTATION WITH THE FITZGIBBON HOSPITAL BOARD PRESIDENT THE BONUS AMOUNTS WERE A PERCENTAGE OF THE BASE SALARIES

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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
JOHN FITZGIBBON MEMORIAL HOSPITAL

Employer identification number
44-0655986

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	INDUSTRIAL DEVELOPMENT AUTHORITY - CO OF SALINE MO	43-1386697	79516LAD6	12-22-2005	10,000,000	CONSTRUCTION REVENUE BONDS		X		X		X
B	INDUSTRIAL DEVELOPMENT AUTHORITY - CO OF SALINE MO	43-0980296	79516LBC7	11-29-2010	12,218,468	1998 BOND REFINANCING		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	0		
2	Amount of bonds defeased	0	0		
3	Total proceeds of issue	10,365,462	12,218,468		
4	Gross proceeds in reserve funds	0	0		
5	Capitalized interest from proceeds	0	0		
6	Proceeds in refunding escrow	0	11,985,656		
7	Issuance costs from proceeds	193,724	232,812		
8	Credit enhancement from proceeds	0	0		
9	Working capital expenditures from proceeds	9,806,276	0		
10	Capital expenditures from proceeds	0	0		
11	Other spent proceeds	0	0		
12	Other unspent proceeds	0	0		
13	Year of substantial completion	2007	2010		

		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		X				
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		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		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		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		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?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		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?								
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 %		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		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		X				
2	Is the bond issue a variable rate issue?		X		X				
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X				
b	Name of provider	0		0					
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X				
b	Name of provider	0		0					
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		X				
6	Did the bond issue qualify for an exception to rebate?		X		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
TOTAL PROCEEDS OF ISSUE	SCHEDULE K, PART II, LINE 3	TOTAL PROCEEDS OF ISSUE INCLUDE INVESTMENT EARNINGS ON BOND PROCEEDS WITH ISSUE PRICE OF $10,000,000 REPORTED ON SCHEDULE K, PART 1, LINE A, COLUMN (E)

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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
JOHN FITZGIBBON MEMORIAL HOSPITAL

Employer identification number
44-0655986

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) JUDY VOGELSMEIER	SPOUSE OF DON VOGELSMEIER	48,334	EMPLOYEE COMPENSATION		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
JOHN FITZGIBBON MEMORIAL HOSPITAL

Employer identification number
44-0655986

Identifier	Return Reference	Explanation
PROGRAM SERVICES ACTIVITY #1	FORM 990, PART III, LINE 4A	FOR THE FISCAL YEAR ENDED APRIL 30, 2012, THE EMERGENCY ROOM EXPERIENCED 12,088 PATIENT VISITS THE SURGICAL TEAM PERFORMED 375 IN-PATIENT AND 2,021 OUT-PATIENT PROCEDURES THE RADIOLOGY GROUP PERFORMED 34,957 PROCEDURES WHICH INCLUDED 4,295 MAMMOGRAMS, 4,518 CT SCANS, 1,962 MRI'S, 3,007 ULTRASOUND IMAGES AND 2,845 NUCLEAR MEDICINE SCANS THE LABORATORY TEAM PERFORMED 99,114 TESTS THE RESPIRATORY THERAPY DEPARTMENT CONDUCTED 40,668 PATIENT TREATMENTS AND THE REHABILITATIVE SERVICES GROUP WHICH INCLUDES PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPIES PROVIDED 18,164 PATIENT ENCOUNTERS

Identifier	Return Reference	Explanation
OTHER PROGRAM SERVICES	FORM 990, PART III, LINE 4D	A CARDIO-PULMONARY WELLNESS CENTER IS LOCATED ON THE CAMPUS AND STAFFED BY A REGISTERED DIETICIAN AND A REGISTERED NURSE TO COUNSEL AND EDUCATE PATIENTS ON HEALTHY LIVING THROUGH EXERCISE AND NUTRITION WITH SPECIAL EMPHASIS ON DIABETES MANAGEMENT THROUGHOUT THE YEAR, THE STAFF ENCOUNTERED 1,250 PATIENT VISITS AT THE FACILITY IN ADDITION, THE STAFF EDUCATED 301 RESIDENTS IN THE SURROUNDING COMMUNITIES AT NO CHARGE THROUGH PARTICIPATION IN HEALTH FAIRS AND OTHER SOCIAL VENUES FITZGIBBON ALSO SPONSORS A FREE BICYCLE SAFETY CLINIC FOR CHILDREN IN FY 2012, 441 KINDERGARTEN STUDENTS ATTENDED, AND EACH CHILD RECEIVED A FREE HELMET AT THE END OF THE PROGRAM THE HOSPITAL OFFERS CHILDBIRTH CLASSES AT A MINIMAL FEE WHICH COVERS THE COST OF THE EDUCATIONAL MATERIAL PRESENTED TO EACH PARTICIPANT EACH YEAR, THE HOSPITAL HOSTS A COMMUNITY HEALTH FAIR OFFERING EDUCATION ON A VARIETY OF HEALTH ISSUES AND ROUTINE HEALTH SCREENINGS MOST TESTING IS FREE, HOWEVER, PARTICIPANTS REQUESTING CERTAIN BLOOD TESTS PAY ONLY WHAT IT COSTS THE HOSPITAL FOR LABORATORY PROCESSING FITZGIBBON IS A WILLING PARTICIPANT IN A COMMUNITY WIDE COMMITTEE TO HELP IMPROVE ACCESS TO HEALTH CARE IN THE AREA HOSPITAL PERSONNEL ARE ENCOURAGED AND PROVIDED OPPORTUNITIES TO SERVE THE COMMUNITY THROUGH INVOLVEMENT IN VARIOUS COMMUNITY ORGANIZATIONS AS VOLUNTEER MEMBERS, OFFICERS, AND SPEAKERS ON HEALTH RELATED TOPICS

Identifier	Return Reference	Explanation
FAMILY RELATIONSHIPS	FORM 990, PART VI, SECTION A, LINE 2	RONALD OTT, PRESIDENT AND CEO, IS MARRIED TO LYNNE OTT, VP OF PATIENT CARE SERVICES, KEY EMPLOYEE.

Identifier	Return Reference	Explanation
MEMBERS, STOCKHOLDERS, OR OTHER PERSONS	FORM 990, PART VI, SECTION A, LINE 7A	THE MEDICAL STAFF OF THE ORGANIZATION ELECTS THE CHIEF OF MEDICAL STAFF WHO IS A VOTING MEMBER OF THE BOARD

Identifier	Return Reference	Explanation
REVIEW OF FORM 990	FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON THE AUDITED FINANCIAL STATEMENTS AND INFORMATION PROVIDED BY THE ACCOUNTING DEPARTMENT OF THE ORGANIZATION A DRAFT OF THE RETURN IS REVIEWED BY THE CFO AND THE CEO BEFORE BEING FINALIZED THE 990 IS THEN PRESENTED TO THE BOARD AFTER IT IS FILED

Identifier	Return Reference	Explanation
MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, LINE 12C	THE COMPLIANCE OFFICER MONITORS THE CONFLICT OF INTEREST POLICY AND ANNUALLY REQUIRES OFFICERS, DIRECTORS, AND KEY EMPLOYEES TO SIGN A CONFLICT OF INTEREST DISCLOSURE FORM ALL CONFLICTS MUST BE REVIEWED BY THE CEO AND/OR BOARD OF DIRECTORS ANY BOARD MEMBER WITH A CONFLICT OF INTEREST WOULD ABSTAIN FROM VOTING ON ANY DECISION RELATED TO THAT CONFLICT OF INTEREST

Identifier	Return Reference	Explanation
COMPENSATION DETERMINATION	FORM 990, PART VI, SECTION B, LINE 15A & 15B	THE ORGANIZATION USES INDUSTRY DATA IN DETERMINING COMPENSATION FOR THE CEO AND OTHER OFFICERS/KEY EMPLOYEES FITZGIBBON HOSPITAL HAS AN AGREEMENT WITH BOONE HOSPITAL CENTER WHICH ALLOWS BOONE HOSPITAL TO OVERSEE AND ASSIST IN EVALUATING THE WORK AND PERFORMANCE OF THE PRESIDENT OF THE HOSPITAL AND IN DETERMINING THE COMPENSATION AND BENEFITS TO WHICH THE PRESIDENT WILL BE ENTITLED, THEREFORE, THE COMPENSATION WAS DETERMINED BY BOONE HOSPITAL IN CONSULTATION WITH THE FITZGIBBON HOSPITAL BOARD PRESIDENT

Identifier	Return Reference	Explanation
DOCUMENT DISCLOSURE	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO BE VIEWED IN THE ADMINISTRATION DEPARTMENT UPON WRITTEN REQUEST

Identifier	Return Reference	Explanation
HOURS WORKED FOR RELATED ORGANIZATIONS AND BOARD MEMBER COMPENSATION	FORM 990, PART VII, SECTION A, COLUMN B	OFFICERS RONALD A OTT, ROBERTA NIENHUESER, AND NANCY HARRIS WORK APPROXIMATELY 40 HOURS PER WEEK BETWEEN JOHN FITZGIBBON MEMORIAL HOSPITAL ("THE HOSPITAL") AND FITZGIBBON HEALTH SERVICES CRAIG MCCOY, DO, A BOARD MEMBER, IS CONTRACTED WITH THE HOSPITAL TO PROVIDE COLLABORATION WITH NURSE MIDWIVES ALL BOARD MEMBERS ALSO SERVE ON THE BOARD OF FITZGIBBON HEALTH SERVICES FOR APPROXIMATELY 1 HOUR PER WEEK

Identifier	Return Reference	Explanation
TAX EXEMPT BONDS	FORM 990, PART X, LINE 20	JOHN FITZGIBBON MEMORIAL HOSPITAL RECEIVED QUALIFIED HOSPITAL BOND PROCEEDS FROM 2005 AND 2010 BOND ISSUES A PORTION OF THE BOND PROCEEDS WERE ALLOCATED TO FITZGIBBON HEALTH SERVICES FOR BOOK AND AUDIT PURPOSES INFORMATION ABOUT THE BONDS ARE REPORTED ON JOHN FITZGIBBON MEMORIAL HOSPITAL'S SCHEDULE K

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 5	$ 29,723 NET UNREALIZED GAINS

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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

Open to Public Inspection

Name of the organization
JOHN FITZGIBBON MEMORIAL HOSPITAL

Employer identification number
44-0655986

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

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
(1) FITZGIBBON HEALTH SERVICES 2305 S 65 HWY PO BOX 250 MARSHALL, MO 65340 43-1731173	NURSING HOME	MO	501(C)(3)	9	JF MEM HOSP	Yes	

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		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	Yes	
n Sharing of paid employees with related organization(s)	1n	Yes	
o Reimbursement paid to related organization(s) for expenses	1o	Yes	
p Reimbursement paid by related organization(s) for expenses	1p	Yes	
q Other transfer of cash or property to related organization(s)	1q		No
r Other transfer of cash or property from related organization(s)	1r		No

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) FITZGIBBON HEALTH SERVICES	K	60,000	FMV
(2) FITZGIBBON HEALTH SERVICES	O	137,793	FMV
(3) FITZGIBBON HEALTH SERVICES	P	429,610	FMV
(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	

John Fitzgibbon Memorial Hospital and Fitzgibbon Health Services

Accountants' Report and Consolidated Financial Statements

April 30, 2012 and 2011

John Fitzgibbon Memorial Hospital
and Fitzgibbon Health Services
April 30, 2012 and 2011

Contents

BKD LLP
CPAs & Advisors

910 E St Louis Street, Suite 200
PO Box 1190
Springfield, MO 65801-1190
417 865 8701 Fax 417 865 0682 www.bkd.com

Independent Accountants' Report

Board of Trustees
John Fitzgibbon Memorial Hospital
and Fitzgibbon Health Services
Marshall, Missouri

We have audited the accompanying consolidated balance sheets of John Fitzgibbon Memorial Hospital and Fitzgibbon Health Services (collectively, the "Hospital") as of April 30, 2012 and 2011, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended. These financial statements are the responsibility of the Hospital's management. Our responsibility is to express an opinion on these 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 audit 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 financial position of John Fitzgibbon Memorial Hospital and Fitzgibbon Health Services as of April 30, 2012 and 2011, and the results of its operations, the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were performed for the purpose of forming an opinion on the basic consolidated financial statements taken as a whole. The supplementary information listed in the table of contents is presented for purposes of additional analysis and is not a required part of the basic consolidated financial statements. Such information has not been subjected to the auditing procedures applied in the audits of the basic consolidated financial statements, and accordingly, we do not express an opinion or provide any assurance on it.

BKD, LLP

July 30, 2012

John Fitzgibbon Memorial Hospital
and Fitzgibbon Health Services
Consolidated Balance Sheets
April 30, 2012 and 2011

Assets

	2012	2011
Current Assets		
Cash and cash equivalents	$ 6,620,063	$ 6,738,934
Short-term investments	2,658,453	2,209,124
Assets limited as to use – current	736,111	829,578
Patient accounts receivable, net of allowance for uncollectible accounts, 2012 – $6,310,000, 2011 – $5,200,000	8,320,566	7,244,462
Other receivables	1,486,728	-
Supplies	1,077,841	1,161,034
Estimated amounts due from third-party payers	182,987	-
Prepaid expenses and other	657,264	595,097
Total current assets	21,740,013	18,778,229
Assets Limited As To Use		
Internally designated	9,702,042	9,489,553
Externally restricted by donors	1,274,226	1,171,638
Held by trustee	2,598,579	2,680,039
	13,574,847	13,341,230
Less amount required to meet current obligations	736,111	829,578
	12,838,736	12,511,652
Property and Equipment, At Cost		
Land and land improvements	1,130,988	1,101,571
Buildings	27,811,740	27,293,099
Equipment	26,696,917	25,057,161
Construction in progress	264,260	913,035
	55,903,905	54,364,866
Less accumulated depreciation	32,512,367	29,515,419
	23,391,538	24,849,447
Other Assets	506,861	546,230
Total assets	$ 58,477,148	$ 56,685,558

See Notes to Consolidated Financial Statements

Liabilities and Net Assets

	2012	2011
Current Liabilities		
Current maturities of long-term debt	$ 685,000	$ 932,848
Accounts payable	1,480,436	1,466,271
Other payables	420,343	118,216
Accrued payroll	832,878	726,345
Accrued vacation pay	902,785	830,675
Estimated self-insurance costs	325,309	708,353
Payroll taxes and other accrued liabilities	1,333,613	434,658
Accrued interest payable	442,885	453,705
Estimated amounts due to third-party payers	650,000	841,275
Total current liabilities	7,073,249	6,512,346
Long-Term Debt	20,007,756	20,682,670
Total liabilities	27,081,005	27,195,016
Net Assets		
Unrestricted	30,390,649	28,496,828
Temporarily restricted	550,277	538,497
Permanently restricted	455,217	455,217
Total net assets	31,396,143	29,490,542
Total liabilities and net assets	$ 58,477,148	$ 56,685,558

John Fitzgibbon Memorial Hospital
and Fitzgibbon Health Services
Consolidated Statements of Operations and Changes in Net Assets
Years Ended April 30, 2012 and 2011

	2012	2011
Unrestricted Revenues, Gains and Other Support		
Net patient service revenue	$ 58,910,780	$ 54,976,864
Other revenue	985,046	313,683
Total unrestricted revenues, gains and other support	59,895,826	55,290,547
Expenses		
Salaries and wages	22,326,368	20,737,342
Employee benefits	3,553,889	4,231,845
Supplies and other	19,320,945	17,956,966
Depreciation and amortization	3,288,629	3,350,621
Interest	1,100,405	1,238,089
Provision for uncollectible accounts	8,850,288	6,191,842
Total expenses	58,440,524	53,706,705
Operating Income	1,455,302	1,583,842
Other Income (Expense)		
Investment return	178,280	149,435
Contributions	100,243	207,527
Loss on extinguishment of debt	-	(343,302)
Total other income	278,523	13,660
Excess of Revenues Over Expenses	1,733,825	1,597,502

John Fitzgibbon Memorial Hospital
and Fitzgibbon Health Services
Consolidated Statements of Operations and Changes in Net Assets
Years Ended April 30, 2012 and 2011

	2012	2011
Unrestricted Net Assets		
Excess of revenues over expenses	$ 1,733,825	$ 1,597,502
Investment return – change in unrealized gains and losses on other than trading securities	29,723	35,612
Net assets released from restriction used for purchase of property and equipment	130,273	35,000
Increase in unrestricted net assets	1,893,821	1,668,114
Temporarily Restricted Net Assets		
Contributions received	133,215	101,988
Investment return	8,838	(1,671)
Net assets released from restriction	(130,273)	(35,000)
Increase in temporarily restricted net assets	11,780	65,317
Change in Net Assets	1,905,601	1,733,431
Net Assets, Beginning of Year	29,490,542	27,757,111
Net Assets, End of Year	$ 31,396,143	$ 29,490,542

John Fitzgibbon Memorial Hospital and Fitzgibbon Health Services

Consolidated Statements of Cash Flows

Years Ended April 30, 2012 and 2011

	2012	2011
Operating Activities		
Change in net assets	$ 1,905,601	$ 1,733,431
Items not requiring (providing) cash		
Depreciation and amortization	3,288,629	3,350,621
Gain on sale of property and equipment	(65,428)	(8,510)
Net gain on investments	(29,723)	(35,612)
Loss on extinguishment of debt	-	343,302
Restricted contributions and investment income received	(142,053)	(100,317)
Changes in		
Patient accounts receivable	(1,076,104)	(1,154,926)
Supplies, prepaid expenses and other	(1,465,702)	35,026
Accounts payable and accrued expenses	925,791	1,169,485
Estimated amounts due to third-party payers	(374,262)	(163,929)
Net cash provided by operating activities	2,966,749	5,168,571
Investing Activities		
Purchases of property and equipment	(1,641,602)	(2,680,668)
Purchase of assets limited as to use	(8,081,893)	(7,325,056)
Proceeds from disposition of assets limited as to use	7,877,999	5,209,696
Purchase of investments	(449,329)	(927,157)
Net cash used in investing activities	(2,294,825)	(5,723,185)
Financing Activities		
Proceeds from restricted contributions and investment income	142,053	240,128
Payment of deferred financing costs	-	(271,511)
Principal payments on long-term debt	(665,000)	(12,585,000)
Proceeds from issuance of long-term debt	-	12,222,670
Principal payments on capital lease obligations	(267,848)	(345,662)
Net cash used in financing activities	(790,795)	(739,375)
Decrease in Cash and Cash Equivalents	(118,871)	(1,293,989)
Cash and Cash Equivalents, Beginning of Year	6,738,934	8,032,923
Cash and Cash Equivalents, End of Year	$ 6,620,063	$ 6,738,934
Supplemental Cash Flows Information		
Accounts payable incurred for property and equipment	$ 175,059	$ 100,824
Interest paid (net of amount capitalized)	$ 1,111,712	$ 1,331,203

John Fitzgibbon Memorial Hospital
and Fitzgibbon Health Services
Notes to Consolidated Financial Statements
April 30, 2012 and 2011

Note 1: Nature of Operations and Summary of Significant Accounting Policies

Basis of Presentation and Principles of Consolidation

The financial statements include the accounts of John Fitzgibbon Memorial Hospital and Fitzgibbon Health Services (collectively, the "Companies" or the "Hospital") Both entities have a common Board of Trustees All significant intercompany accounts and transactions have been eliminated in consolidation

Nature of Operations

John Fitzgibbon Memorial Hospital primarily earns revenues by providing inpatient, outpatient, emergency care, psychiatric and skilled nursing services to patients in the Marshall, Missouri, area It also operates a home health agency in the same geographic area It is designated as a Medicare dependent hospital by Medicare effective January 1, 2007 In March 2012, the Hospital was designated as a Sole Community Hospital by Medicare

The Companies also operate a long-term care facility in Marshall, Missouri, doing business as The Living Center

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 of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period Actual results could differ from those estimates

Cash Equivalents

The Companies consider all liquid investments, other than those limited as to use, with original maturities of three months or less to be cash equivalents At April 30, 2012 and 2011, cash equivalents consisted primarily of money market accounts Money market investments include repurchase agreements and U S Treasury obligations

Effective July 21, 2010, the FDIC's insurance limits were permanently increased to $250,000 At April 30, 2012, the Hospital's interest-bearing cash accounts exceeded federally insured limits by approximately $4,130,000

Investments and Investment Return

Investments in all debt securities are carried at fair value Other investments are carried at the lower of cost (or fair value at time of donation, if acquired by contribution) or fair value Investment return includes dividend, interest and other investment income, realized and unrealized

gains and losses on investments carried at fair value, and realized gains and losses on other investments

Investment return that is initially restricted by donor stipulation and for which the restriction will be satisfied in the same year is included in unrestricted net assets Other investment return is reflected in the statements of operations and changes in net assets as unrestricted, temporarily restricted or permanently restricted based upon the existence and nature of any donor or legally imposed restrictions

Assets Limited As To Use

Assets limited as to use include (1) assets held by trustees, (2) assets restricted by donors and (3) assets set aside by the Board of Trustees for future capital improvements over which the Board retains control and may at its discretion subsequently use for other purposes Assets held by trustee are required by the bond indenture to be used primarily for debt service Amounts required to meet current liabilities of the Hospital are included in current assets

Patient Accounts Receivable

The Hospital reports patient accounts receivable for services rendered at net realizable amounts from third-party payers, patients and others The Hospital provides an allowance for uncollectible accounts based upon a review of outstanding receivables, historical collection information and existing economic conditions As a service to the patient, the Hospital bills third-party payers directly and bills the patient when the patient's liability is determined Patient accounts receivable are due in full when billed Accounts are considered delinquent and subsequently written off as bad debts based on individual credit evaluation and specific circumstances of the account

Supplies

Supply inventories are stated at the lower of cost, determined using the first-in, first-out method, or market

Property and Equipment

Property and equipment acquisitions are recorded at cost and are depreciated on a straight-line basis over the estimated useful life of each asset Assets under capital lease obligations and leasehold improvements are depreciated over the shorter of the lease term or their respective estimated useful lives

Donations of property and equipment are reported at fair value as an increase in unrestricted net assets unless use of the assets is restricted by the donor Monetary gifts that must be used to acquire property and equipment are reported as restricted support The expiration of such restrictions is reported as an increase in unrestricted net assets when the donated asset is placed in service

Long-Lived Asset Impairment

The Hospital evaluates the recoverability of the carrying value of long-lived assets whenever events or circumstances indicate the carrying amount may not be recoverable If a long-lived asset is tested for recoverability and the undiscounted estimate future cash flows expected to result from the use and eventual disposition of the asset is less than the carrying amount of the asset, the asset cost is adjusted to fair value and an impairment loss is recognized as the amount by which the carrying amount of a long-lived asset exceeds its fair value

No asset impairment was recognized during the years ended April 30, 2012 or 2011

Deferred Financing Costs

Deferred financing costs represent costs incurred in connection with the issuance of long-term debt Such costs are being amortized over the term of the respective debt using the effective interest method

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the Hospital has been limited by donors to a specific time period or purpose Permanently restricted net assets have been restricted by donors to be maintained by the Hospital in perpetuity

Net Patient Service Revenue

The Hospital has agreements with third-party payers that provide for payments to the Hospital at amounts different from its established rates Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers and others for services rendered and includes estimated retroactive revenue adjustments Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered and such estimated amounts are revised in future periods as adjustments become known

Electronic Health Records Incentive Program

The Electronic Health Records Incentive Program, enacted as part of the *American Recovery and Reinvestment Act of 2009*, provides for one-time incentive payments under both the Medicare and Medicaid programs to eligible hospitals that demonstrate meaningful use of certified electronic health records technology (EHR) Payments under the Medicare program are generally made for up to four years based on a statutory formula Payments under the Medicaid program are generally made for up to four years based upon a statutory formula, as determined by the state, which is approved by the Centers for Medicare and Medicaid Services Payment under both programs are

contingent on the hospital continuing to meet escalating meaningful use criteria and any other specific requirements that are applicable for the reporting period The final amount for any payment year is determined based upon an audit by the fiscal intermediary Events could occur that would cause the final amounts to differ materially from the initial payments under the program

The Hospital recognizes revenue ratably over the reporting period starting at the point when management is reasonably assured it will meet all of the meaningful use objectives and any other specific grant requirements applicable for the reporting period

In 2012, the Hospital completed the first-year requirements under both the Medicare and Medicaid programs and has recorded revenue of $606,836, which is included in other revenue within operating revenues in the statement of operations and changes in net assets The amount outstanding as of April 30, 2012, is $479,336, and included in other receivables

Charity Care

The Hospital provides care without charge or at amounts less than its established rates to patients meeting certain criteria under its charity care policy Because the Hospital does not pursue collection of amounts determined to qualify as charity care, these amounts are not reported as net patient service revenue

Contributions

Unconditional gifts expected to be collected within one year are reported at their net realizable value Unconditional gifts expected to be collected in future years are initially reported at fair value determined using the discounted present value of estimated future cash flows technique The resulting discount is amortized using the level-yield method and is reported as contribution revenue

Gifts received with donor stipulations are reported as either temporarily or permanently restricted support When a donor restriction expires, that is, when a time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified and reported as an increase in unrestricted net assets Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions Conditional contributions are reported as liabilities until the condition is eliminated or the contributed assets are returned to the donor

Estimated Malpractice Costs

An annual estimated provision is accrued for the self-insured portion of medical malpractice claims and includes an estimate of the ultimate costs for both reported claims and claims incurred but not reported

Income Taxes

The Hospital has been recognized as exempt from income taxes under Section 501 of the Internal Revenue Code and a similar provision of state law However, the Hospital is subject to federal income tax on any unrelated business taxable income

The Hospital files tax returns in the U S federal jurisdiction With a few exceptions, the Hospital is no longer subject to U S federal examinations by tax authorities for years before 2008

Excess of Revenues Over Expenses

The consolidated statements of operations and changes in net assets include excess of revenues over expenses Changes in unrestricted net assets which are excluded from excess of revenues over expenses, consistent with industry practice, include unrealized gains and losses on investments other than trading securities, permanent transfers to and from affiliates for other than goods and services and contributions of long-lived assets including assets acquired using contributions which by donor restriction were to be used for the purpose of acquiring such assets

Self-Insurance

Beginning January 1, 2011, the Hospital is self-insured for employee health insurance For calendar year 2011, the stop-loss retention was $50,000 The Hospital accrues health insurance claims by charging the statements of operations and changes in net assets for certain known claims and reasonable estimates for incurred but not reported claims based on claims experience It is reasonably possible the actual claims could differ materially from these estimates in the near term

Subsequent Events

Subsequent events have been evaluated through the date of the Independent Accountants' Report, which is the date the financial statements were available to be issued

Note 2: Net Patient Service Revenue

The Hospital has agreements with third-party payers that provide for payments to the Hospital at amounts different from its established rates These payment arrangements include

Medicare Inpatient acute care services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors Outpatient services rendered to Medicare program beneficiaries are generally paid at prospectively determined rates per unit of service Inpatient skilled nursing services are paid at prospectively determined per

diem rates that are based on the patients' acuity The Hospital is reimbursed for certain services at tentative rates with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare administrative contractor

Medicaid Inpatient services rendered to Medicaid program beneficiaries are reimbursed based on a prospectively established per diem rate Medicaid outpatient reimbursement is based on a prospective percentage payment rate, determined from the fourth, fifth and sixth prior cost reports, regressed forward

The Hospital receives reimbursement from the Medicaid program in relation to the percentage of Medicaid and indigent population they serve Funding received in excess of costs to provide these services may be refunded As of April 30, 2012 and 2011, the Hospital had recorded a liability of $650,000 and $0, respectively, for the portion of funding received in excess of costs, which is presented in estimated amounts due to third-party payers It is reasonably possible that this estimate could materially change in the near term

Approximately 47% and 49% of net patient service revenues are from participation in the Medicare and state-sponsored Medicaid programs for the years ended April 30, 2012 and 2011, respectively Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation and change As a result, it is reasonably possible that recorded estimates will change materially in the near term

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 rates per discharge, discounts from established charges and/or prospectively determined daily rates

Note 3: Concentrations of Credit Risk

The Hospital grants credit without collateral to its patients, most of whom are area residents and are insured under third-party payer agreements The mix of receivables from patients and third-party payers at April 30, 2012 and 2011, is

	2012	2011
Medicare	22 4%	14 6%
Medicaid	15 6%	13 9%
Other third-party payers	41 0%	50 5%
Patients	21 0%	21 0%
	100 0%	100 0%

Note 4: Investments and Investment Return

Assets Limited As To Use

Assets limited as to use

	2012	2011
Internally designated for capital acquisition		
Cash and cash equivalents	$ 3,435	$ 199,959
Certificates of deposit	7,713,452	7,155,818
U S government agency obligations	1,453,820	1,612,003
U S Treasury obligations	499,469	499,275
Interest receivable	31,866	22,498
	$ 9,702,042	$ 9,489,553
Externally restricted by donors		
Cash and cash equivalents	$ 760,754	$ 653,140
Certificates of deposit	317,373	317,485
Asset backed securities	196,099	201,013
	$ 1,274,226	$ 1,171,638
Held by trustee under indenture agreements		
Cash equivalents	$ 1,436,381	$ 1,570,490
U S Treasury obligations	1,162,198	1,109,549
	$ 2,598,579	$ 2,680,039

Other Investments

Short-term investments include

	2012	2011
Certificates of deposit	$ 1,819,618	$ 1,366,752
Short-term bond mutual fund	838,835	842,372
	$ 2,658,453	$ 2,209,124

Investment Return

Total investment return is comprised of the following

	2012	2011
Interest and dividend income	$ 209,191	$ 184,485
Unrealized gains and losses on other than trading securities, net	29,723	35,612
	$ 238,914	$ 220,097
Unrestricted net assets		
Other operating income	$ 22,073	$ 36,721
Other nonoperating income	178,280	149,435
Investment return – change in unrealized gains and losses on other than trading securities	29,723	35,612
Temporarily restricted net assets	8,838	(1,671)
	$ 238,914	$ 220,097

Investment return of $22,073 and $36,721 for the years ended April 30, 2012 and 2011, respectively, on funds held by trustee under bond indenture agreements has been included in unrestricted revenues, gains and other support as other revenue

Certain investments in debt securities are reported in the financial statements at an amount less than their historical cost Total fair value of these investments at April 30, 2012 and 2011, was $1,440,574 and $2,141,487, which is approximately 9% and 14% of the Hospital's investment portfolio, respectively These declines primarily resulted from recent increases in market interest rates

Based on evaluation of available evidence, including recent changes in market interest rates and credit rating information, management believes the declines in fair value for these securities are temporary

Should the impairment of any of these securities become other than temporary, the cost basis of the investment will be reduced and the resulting loss recognized in excess of revenues over expenses in the period the other-than-temporary impairment is identified

The following table shows the Hospital's investments' gross unrealized losses and fair value, aggregated by investment category and length of time that individual securities have been in a continuous unrealized loss position at April 30, 2012 and 2011

	April 30, 2012					
	Less than 12 Months		12 Months or More		Total	
Description of Securities	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
Debt securities	$ 499,025	$ (975)	$ 941,549	$ (62,101)	$ 1,440,574	$ (63,076)

	April 30, 2011					
	Less than 12 Months		12 Months or More		Total	
Description of Securities	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
Debt securities	$ 1,199,102	$ (898)	$ 942,385	$ (61,265)	$ 2,141,487	$ (62,163)

Note 5: Medical Malpractice Coverage and Claims

The Hospital purchases medical malpractice insurance under a claims-made policy on a retrospective-rated premium basis Accounting principles generally accepted in the United States of America require a health care provider to accrue the expense of its share of malpractice claims costs, if any, for any reported and unreported incidents of potential improper professional service occurring during the year by estimating the probable ultimate costs of the incidents

In 2012, the Hospital adopted the provisions of Accounting Standards Update (ASU) 2010-24, *Health Care Entities (Topic 954) Presentation of Insurance Claims and Related Insurance Recoveries*, which eliminates the practice of netting claim liabilities with expected insurance recoveries for balance sheet presentation Claim liabilities are to be determined without consideration of insurance recoveries Expected recoveries are presented separately Prior to the adoption of ASU 2010-24, accounting principles generally accepted in the United States of America required a health care provider to accrue only an estimated amount of the malpractice claims costs for both reported claims and claims incurred but not reported where the risk of loss had not been transferred to a financially viable insurer There was no material impact of the ASU adoption to the Hospital's financial statements

Based upon the Hospital's claims experience, a liability and related recovery has been recorded, which is presented in other accrued liabilities and other receivables It is reasonably possible that this estimate could change materially in the near term

Note 6: Long-Term Debt

	2012	2011
The Industrial Development Authority of the County of Saline, Missouri, Hospital Revenue Bonds (A)	$ 8,935,000	$ 9,125,000
The Industrial Development Authority of the County of Saline, Missouri, Hospital Refunding Revenue Bonds (B)	11,925,000	12,400,000
Capital lease obligations (C)	-	267,848
	20,860,000	21,792,848
Less current maturities	685,000	932,848
Less unamortized discount	167,244	177,330
	$ 20,007,756	$ 20,682,670

(A) Hospital revenue bonds, Series 2005, in the original amount of $10,000,000 which bear interest at rates ranging from 4 05% to 5 625% The bonds are due in graduated annual installments through December 1, 2035

The bonds are secured by substantially all tangible personal property of the Hospital, including fixtures, furnishings, machinery, equipment, inventory and other goods constituting part of the Hospital facility and a first deed of trust lien on the real estate comprising the new Hospital facility The bonds are also secured by all revenue and proceeds of the operations of the facilities excluding only gifts, grants, bequests, donations and contributions to the Hospital and the income and gains derived there from which are specifically restricted by the donor or grantor to a particular purpose other than payment of the bonds

(B) Hospital revenue bonds, Series 2010, in the original amount of $12,400,000 which bear interest at rates ranging from 2 30% to 5 60% The bonds are due in graduated annual installments through December 1, 2028

The bonds are secured by substantially all tangible personal property of the Hospital, including fixtures, furnishings, machinery, equipment, inventory and other goods constituting part of the Hospital facility and a first deed of trust lien on the real estate comprising the new Hospital facility The bonds are also secured by all revenue and proceeds of the operations of the facilities excluding only gifts, grants, bequests, donations and contributions to the Hospital and the income and gains derived there from which are specifically restricted by the donor or grantor to a particular purpose other than payment of the bonds

(C) Capitalized leases consist of leases for major movable equipment due through February 2012 with interest rates ranging from 3 31% to 5 95%, secured by equipment The leases were paid in full during 2012

Aggregate annual maturities of long-term debt at April 30, 2012, were

2013	$ 685,000
2014	705,000
2015	730,000
2016	755,000
2017	785,000
Thereafter	17,200,000
	$ 20,860,000

Note 7: Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes

	2012	2011
Medical oncology department	$ 348,429	$ 373,237
Purchase of property and equipment	201,848	165,260
	$ 550,277	$ 538,497

During 2012 and 2011, net assets of $130,273 and $35,000, respectively, were released to purchase equipment

Permanently restricted net assets are restricted to

	2012	2011
Investments to be held in perpetuity, the income from which is available for purchase of equipment and general use	$ 455,217	$ 455,217

Note 8: Charity Care

The costs of charity care provided under the Hospital's charity care policy were approximately $189,000 and $348,000 for 2012 and 2011, respectively The cost of charity care is estimated by applying the ratio of cost to charges to the gross uncompensated care charges

Note 9: Functional Expenses

The Hospital provides general health care services to residents within its geographic area Expenses related to providing these services are as follows

	2012	2011
Health care services	$ 39,847,540	$ 37,797,381
General and administrative	18,553,729	15,871,554
Fundraising	39,255	37,770
	$ 58,440,524	$ 53,706,705

Note 10: Retirement Plan

The Hospital has a defined contribution retirement plan with funding amounts determined annually by the Board of Trustees Eligible employees include employees who normally work in excess of 20 hours per week and have completed at least one year of service The Hospital has accrued $265,520 and $312,575 to be contributed to the plan for the years ended April 30, 2012 and 2011, respectively

Note 11: Endowment

The Hospital's endowment consists of three restricted funds which were established for general operational and certain departmental purposes As required by accounting principles generally accepted in the United States of America (GAAP), net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions

The Hospital's governing body has interpreted the State of Missouri Uniform Management of Institutional Funds Act (SUMIFA) as requiring preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary As a result of this interpretation, the Hospital classifies as permanently restricted net assets the original value of gifts donated to the permanent endowment The remaining portion of donor restricted endowment funds is classified as unrestricted net assets as those assets have been appropriated for expenditure by the Hospital in a manner consistent with the standard of prudence prescribed by SUMIFA In accordance with SUMIFA, the Hospital considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds

1 Duration and preservation of the fund
2 Purposes of the Hospital and the fund
3 General economic conditions

4 Possible effect of inflation and deflation
5 Expected total return from investment income and appreciation or depreciation of investments
6 Other resources of the Hospital
7 Investment policies of the Hospital

Permanently restricted net assets of $455,217 compose the Hospital's endowment fund The portion of the endowment fund presented in unrestricted net assets was $178,791 and $158,264, respectively, at April 30, 2012 and 2011 The portion presented in temporarily restricted net assets was $85,052 and $81,288, respectively, at April 30, 2012 and 2011

Changes in endowment net assets for the years ended April 30, 2012 and 2011, were $24,291 and $17,542, respectively, and presented in changes in unrestricted and temporarily restricted net assets

The Hospital has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs and other items supported by its endowment while seeking to maintain the purchasing power of the endowment Under the Hospital's policies, the primary investment goal is generation of income The Hospital expects its endowment funds to provide an average rate of return of approximately 5% annually over time Actual returns in any given year may vary from this amount

To satisfy its long-term rate of return objectives, the Hospital relies on a strategy in which investment returns are achieved through current yield The Hospital invests primarily in certificates of deposit and U S governmental agency securities to achieve its long-term return objectives within prudent risk constraints

Note 12: Disclosures About Fair Value of Assets and Liabilities

ASC Topic 820, *Fair Value Measurements*, defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date Topic 820 also specifies a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value The standard describes three levels of inputs that may be used to measure fair value

Level 1 Quoted prices in active markets for identical assets or liabilities

Level 2 Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in active markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities

Level 3 Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities

Following is a description of the valuation methodologies used for instruments measured at fair value on a recurring basis and recognized in the accompanying balance sheet, as well as the general classification of such instruments pursuant to the valuation hierarchy

Investments and Cash Equivalents

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy Level 1 securities include money market funds, U S Treasury obligations and short-term bond mutual funds If quoted market prices are not available, then fair values are estimated by using pricing models, quoted prices of securities with similar characteristics or discounted cash flows Pricing models are based on quoted prices for securities with similar coupons, ratings and maturities, rather than on specific bids and offers for a designated security Level 2 securities include U S governmental agency and asset backed securities In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy The Hospital has no securities classified as Level 3

	April 30, 2012 Fair Value Measurements Using			
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money market funds	$3,323,108	$ 3,323,108	$ -	$ -
U S Treasury obligations	1,661,667	1,661,667	-	-
Short-term bond mutual fund	838,835	838,835	-	-
U S government agency obligations	1,453,820	-	1,453,820	-
Asset backed securities	196,099	-	196,099	-

	April 30, 2011 Fair Value Measurements Using			
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money market funds	$3,677,447	$ 3,677,447	$ -	$ -
U S Treasury obligations	1,608,824	1,608,824	-	-
Short-term bond mutual fund	842,372	842,372	-	-
U S government agency obligations	1,612,003	-	1,612,003	-
Asset backed securities	201,013	-	201,013	-

Note 13: Significant Estimates and Concentrations

Accounting principles generally accepted in the United States of America require disclosure of certain significant estimates and current vulnerability due to certain concentrations Those matters include the following

Allowance for Net Patient Service Revenue Adjustments

Estimates of allowances for adjustments included in net patient service revenue are described in *Notes 1* and *2*

Malpractice Claims

Estimates related to the accrual for medical malpractice claims are described in *Notes 1* and *5*

Admitting Physicians

One physician group admitted approximately 44% and 47% of the Hospital's patients in 2012 and 2011, respectively

Litigation

In the normal course of business, the Hospital is, from time to time, subject to allegations that may or do result in litigation The Hospital evaluates such allegations by conducting investigations to determine the validity of each potential claim Based upon the advice of counsel, management records an estimate of the amount of ultimate expected loss, if any, for each of these matters Events could occur that would cause the estimate of ultimate loss to differ materially in the near term

Investments

The Hospital invests in various investment securities Investment securities are exposed to various risks such as interest rate, market and credit risks Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the accompanying balance sheet

Current Economic Conditions

The current economic decline continues to present hospitals with difficult circumstances and challenges, which in some cases have resulted in large declines in the fair value of investments and other assets, large declines in contributions, constraints on liquidity and difficulty obtaining financing The financial statements have been prepared using values and information currently available to the Hospital

Current economic conditions, including the rising unemployment rate, have made it difficult for certain of our patients to pay for services rendered As employers make adjustments to health insurance plans or more patients become unemployed, services provided to self-pay and other payers may significantly impact net patient service revenue, which could have an adverse impact on the Hospital's future operating results Further, the effect of economic conditions at the federal and state level may have an adverse effect on cash flows related to the Medicare and Medicaid program The effect from health care reform will be significant, but is highly uncertain at this point

Given the volatility of current economic conditions, the values of assets and liabilities recorded in the financial statements could change rapidly, resulting in material future adjustments in investment values and allowances for accounts and contributions receivable that could negatively impact the Hospital's ability to meet debt covenants or maintain sufficient liquidity

Supplementary Information

John Fitzgibbon Memorial Hospital
and Fitzgibbon Health Services
Accounts Receivable
April 30, 2012 and 2011

	2012		2011	
	Amount	Percent	Amount	Percent
Patient Accounts				
Unbilled at April 30	$ 4,087,386	15 4%	$ 6,036,797	26 8%
Discharged inpatients and outpatients				
Medicare	5,869,015	22 1%	3,251,237	14 5%
Medicaid	4,735,154	17 9%	2,820,299	12 5%
Blue Cross	1,470,775	5 5%	1,076,026	4 8%
Commercial insurance and other	3,358,693	12 7%	3,231,013	14 4%
Self-pay	5,305,493	20 0%	4,107,961	18 3%
Physician clinic	1,692,618	6 4%	1,953,230	8 7%
	26,519,134	100 0%	22,476,563	100 0%
Allowance for				
Uncollectible accounts	(6,310,000)		(5,200,000)	
Contractual adjustments	(11,888,568)		(10,032,101)	
	$ 8,320,566		$ 7,244,462	

John Fitzgibbon Memorial Hospital
and Fitzgibbon Health Services
Net Patient Service Revenue – John Fitzgibbon Memorial Hospital
Years Ended April 30, 2012 and 2011

	2012		
	Inpatient	Outpatient	Total
Daily Patient Services			
Medical and surgical	$ 5,329,470	$ -	$ 5,329,470
Intensive care unit	762,054	-	762,054
Gen-psych unit	2,240,054	-	2,240,054
Nursery	226,710	-	226,710
Skilled nursing	157,530	-	157,530
	8,715,818	-	8,715,818
Other Nursing Services			
Operating and recovery rooms	890,783	3,637,791	4,528,574
Delivery and labor rooms	351,894	98,272	450,166
Central services and supply	2,699,572	5,783,047	8,482,619
Emergency service	1,954,543	8,667,153	10,621,696
Observation bed	2,111,528	4,097,233	6,208,761
	8,008,320	22,283,496	30,291,816
Other Professional Services			
Laboratory	4,657,119	6,530,263	11,187,382
Transfusion service	335,474	184,678	520,152
Electrocardiology	322,930	796,022	1,118,952
Electroencephalography	48,704	957,544	1,006,248
Radiology	730,919	4,773,394	5,504,313
Nuclear medicine	150,773	2,541,346	2,692,119
CT scans	1,675,586	7,413,108	9,088,694
Magnetic resonance imaging	163,576	3,806,081	3,969,657
Diagnostic ultrasound	396,317	1,859,370	2,255,687
Oncology	21,676	2,336,202	2,357,878
Pharmacy and intravenous solutions	2,826,001	6,234,122	9,060,123
Anesthesiology	-	1,503,970	1,503,970
Respiratory therapy	3,371,589	976,242	4,347,831
Physical therapy	611,506	1,408,181	2,019,687
Emergency room physicians	-	1,972,194	1,972,194
Ambulatory services	63,327	1,604,964	1,668,291
Cardiac pulmonary wellness	90,080	429,419	519,499
Home health service	-	985,785	985,785
Hospice	-	741,078	741,078
Homemaker	-	365,019	365,019
Fitzgibbon professional building and outpatient clinics	-	4,763,513	4,763,513
Brunswick rural health clinic	-	434,312	434,312
Slater clinic	-	454,268	454,268
	15,465,577	53,071,075	68,536,652
Patient Service Revenue	$ 32,189,715	$ 75,354,571	107,544,286
Less Allowances			
Medicare			29,582,249
Medicaid			9,505,432
Provision for charity			461,138
Other allowances			14,740,250
			54,289,069
			$ 53,255,217

2011		
Inpatient	Outpatient	Total
$ 5,365,277	$ -	$ 5,365,277
768,580	-	768,580
2,169,829	-	2,169,829
253,780	-	253,780
244,305	-	244,305
8,801,771	-	8,801,771
1,073,901	2,998,807	4,072,708
385,972	117,850	503,822
3,631,633	6,228,605	9,860,238
1,147,991	6,182,122	7,330,113
1,961,690	4,239,153	6,200,843
8,201,187	19,766,537	27,967,724
4,630,574	6,444,092	11,074,666
365,312	183,053	548,365
269,994	728,693	998,687
26,591	825,081	851,672
796,224	4,582,501	5,378,725
152,541	2,759,671	2,912,212
1,458,054	7,680,046	9,138,100
195,744	3,638,388	3,834,132
279,141	1,687,457	1,966,598
11,780	2,695,386	2,707,166
2,994,266	5,030,914	8,025,180
-	1,734,720	1,734,720
2,266,984	756,785	3,023,769
621,744	1,341,321	1,963,065
-	1,774,406	1,774,406
84,335	1,638,191	1,722,526
85,777	412,815	498,592
-	837,526	837,526
-	537,849	537,849
-	357,228	357,228
-	3,805,351	3,805,351
-	393,757	393,757
-	134,543	134,543
14,239,061	49,979,774	64,218,835
$ 31,242,019	$ 69,746,311	100,988,330
		26,613,293
		7,798,286
		823,690
		15,710,871
		50,946,140
		$ 50,042,190

John Fitzgibbon Memorial Hospital
and Fitzgibbon Health Services
Other Revenue – John Fitzgibbon Memorial Hospital
Years Ended April 30, 2012 and 2011

	2012	2011
Cafeteria	$ 234,754	$ 209,958
Gain on sale of property and equipment	65,428	8,510
Investment return on funds held by trustee under bond indenture	22,073	36,721
Grant revenue	8,958	8,418
Medical records	2,916	1,723
Electronic health record incentive revenue	606,836	-
Miscellaneous	103,604	107,750
	$ 1,044,569	$ 373,080

John Fitzgibbon Memorial Hospital
and Fitzgibbon Health Services
Expenses – John Fitzgibbon Memorial Hospital
Years Ended April 30, 2012 and 2011

	Salaries	2012 Supplies and Expense	Total
Nursing Services			
Nursing administration	$ 376,358	$ 14,681	$ 391,039
Medical and surgical	1,658,504	177,553	1,836,057
Hospitalist	964,693	104,229	1,068,922
Intensive care unit	756,584	60,717	817,301
Operating and recovery rooms	604,930	1,625,037	2,229,967
Geri-psych unit	876,448	211,983	1,088,431
Central services and supply	-	332,265	332,265
Emergency service	1,059,814	158,173	1,217,987
Women's Center	769,247	221,137	990,384
	7,066,578	2,905,775	9,972,353
Other Professional Services			
Laboratory	607,968	528,744	1,136,712
Transfusion service	-	144,174	144,174
Electroencephalography	77,889	14,457	92,346
Radiology services	1,036,136	887,380	1,923,516
Oncology	276,492	299,905	576,397
Pharmacy and intravenous solutions	-	2,473,149	2,473,149
Anesthesia	939,034	124,970	1,064,004
Respiratory therapy	353,699	51,357	405,056
Physical therapy	581,161	82,182	663,343
Emergency room physicians	499,541	1,044,675	1,544,216
Ambulatory services	1,277,475	276,053	1,553,528
Cardiac pulmonary wellness	84,245	16,529	100,774
Home health services	523,902	100,624	624,526
Hospice	101,447	197,932	299,379
Homemaker	184,190	37,685	221,875
Medical records	230,961	380,389	611,350
Fitzgibbon professional building and outpatient clinics	1,546,485	1,108,873	2,655,358
Brunswick rural health clinic	235,323	256,906	492,229
Slater clinic	141,991	293,761	435,752
	8,697,939	8,319,745	17,017,684

Salaries	2011 Supplies and Expense	Total
$ 352,069	$ 14,012	$ 366,081
1,593,002	183,833	1,776,835
1,017,283	99,290	1,116,573
792,080	63,346	855,426
631,872	1,508,492	2,140,364
901,338	170,594	1,071,932
-	434,032	434,032
969,276	157,451	1,126,727
748,189	169,216	917,405
7,005,109	2,800,266	9,805,375
591,500	485,025	1,076,525
-	142,224	142,224
88,794	21,143	109,937
1,006,067	873,033	1,879,100
243,752	266,360	510,112
-	2,063,212	2,063,212
855,544	291,648	1,147,192
315,364	56,570	371,934
584,368	41,432	625,800
398,873	945,584	1,344,457
1,185,090	350,335	1,535,425
82,933	21,535	104,468
445,713	82,846	528,559
63,341	190,313	253,654
164,522	37,299	201,821
189,563	276,269	465,832
1,175,220	1,270,407	2,445,627
197,379	102,934	300,313
54,716	102,984	157,700
7,642,739	7,621,153	15,263,892

John Fitzgibbon Memorial Hospital
and Fitzgibbon Health Services
Expenses – John Fitzgibbon Memorial Hospital
Years Ended April 30, 2012 and 2011

	Salaries	2012 Supplies and Expense	Total
General Services			
Dietary	$ 541,616	$ 470,441	$ 1,012,057
Plant operation and maintenance	179,657	862,731	1,042,388
Housekeeping	431,299	91,198	522,497
Laundry and linen	-	188,426	188,426
	1,152,572	1,612,796	2,765,368
Administrative and Fiscal Services			
Administrative and fiscal	2,940,800	4,342,824	7,283,624
Employee benefits	-	3,119,178	3,119,178
	2,940,800	7,462,002	10,402,802
Depreciation	-	2,992,785	2,992,785
Amortization	-	44,778	44,778
Interest	-	885,507	885,507
Provision for Uncollectible Accounts	-	8,783,041	8,783,041
	$ 19,857,889	$ 33,006,429	$ 52,864,318

Salaries	2011 Supplies and Expense	Total
$ 505,618	$ 395,295	$ 900,913
187,838	799,809	987,647
400,378	84,322	484,700
-	175,379	175,379
1,093,834	1,454,805	2,548,639
2,716,056	4,496,973	7,213,029
-	3,715,533	3,715,533
2,716,056	8,212,506	10,928,562
-	3,052,329	3,052,329
-	47,032	47,032
-	985,598	985,598
-	6,135,120	6,135,120
$ 18,457,738	$ 30,308,809	$ 48,766,547

John Fitzgibbon Memorial Hospital
and Fitzgibbon Health Services
Consolidating Schedule – Balance Sheet Information
April 30, 2012

	John Fitzgibbon Memorial Hospital	Fitzgibbon Health Services	Eliminations	Total
Assets				
Current Assets				
Cash and cash equivalents	$ 6,367,057	$ 253,006	$ -	$ 6,620,063
Short-term investments	2,658,453	-	-	2,658,453
Assets limited as to use – current	736,111	-	-	736,111
Patient accounts receivable, net of allowance for uncollectible accounts, $6,170,000 and $140,000	7,645,376	675,190	-	8,320,566
Other receivables	1,486,728	-	-	1,486,728
Supplies	1,067,081	10,760	-	1,077,841
Estimated amounts due from third-party payers	182,987	-	-	182,987
Prepaid expenses and other	596,349	60,915	-	657,264
Total current assets	20,740,142	999,871	-	21,740,013
Assets Limited As To Use				
Internally designated	9,702,042	-	-	9,702,042
Externally restricted by donors	1,274,226	-	-	1,274,226
Held by trustee	2,598,579	-	-	2,598,579
	13,574,847	-	-	13,574,847
Less amount required to meet current obligations	736,111	-	-	736,111
	12,838,736	-	-	12,838,736
Property and Equipment, At Cost				
Land and land improvements	1,101,131	29,857	-	1,130,988
Buildings	23,520,648	4,291,092	-	27,811,740
Equipment	26,001,580	695,337	-	26,696,917
Construction in progress	264,260	-	-	264,260
	50,887,619	5,016,286	-	55,903,905
Less accumulated depreciation	29,074,072	3,438,295	-	32,512,367
	21,813,547	1,577,991	-	23,391,538
Other assets	360,015	146,846	-	506,861
Due from related party	-	34,003	(34,003)	-
	360,015	180,849	(34,003)	506,861
Total assets	$ 55,752,440	$ 2,758,711	$ (34,003)	$ 58,477,148

	John Fitzgibbon Memorial Hospital	Fitzgibbon Health Services	Eliminations	Total
Liabilities and Net Assets				
Current Liabilities				
Current maturities of long-term debt	$ 524,420	$ 160,580	$ -	$ 685,000
Accounts payable	1,445,199	35,237	-	1,480,436
Other payables	420,343	-	-	420,343
Accrued payroll	772,036	60,842	-	832,878
Accrued vacation pay	839,462	63,323	-	902,785
Estimated self-insurance costs	268,478	56,831	-	325,309
Payroll taxes and other accrued liabilities	1,308,309	25,304	-	1,333,613
Accrued interest payable	356,844	86,041	-	442,885
Estimated amounts due to third-party payers	650,000	-	-	650,000
Total current liabilities	6,585,091	488,158	-	7,073,249
Long-Term Debt	16,030,247	3,977,509	-	20,007,756
Due to Related Party	34,003	-	(34,003)	-
Total liabilities	22,649,341	4,465,667	(34,003)	27,081,005
Net Assets				
Unrestricted	32,105,961	(1,715,312)	-	30,390,649
Temporarily restricted	541,921	8,356	-	550,277
Permanently restricted	455,217	-	-	455,217
Total net assets	33,103,099	(1,706,956)	-	31,396,143
Total liabilities and net assets	$ 55,752,440	$ 2,758,711	$ (34,003)	$ 58,477,148

John Fitzgibbon Memorial Hospital
and Fitzgibbon Health Services
Consolidating Schedule – Balance Sheet Information
April 30, 2011

	John Fitzgibbon Memorial Hospital	Fitzgibbon Health Services	Eliminations	Total
Assets				
Current Assets				
Cash and cash equivalents	$ 6,559,838	$ 179,096	$ -	$ 6,738,934
Short-term investments	2,209,124	-	-	2,209,124
Assets limited as to use – current	829,578	-	-	829,578
Patient accounts receivable, net of allowance for uncollectible accounts, $5,100,000 and $100,000	6,736,879	507,583	-	7,244,462
Supplies	1,153,318	7,716	-	1,161,034
Prepaid expenses and other	562,477	32,620	-	595,097
Total current assets	18,051,214	727,015	-	18,778,229
Assets Limited As To Use				
Internally designated	9,489,553	-	-	9,489,553
Externally restricted by donors	1,171,638	-	-	1,171,638
Held by trustee	2,680,039	-	-	2,680,039
	13,341,230	-	-	13,341,230
Less amount required to meet current obligations	829,578	-	-	829,578
	12,511,652	-	-	12,511,652
Property and Equipment, At Cost				
Land and land improvements	1,071,714	29,857	-	1,101,571
Buildings	23,002,007	4,291,092	-	27,293,099
Equipment	24,407,184	649,977	-	25,057,161
Construction in progress	913,035	-	-	913,035
	49,393,940	4,970,926	-	54,364,866
Less accumulated depreciation	26,298,586	3,216,833	-	29,515,419
	23,095,354	1,754,093	-	24,849,447
Other assets	378,359	167,871	-	546,230
Due from related party	-	288,362	(288,362)	-
	378,359	456,233	(288,362)	546,230
Total assets	$ 54,036,579	$ 2,937,341	$ (288,362)	$ 56,685,558

	John Fitzgibbon Memorial Hospital	Fitzgibbon Health Services	Eliminations	Total
Liabilities and Net Assets				
Current Liabilities				
Current maturities of long-term debt	$ 775,932	$ 156,916	$ -	$ 932,848
Accounts payable	1,393,020	73,251	-	1,466,271
Other payables	118,216	-	-	118,216
Accrued payroll	682,113	44,232	-	726,345
Accrued vacation pay	770,806	59,869	-	830,675
Estimated self-insurance costs	628,421	79,932		708,353
Payroll taxes and other accrued liabilities	408,035	26,623	-	434,658
Accrued interest payable	365,197	88,508	-	453,705
Estimated amounts due to third-party payers	841,275	-	-	841,275
Total current liabilities	5,983,015	529,331	-	6,512,346
Long-Term Debt	16,547,671	4,134,999	-	20,682,670
Due to Related Party	288,362	-	(288,362)	-
Total liabilities	22,819,048	4,664,330	(288,362)	27,195,016
Net Assets				
Unrestricted	30,232,173	(1,735,345)	-	28,496,828
Temporarily restricted	530,141	8,356	-	538,497
Permanently restricted	455,217	-	-	455,217
Total net assets	31,217,531	(1,726,989)	-	29,490,542
Total liabilities and net assets	$ 54,036,579	$ 2,937,341	$ (288,362)	$ 56,685,558

John Fitzgibbon Memorial Hospital and Fitzgibbon Health Services

Consolidating Schedule – Statements of Operations and Changes in Net Assets Information

Years Ended April 30, 2012 and 2011

	2012			
	John Fitzgibbon Memorial Hospital	Fitzgibbon Health Services	Eliminations	Total
Unrestricted Revenues, Gains and Other Support				
Net patient service revenue	$ 53,255,217	$ 5,655,563	$ -	$ 58,910,780
Other revenue	1,044,569	477	(60,000)	985,046
Total unrestricted revenues, gains and other support	54,299,786	5,656,040	-	59,895,826
Expenses				
Salaries and wages	19,857,889	2,468,479	-	22,326,368
Employee benefits	3,119,178	434,711	-	3,553,889
Supplies and other	17,181,140	2,199,805	(60,000)	19,320,945
Depreciation and amortization	3,037,563	251,066	-	3,288,629
Interest	885,507	214,898	-	1,100,405
Provision for uncollectible accounts	8,783,041	67,247	-	8,850,288
Total expenses	52,864,318	5,636,206	(60,000)	58,440,524
Operating Income (Loss)	1,435,468	19,834	-	1,455,302
Other Income (Expense)				
Investment return	178,081	199	-	178,280
Contributions	100,243	-	-	100,243
Loss on extinguishment of debt	-	-	-	-
Total other income	278,324	199	-	278,523
Excess (Deficiency) of Revenues Over Expenses	$ 1,713,792	$ 20,033	$ -	$ 1,733,825

	2011		
John Fitzgibbon Memorial Hospital	Fitzgibbon Health Services	Eliminations	Total
$ 50,042,190	$ 4,934,674	$ -	$ 54,976,864
373,080	603	(60,000)	313,683
50,415,270	4,935,277	(60,000)	55,290,547
18,457,738	2,279,604	-	20,737,342
3,715,533	516,312	-	4,231,845
16,373,197	1,643,769	(60,000)	17,956,966
3,099,361	251,260	-	3,350,621
985,598	252,491	-	1,238,089
6,135,120	56,722	-	6,191,842
48,766,547	5,000,158	(60,000)	53,706,705
1,648,723	(64,881)	-	1,583,842
149,425	10	-	149,435
207,527	-	-	207,527
(239,514)	(103,788)	-	(343,302)
117,438	(103,778)	-	13,660
$ 1,766,161	$ (168,659)	$ -	$ 1,597,502

John Fitzgibbon Memorial Hospital and Fitzgibbon Health Services

Consolidating Schedule – Statements of Operations and Changes in Net Assets Information

Years Ended April 30, 2012 and 2011

	2012		
	John Fitzgibbon Memorial Hospital	Fitzgibbon Health Services	Total
Unrestricted Net Assets			
Excess (deficiency) of revenues over expenses	$ 1,713,792	$ 20,033	$ 1,733,825
Investment return – change in unrealized gains and losses on other than trading securities	29,723	-	29,723
Net assets released from restriction used for purchase of property and equipment	130,273	-	130,273
Increase (decrease) in unrestricted net assets	1,873,788	20,033	1,893,821
Temporarily Restricted Net Assets			
Contributions received	133,215	-	133,215
Investment return	8,838	-	8,838
Net assets released from restriction	(130,273)	-	(130,273)
Increase (decrease) in temporarily restricted net assets	11,780	-	11,780
Change in Net Assets	1,885,568	20,033	1,905,601
Net Assets, Beginning of Year	31,217,531	(1,726,989)	29,490,542
Net Assets, End of Year	$ 33,103,099	$ (1,706,956)	$ 31,396,143

	2011	
John Fitzgibbon Memorial Hospital	Fitzgibbon Health Services	Total
$ 1,766,161	$ (168,659)	$ 1,597,502
35,612	-	35,612
35,000	-	35,000
1,836,773	(168,659)	1,668,114
101,988	-	101,988
(1,049)	(622)	(1,671)
(35,000)	-	(35,000)
65,939	(622)	65,317
1,902,712	(169,281)	1,733,431
29,314,819	(1,557,708)	27,757,111
$ 31,217,531	$ (1,726,989)	$ 29,490,542