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2012

Open to Public
Inspection

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

A For the 2012 calendar year, or tax year beginning 07-01-2012, 2012, and ending 06-30-2013

B Check if applicable	C Name of organization Fallon Medical Complex Inc		D Employer identification number 36-3808993
<input type="checkbox"/> Address change	Doing Business As See Schedule O		
<input type="checkbox"/> Name change			
<input type="checkbox"/> Initial return	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number (406) 778-3331
<input type="checkbox"/> Terminated			
<input type="checkbox"/> Amended return	City or town, state or country, and ZIP + 4 Baker, MT 59313		
<input type="checkbox"/> Application pending			G Gross receipts \$ 11,998,661

F Name and address of principal officer David Espeland 202 S 4th St W Baker, MT 59313	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
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J Website: ► www.fallonmedical.org	H(c) Group exemption number ►
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K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►	L Year of formation 1991	M State of legal domicile MT
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Part I Summary

1 Briefly describe the organization's mission or most significant activities Providing healthcare services	
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 7
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 7
5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5 160
6 Total number of volunteers (estimate if necessary)	6 75
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

8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,331,908	Current Year 3,710,328
9 Program service revenue (Part VIII, line 2g)	7,367,454	8,249,392
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,483	6,516
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	32,205	6,991
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,733,050	11,973,227

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	21,516	20,846
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)	4,586,200	5,278,776
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,669,752	3,734,649
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	8,277,468	9,034,271
19 Revenue less expenses Subtract line 18 from line 12	455,582	2,938,956

20 Total assets (Part X, line 16)	Beginning of Current Year 11,906,164	End of Year 15,507,452
21 Total liabilities (Part X, line 26)	1,366,316	1,688,382
22 Net assets or fund balances Subtract line 21 from line 20	10,539,848	13,819,070

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 David Espeland CEO Type or print name and title	2014-02-13 Date
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Paid Preparer Use Only	Print/Type preparer's name Kim C Hunwardsen	Preparer's signature	Date 2014-02-13	Check <input type="checkbox"/> if self-employed	PTIN P00484560
	Firm's name ► Eide Bailly LLP		Firm's EIN ► 45-0250958		
	Firm's address ► 800 Nicollet Mall Ste 1300 Minneapolis, MN 554027033		Phone no (612) 253-6500		

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III **1** Briefly describe the organization's mission

Fallon Medical Complex, in its innovative pursuit of Friends Healing Friends, provides comfort, compassion, and excellence in the promotion of quality of life to all individuals

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 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 \$ 5,195,316 including grants of \$ 20,846) (Revenue \$ 6,414,499)

Fallon Medical Complex provides quality health care regardless of race, creed, sex, national origin, handicap, age, or ability to pay. Although reimbursement for services rendered is critical to the operation of the Complex, it is recognized that not all individuals possess the ability to purchase these essential services. It is the Complex's mission to serve the surrounding area by providing health care services to all community members. The Complex provides medical services to individuals who are determined unable to purchase such services under the Complex's charity care policy and guidelines. In addition to free care and/or subsidized care, care is also provided at below cost rates to persons covered by governmental programs. Recognizing its mission to the community, services are provided to both Medicare and Medicaid patients. The unreimbursed value of providing care to these patients, based on established rates is \$875,234 for the year ended June 30, 2013. The Critical Access Hospital provides 24 hour x 7 days a week Emergency Room services, observation, Acute Care, Swing Bed services and onsite ancillary lab and diagnostic imaging services. During fiscal year ended June 30, 2013, the Complex provided over 485 days of hospital services, 5,802 days of swing bed care, 1,118 ER visits, and over 8,100 outpatient visits. One of Fallon Medical Complex's (FMC) operating philosophies states that education programs are necessary to enhance the competence of personnel in the healthcare system as well as to assist in the attainment of both personal and organizational goals. To this end, not only does the organization routinely budget \$25,000 or more in continuing education for its employees, it also provides job shadowing to area students (typically 3-5 students per year) who may be interested in a healthcare career, in addition to offering routine Certified Nursing Assistant training programs (to about 10-15 prospective aides per year). FMC also hosts numerous college students seeking careers as doctors (2-3 per year), physician assistants (3-5 per year), and various other disciplines, such as radiology technology, physical therapy, and industrial engineering. FMC further believes that it is its responsibility to take a leadership role in informing the public about healthcare subjects of relevance or interest through community education. This objective is supported through a number of channels, which includes routine "Lunch and Learn" sessions provided by medical professionals (about 6 times per year), weekly public service announcements on the local radio station, and its annual health fair which is attended by people from all over the service area

4b (Code) (Expenses \$ 1,382,631 including grants of \$) (Revenue \$ 914,260)

FMC also consists of a 15 bed Skilled Nursing Facility/Long Term Care unit that not only provides care for the long term but also offers Respite care for those who are caring for a loved one in their home. The FMC SNF unit provided 5,285 days of care to the elderly in our community

4c (Code) (Expenses \$ 1,486,814 including grants of \$) (Revenue \$ 920,633)

FMC Community Clinic (Rural Health Clinic) operates under the same mission as FMC by providing family health care in the form of over 10,000 patient visits per year. The four providers (two physicians and two mid levels) also provide ER coverage 24 hours, 7 days a week

4d Other program services (Describe in Schedule O)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 8,064,761

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

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

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

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

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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

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

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, line 10? If "Yes," complete Schedule D, Part VI

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

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

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

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

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 XI

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

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 and XII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

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, Parts I and IV

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV

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 (see instructions)

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

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	Yes	
2	Yes	
3		No
4	Yes	
5		No
6		No
7		No
8		No
9	Yes	
10		No
11a	Yes	
11b		No
11c	Yes	
11d		No
11e	Yes	
11f	Yes	
12a		No
12b	Yes	
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20a	Yes	
20b	Yes	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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)	28a		No
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c		No
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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	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, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, 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		
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 11b 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	19	
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	160	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
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, securities account, or other financial 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 as charitable contributions?	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).	7a	No	
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?	7b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d		
d If "Yes," indicate the number of Forms 8282 filed during the year	7e	No	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8		
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?	9a		
9 Sponsoring organizations maintaining donor advised funds.	9b		
a Did the organization make any taxable distributions under section 4966?			
b Did the organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter	10a		
a Initiation fees and capital contributions included on Part VIII, line 12	10b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter	11a		
a Gross income from members or shareholders	11b		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
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.	13a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13b		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	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	7	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent	1b	7	
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	Yes	
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	Yes	
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	8a	Yes	
a The governing body?	8b		No
b Each committee with authority to act on behalf of the governing body?	9		No
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			

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b Describe in Schedule O the process, if any, used by the organization to review this 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?	15a	Yes
a The organization's CEO, Executive Director, or top management official	15b	Yes
b Other officers or key employees of the organization		
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 Other (explain in Schedule O)
- 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 during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Selena Nelson PO Box 820 Baker, MT (406) 778-5103

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

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 **4**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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
Fisher Construction Inc 235 Moore Lane Billings MT 59101	Construction	890,379
MT Health Network Inc 11 South 7th Street Suite 241 Miles City MT 59301	Contract Nursing Services	371,537
Prairie Travelers Inc 130 3rd Street S 2 Glasgow MT 59230	Contract Nursing Services	162,310
Mondak Imaging 11 South 7th Street Suite 241 Miles City MT 59301	MRI Services	138,708
Stevenson Design Inc PO Box 1176 Miles City MT 59301	Architectural Services	114,965

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 **►6**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	2,256			
	e Government grants (contributions)	1e	3,290,182			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	417,890			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		3,710,328			
Program Service Revenue	2a Net Patient Service Revenue	Business Code				
		622110	8,034,776	8,034,776		
	b Miscellaneous	900099	137,927	137,927		
	c Meals on Wheels	722212	49,085	49,085		
	d Cafeteria	722212	27,604	27,604		
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		8,249,392			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		853		853	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	(ii) Personal			
		32,425				
	b Less rental expenses	25,434				
	c Rental income or (loss)	6,991				
	d Net rental income or (loss)			6,991		6,991
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		5,663				
b Less cost or other basis and sales expenses		0				
c Gain or (loss)		5,663				
d Net gain or (loss)			5,663		5,663	
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
b Less direct expenses	b					
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See Instructions		11,973,227	8,249,392	0	13,507	

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)

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	20,846	20,846		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	476,083	251,798	224,285	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,935,763	3,562,115	373,648	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	48,830	46,123	2,707	
9 Other employee benefits	464,476	398,573	65,903	
10 Payroll taxes	353,624	299,355	54,269	
11 Fees for services (non-employees)				
a Management				
b Legal	487		487	
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,003,560	963,660	39,900	
12 Advertising and promotion	17,379	12,947	4,432	
13 Office expenses	784,692	718,124	66,568	
14 Information technology				
15 Royalties				
16 Occupancy	95,620	95,620		
17 Travel	5,030	4,666	364	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	25,852	21,547	4,305	
20 Interest	25,711		25,711	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	848,938	806,491	42,447	
23 Insurance	91,684	47,779	43,905	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Medical Supplies	480,342	480,342		
b Bad Debt	250,072	250,072		
c Taxes & Licenses	78,815	76,508	2,307	
d Dues & Subscriptions	18,488	7,780	10,708	
e All other expenses	7,979	415	7,564	
25 Total functional expenses. Add lines 1 through 24e	9,034,271	8,064,761	969,510	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X

		(A) Beginning of year	(B) End of year
Assets			
1	Cash—non-interest-bearing	0	1
2	Savings and temporary cash investments	1,328,910	2
3	Pledges and grants receivable, net	3	
4	Accounts receivable, net	1,301,818	4
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	6	
7	Notes and loans receivable, net	7	
8	Inventories for sale or use	187,050	8
9	Prepaid expenses and deferred charges	47,779	9
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	17,379,956
b	Less accumulated depreciation	10b	7,180,095
		7,683,810	10c
11	Investments—publicly traded securities	79,533	11
12	Investments—other securities See Part IV, line 11	12	
13	Investments—program-related See Part IV, line 11	527,908	13
14	Intangible assets	14	
15	Other assets See Part IV, line 11	749,356	15
16	Total assets. Add lines 1 through 15 (must equal line 34)	11,906,164	16
Liabilities			
17	Accounts payable and accrued expenses	825,293	17
18	Grants payable	18	
19	Deferred revenue	19	199,556
20	Tax-exempt bond liabilities	20	
21	Escrow or custodial account liability Complete Part IV of Schedule D	4,307	21
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	22	2,459
23	Secured mortgages and notes payable to unrelated third parties	536,716	23
24	Unsecured notes and loans payable to unrelated third parties	24	435,254
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	0	25
26	Total liabilities. Add lines 17 through 25	1,366,316	26
Net Assets or Fund Balances			
	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27	Unrestricted net assets	10,408,908	27
28	Temporarily restricted net assets	17,891	28
29	Permanently restricted net assets	113,049	29
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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	10,539,848	33
34	Total liabilities and net assets/fund balances	11,906,164	34

Part XI Reconciliation of Net AssetsCheck 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	11,973,227
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,034,271
3	Revenue less expenses Subtract line 2 from line 1	3	2,938,956
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,539,848
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	340,266
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	13,819,070

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	No
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? 3b 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	3a	No
	3b	

SCHEDULE A
(Form 990 or 990EZ)**Public Charity Status and Public Support****2012****Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

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.

Name of the organization
Fallon Medical Complex Inc**Employer identification number**

36-3808993

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

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

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.

2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)

3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)

6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)

8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)

10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

e a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated

f 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)

g 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

h Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

i Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?	(v) Did you notify the organization in col (i) of your support?	(vi) Is the organization in col (i) organized in the U S ?	(vii) Amount of monetary support
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2012. 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—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		►
17a 10%-facts-and-circumstances test—2012. 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—2011. 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 Section 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15
16 Public support percentage from 2011 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18
19a 33 1/3% support tests—2012. 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—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	

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

Facts And Circumstances Test

Explanation

2012

Open to Public
Inspection**SCHEDULE C**
(Form 990 or 990-EZ)**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.

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, Part V, line 35c (Proxy Tax), then

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

Name of the organization Fallon Medical Complex Inc	Employer identification number 36-3808993
--	--

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

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which 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			
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		
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-			
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?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)	
		Yes	No	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?	Yes		197	
j	Total Add lines 1c through 1i			197	
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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

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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Explanation of Lobbying Activities	Part II-B, Line 1	Fallon Medical Complex reimburses certain professional membership dues of employees. A portion of such membership dues are used by the professional association for lobbying activities

SCHEDULE D
(Form 990)**Supplemental Financial Statements****2012****Open to Public
Inspection**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
 ► Attach to Form 990. ► See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
Fallon Medical Complex Inc

Employer identification number
36-3808993

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

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

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

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

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

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

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

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items

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

b Assets included in Form 990, Part X ► \$ _____

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

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

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other
c <input type="checkbox"/> Preservation for future generations	

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

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 XIII and complete the following table

	Amount
1c	
1d	
1e	
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 XIII. Check here if the explanation has been provided in Part XIII

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	172,588	150,010			
b Contributions	21,012	22,230			
c Net investment earnings, gains, and losses	992	1,348			
d Grants or scholarships	4,000				
e Other expenditures for facilities and programs					
f Administrative expenses		1,000			
g End of year balance	190,592	172,588			

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ► 22 380 %

b Permanent endowment ► 69 810 %

c Temporarily restricted endowment ► 7 810 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

(i) unrelated organizations

3a(i)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
--------------	------------------------------	--

(ii) related organizations

3a(ii)	<input type="checkbox"/> Yes
---------------	------------------------------

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

3b	<input type="checkbox"/> Yes
-----------	------------------------------

4 Describe in Part XIII 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		96,521			96,521
b Buildings		14,387,141	5,916,399		8,470,742
c Leasehold improvements					
d Equipment		2,344,855	1,160,898		1,183,957
e Other		551,439	102,798		448,641
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)					10,199,861

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) must equal Form 990, Part X, col (B) line 12.)		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Investment in Foundation	868,174	C
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)	868,174	

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

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

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

(a) Description of liability	(b) Book value	
Federal income taxes		
Due to County	99,113	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	99,113	

2. Fin 48 (ASC 740) Footnote In Part XIII, 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 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	12,086,599
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	90,194
e	Add lines 2a through 2d	2e	90,194
3	Subtract line 2e from line 1	3	11,996,405
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 XIII)	4b	-23,178
c	Add lines 4a and 4b	4c	-23,178
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	11,973,227

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

1	Total expenses and losses per audited financial statements	1	8,807,377
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 XIII)	2d	25,434
e	Add lines 2a through 2d	2e	25,434
3	Subtract line 2e from line 1	3	8,781,943
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 XIII)	4b	252,328
c	Add lines 4a and 4b	4c	252,328
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	9,034,271

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
	Part IV, Line 2b	The complex acts as a custodian for the funds of some residents. Resident funds totaled \$2,459 and \$4,307 at June 30, 2013 and 2012, respectively.
Description of Uncertain Tax Positions Under FIN 48	Part X, Line 2	The Complex is organized as a nonprofit organization and has been recognized by the Internal Revenue Service (IRS) as exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. The Complex is also exempt from state income taxes. The Complex is annually required to file a Return of Organization Exempt from Income Tax (Form 990) with the IRS. In addition, the Complex is subject to income tax on net income that is derived from business activities that are unrelated to its exempt purpose. The Complex has determined it is not subject to unrelated business income tax and has not filed an Exempt Organization Business Income Tax Return (Form 990-T) with the IRS. The Complex believes it has appropriate support for any tax positions taken affecting its annual filing requirements, and as such, does not have any uncertain tax positions that are material to the financial statements. The Complex would recognize future accrued interest and penalties related to unrecognized tax benefits and liabilities in income tax expense if such interest and penalties are incurred. The Complex is no longer subject to federal or state tax examinations by tax authorities for the years before June 30, 2010.
Part XI, Line 2d - Other Adjustments		Equity in Earnings of Affiliate recorded in revenue for financial statements 340,266 Provision for Bad Debts -250,072
Part XI, Line 4b - Other Adjustments		Related Party Contribution 2,256 Rental Expenses recorded in revenue for Form 990 -25,434
Part XII, Line 2d - Other Adjustments		Rental Expenses recorded in revenue for Form 990 25,434
Part XII, Line 4b - Other Adjustments		Provision for Bad Debts 250,072 Related Party Donation 2,256

2012

Open to Public
InspectionSCHEDULE 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.Name of the organization
Fallon Medical Complex IncEmployer identification number
36-3808993

Part I Financial Assistance and Certain Other Community Benefits at Cost

1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

b If "Yes," was it a written policy?

2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

Applied uniformly to all hospital facilities Applied uniformly to most hospital facilities
 Generally tailored to individual hospital facilities

3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care

100% 150% 200% Other _____ %

b Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

200% 250% 300% 350% 400% Other _____ %

c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?

5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

6a Did the organization prepare a community benefit report during the tax year?

b If "Yes," did the organization make it available to the public?

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance 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 Financial Assistance at cost (from Worksheet 1)		24	110,250	29,876	80,374	0 910 %
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)		153	28,783	18,625	10,158	0 120 %
d Total Financial Assistance and Means-Tested Government Programs		177	139,033	48,501	90,532	1 030 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	13	2,728	101,891	45,101	56,790	0 650 %
f Health professions education (from Worksheet 5)	4	6	19,165	0	19,165	0 220 %
g Subsidized health services (from Worksheet 6)			2,010,410	1,601,776	408,634	4 650 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	7		3,231		3,231	0 040 %
j Total Other Benefits	24	2,734	2,134,697	1,646,877	487,820	5 560 %
k Total Add lines 7d and 7j	24	2,911	2,273,730	1,695,378	578,352	6 590 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(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	24	1,763		1,763	0 020 %
2 Economic development	3		931		931	0 010 %
3 Community support	2		526		526	0 010 %
4 Environmental improvements						
5 Leadership development and training for community members	2		1,182		1,182	0 010 %
6 Coalition building	1		1,074		1,074	0 010 %
7 Community health improvement advocacy						
8 Workforce development	2		830		830	0 010 %
9 Other	1	1,316	88,430	49,085	39,345	0 450 %
10 Total	13	1,340	94,736	49,085	45,651	0 520 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15? **1**

2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount **2** 250,072

3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit **3** 21,756

4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements

Yes

No

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME) **5** 2,669,862

6 Enter Medicare allowable costs of care relating to payments on line 5 **6** 2,643,428

7 Subtract line 6 from line 5. This is the surplus (or shortfall) **7** 26,434

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 (owned 10% or more by officers, directors, trustees, key employees, and physicians—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—see instructions)

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

1

Name, address, and primary website address

Other (Describe)

Facility reporting group

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

Fallon Medical Complex Inc

Name of hospital facility or facility reporting group _____**For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A)** _____

1

Yes **No****Community Health Needs Assessment** (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)

1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	1	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility			
b	<input checked="" type="checkbox"/> Demographics of the community			
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	<input checked="" type="checkbox"/> How data was obtained			
e	<input checked="" type="checkbox"/> The health needs of the community			
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests			
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	<input type="checkbox"/> Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA <u>2012</u>			
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	No	
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website			
b	<input checked="" type="checkbox"/> Available upon request from the hospital facility			
c	<input checked="" type="checkbox"/> Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date)			
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	<input type="checkbox"/> Execution of the implementation strategy			
c	<input type="checkbox"/> Participation in the development of a community-wide plan			
d	<input type="checkbox"/> Participation in the execution of a community-wide plan			
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans			
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community			
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	<input type="checkbox"/> Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	No	
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a	No	
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____			

Part V Facility Information (continued)

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care?	10	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care <u>150 000000000000%</u>			
If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing <i>discounted</i> care?	11	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>250 000000000000%</u>			
If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	12	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a <input checked="" type="checkbox"/> Income level			
b <input checked="" type="checkbox"/> Asset level			
c <input checked="" type="checkbox"/> Medical indigency			
d <input checked="" type="checkbox"/> Insurance status			
e <input checked="" type="checkbox"/> Uninsured discount			
f <input checked="" type="checkbox"/> Medicaid/Medicare			
g <input type="checkbox"/> State regulation			
h <input type="checkbox"/> Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	13	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	14	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website			
b <input checked="" type="checkbox"/> The policy was attached to billing invoices			
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices			
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility			
f <input checked="" type="checkbox"/> The policy was available upon request			
g <input checked="" type="checkbox"/> Other (describe in Part VI)			

Billing and Collections

15 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?	15	Yes	
16 Check all of the following 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 <input type="checkbox"/> Reporting to credit agency			
b <input type="checkbox"/> Lawsuits			
c <input type="checkbox"/> Liens on residences			
d <input type="checkbox"/> Body attachments			
e <input type="checkbox"/> Other similar actions (describe in Part VI)			
17 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?	17	No	
If "Yes," check all actions in which the hospital facility or a third party engaged			
a <input type="checkbox"/> Reporting to credit agency			
b <input type="checkbox"/> Lawsuits			
c <input type="checkbox"/> Liens on residences			
d <input type="checkbox"/> Body attachments			
e <input type="checkbox"/> Other similar actions (describe in Part VI)			

Part V Facility Information (continued)

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- a Notified individuals of the financial assistance policy on admission
- b Notified individuals of the financial assistance policy prior to discharge
- c Notified individuals 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)

Policy Relating to Emergency Medical Care

19 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?

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)

	Yes	No
19 Yes		

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 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 its 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)

21		No

21 During the tax year, did the hospital facility charge any FAP-eligible individuals 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?

If "Yes," explain in Part VI

22 During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI

22		No

Part V Facility Information (continued)**Section C. Other Health Care 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 health care facilities did the organization operate during the tax year?

3

<u>Name and address</u>		<u>Type of Facility (describe)</u>
1	Memorial Nursing Home 202 South 4th Street West Baker, MT 59313	Nursing Home - 15 bed SNF
2	Community Clinic 202 South 4th Street West Baker, MT 59313	Outpatient Clinic - RHC
3	Wibaux Clinic 710 Drake Street Wibaux, MT 59353	Outpatient Clinic
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6l, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any 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
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6l, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

Identifier	ReturnReference	Explanation
		Part I, Line 3c We do include an asset & liability test. Anyone at or below 150% qualifies for free care. Anyone who does not qualify for free care, with income between 151% and 250% qualifies for discounted care. Because the test of discounted care considers net assets and the patient's medical bills are included in liabilities, a medically indigent could qualify for discounted care under this program.
		Part I, Line 7 Charity care was calculated by multiplying the ratio of cost to gross charges by the gross uncompensated charges associated with providing charity care to its patients. Community health improvement services and community benefit operations, health professions education and cash and in-kind contributions to community groups are based on costs recorded in the general ledger and estimated costs. Subsidized health services are determined at cost based on the cost to charge ratio derived from the Medicare cost report for the specific programs.

Identifier	ReturnReference	Explanation
		Part I, Line 7g Subsidized Health services includes \$1,550,935 related to two clinics, a provider based rural health clinic and a satellite clinic
		Part I, L7 Col(f) The amount of bad debt expense removed from the denominator of the calculation was \$250,072

Identifier	ReturnReference	Explanation
		<p>Part II FMC participates in a number of building activities to improve the community Administration has been a member of the local housing board, searching for ways to address our chronic housing shortage by facilitating the construction of new housing and the renovation of existing housing. From an economic development standpoint, our CFO has also been a board member of our local Southeastern Montana Revitalization Team, which is dedicated to revitalizing the economic climate in the area. They are focused on building infrastructure, as well as attracting new businesses and finding ways of providing housing for incoming workers and their families. In addition, in an effort to help keep local commerce alive, our Foundation Coordinator & CEO regularly participates in Baker Chamber of Commerce meetings and events. To further support the community, a number of FMC employees frequently participate in disaster preparedness meetings and events through the Fallon County Local Emergency Preparedness Committee (LEPC). This group meets regularly to discuss disaster preparedness activities, to review the response of similar groups to disasters across the nation, to determine ways to enhance the effectiveness of disaster response in our area, and to conduct table top exercises that simulate potential local disasters. We have also dedicated staff time and resources to acquiring knowledge in the Hospital Emergency Incident Command System (HEICS), a nationally recognized and practiced program in incident management. Participation in both LEPC and HEICS also represents our collaborative efforts to address health and safety issues. It assists in coalition building with other healthcare entities and emergency service providers. To further provide continuity across our service area, our Chief of the Medical Staff is the County Health Officer for Carter, Fallon, and Wibaux Counties. During the year, FMC provided 1316 meals on wheels to members of the community. This furthers the promotion of health by providing nutritious meals to persons who otherwise would not receive them, especially those who are home-bound. The CEO and employees of FMC serve on two Eastern Montana Health related scholarship committees. The participation on these committees promote scholarships to students wanting to study in the area of healthcare. FMC staff also promote careers in healthcare with Camp Scrubs and Medical Explorer promotion at school events & healthfairs.</p>
		<p>Part III, Line 4 Bad debt expense is reported at charges as recorded by the organization. The estimated amount of bad debt expense attributable to patients eligible under the organization's charity care policy is 8.7% (based upon US Census Bureau Quickfacts for percent of citizens below the poverty level in Fallon County). Fallon Medical Complex is estimating the amount of bad debt to be charity care based on the percentage of demographics below charity care income/asset levels. This identifies a reasonable percentage of individuals who potentially qualify for charity care but may not have applied and therefore were written off to bad debt. Bad debts are expensed when accounts are determined uncollectible (charges less any payments or insurer discounts) and any payments toward bad debt are booked as bad debt recovery. The footnote to the Organization's financial statements can be found on page 10 of the attached audited financial statements.</p>

Identifier	ReturnReference	Explanation
		Part III, Line 8 Medicare allowable costs of care are based on the Medicare cost report. The Medicare cost report is completed based on the rules and regulations set forth by Centers for Medicare and Medicaid Services
		Part III, Line 9b All patients are provided with communications at admission (notices requiring their signature, posters, and/or verbal communication) regarding our collections policies and our financial assistance policy. All past due accounts receive communications (a flyer) regarding our financial assistance policy with their statements. Before accounts are turned to bad debt, we send letters and/or make telephone calls to guarantors with details of the financial assistance program, including contact information and/or applications. Our collection practice is to refrain from collection efforts until financial assistance is determined. Normal collection efforts would resume if the application is not returned timely or after the write-off is complete and the patient owes a balance. Our policy will note our current procedures for the year ending 6/30/13

Identifier	ReturnReference	Explanation
Fallon Medical Complex, Inc		Part V, Section B, Line 3 During the Community Health Services Development Process, Fallon Medical Complex conducted three focus group meetings that were open to the public. Steering committee participants were selected based on their involvement with community development and healthcare services, including local business men and women, Fallon County commissioners, healthcare personnel, and representatives from the Council on Aging and the South Eastern Montana Area Revitalization Team (SMART)
Fallon Medical Complex, Inc		Part V, Section B, Line 4 Available in FMC's Quality Improvement Department

Identifier	ReturnReference	Explanation
Fallon Medical Complex, Inc		Part V, Section B, Line 6: The organization's implementation strategy may be found at the following link http://www.fallonmedical.org/
Fallon Medical Complex, Inc		Part V, Section B, Line 7: Fallon Medical Complex (FMC) was not able to address all the needs identified in the recently conducted Needs Assessment. The implementation strategy was adopted at the end of the fiscal year, so no progress was made on needs identified. Additionally, the following needs have been identified as outside the scope of the facility. 1. Survey respondents indicated that they delayed receiving health care services when they needed it because "It costs too much" (42.2%) and 87.5% of respondents reported that they did not have medical insurance because they could not afford to pay for it. 2. FMC is waiting for the implementation of the Affordable Care Act (ACA) to address this need. 2. Respondents identified "Alcohol/substance abuse" (42.4%) as a top community health concern. 3. Through an agreement with Fallon County, FMC is not directly responsible for addressing alcohol and substance abuse issues for patients. However, FMC collaborates with Fallon County and their third party vendor to provide whatever services they may require, such as access to telemedicine sessions.

Identifier	ReturnReference	Explanation
Fallon Medical Complex, Inc		Part V, Section B, Line 14g FMC provides a summary of the financial assistance policy to patients upon admission
		Part VI, Line 2 We have traditionally received input about unmet community health care needs from a number of sources a) citizens, board members, patients, and residents expressing an idea or a concern, b) suggestions from consultants who were hired to provide a study of our operations, c) the county or state health department providing observations or data regarding the health status of our specific population, d) staff members gleaning information from an education program or from reviewing professional journals and periodicals regarding the latest equipment or trends in patient and resident care, e) suggestions from the public posted on our website, etc We have completed a formal Community Health Services Development assessment through Montana State University, the result of which is available on our website, www.fallonmedical.org Information from all of these sources is analyzed on a case by case basis by the department manager who would be responsible for implementing the program The manager determines the program's merit relative to our stated mission as well as what resources would be necessary to implement the program The manager submits the analysis to our internal Operational Review Committee, which looks at its impact facility-wide and its feasibility If it progresses past this committee, it is then evaluated by our management team, who analyzes the finer details Ultimately, it is discussed at the Board of Trustees level to seek their input and approval, if necessary

Identifier	ReturnReference	Explanation
		Part VI, Line 3 We notify our patients of our financial assistance program through a number of methods, (1) we post the charity care policy, or a summary thereof, and financial assistance contact information in admissions areas, emergency rooms, facility website, and other areas of our facility in which eligible patients are likely to be present, (2) we make available a copy of the policy, or a summary thereof, and financial assistance contact information to patients as part of the intake process, (3) we provide a copy of the policy, or a summary thereof, and financial assistance contact information to patients with discharge materials, (4) we include the policy, or a summary thereof, along with financial assistance contact information, in patient bills, and/or (5) we discuss with the patient the availability of various government benefits, such as Medicaid or state programs, and assist the patient with qualification for such programs, where applicable
		Part VI, Line 4 Fallon Medical Complex (FMC) is a sole community health care provider for a rural population in excess of 7,200 people spread over seven counties. In addition to serving Fallon County, located in southeastern Montana, FMC also provides health care for three bordering Montana counties (Carter, Wibaux, and part of Custer) and three adjacent North Dakota counties (Slope, Golden Valley, and part of Bowman). Considered "frontier" by the Montana Department of Public Health and Human Services, this region boasts less than two residents per square mile. Although Carter County operates a Critical Access Hospital and a Rural Health Clinic in Ekalaka, MT (35 miles to the south), facilities offering the next highest level of care are over 80 miles from Baker, necessitating a drive of nearly two hours in inclement weather. Two primary care physicians and two mid levels (physician assistants and/or family nurse practitioners) practice full time in Baker and see patients two days a week in our satellite clinic in Wibaux, MT. In addition, FMC's physicians supervise physician assistants in Ekalaka, MT and in Wibaux, MT. Given the small size of its medical staff and the broad dispersion of its service area, FMC is federally designated as a health professional shortage area and a medically underserved area. The majority of patients in FMC's service area are Caucasian (98%), older than age 45 (52%) and have graduated from high school (82%). The per capita income is about \$30,000 per year (compared to \$33,000 for all of Montana) and the unemployment rate is 2.8% (compared to 4.5%). About 15% of the population is below the Federal Poverty Level and roughly 29% of the population does not have health insurance. Of those with health insurance, 22% are covered by Medicare, and 6% are covered by Medicaid. Of those people on Medicaid, 21% receive mental health services. Like most rural Montana areas, FMC's service area economy is largely based on agriculture. Wheat and barley are major farm crops and cattle and sheep dominate the local livestock production. The other major contributor towards the local economy is oil and gas exploration and extraction. Many residents are employed by large energy exploration and drilling companies or smaller energy-related service companies. The area recently entered the alternative energy arena when wind farms began cropping up across the wind-swept prairie.

Identifier	ReturnReference	Explanation
		<p>Part VI, Line 5 FMC's governing Board of Trustees is fully comprised of people who reside in its service area. They are not compensated for their participation on the board and they are neither employees, family members of employees, nor contractors of FMC. They must be interested in, and willing to work towards, the best interests of health care in FMC's service area. One of the board's responsibilities is to maintain and oversee FMC's Medical Staff. As such, they are responsible for granting privileges to qualified physicians and mid-levels based on education and skills confirmed through a structured credentialing process. All providers in our service area are welcome to apply for privileges to treat patients and to admit patients to our medical facilities. The board is also charged with controlling and managing all of the property, affairs, and funds of FMC. Since our singular purpose is to deliver quality healthcare to our patients and residents, all surplus funds are used to make improvements in our delivery of patient care, either through the purchase of new equipment, the further education of our staff, the development of new services, or the renovation of our facility. Additionally, FMC operates a foundation that exists solely to attract and manage funds from donors who would like to provide financial support. This separate non-profit entity is governed by its own Board of Directors, which raises the funds, manages the investments, and determines how the funds should be spent. One of their most actively managed efforts is the awarding of scholarships to students seeking healthcare careers. In addition to serving on one of the two boards described above, volunteers also have many other opportunities to contribute to the well-being of our patients and residents. They can choose to be a member of our organized Hospital Helpers Auxiliary, participating in daily activities and/or periodic community events. They can also work in the Auxiliary's hospital gift shop, which donates all surplus funds to FMC for the purchase of new patient care equipment or development of new services. Or they can offer their volunteer services independently to our patients and residents. All in all, these individuals all contribute towards FMC's mission, which includes providing comfort, compassion, and excellence in the promotion of quality of life to all individuals. We do not have the resources to offer specialized services or to conduct medical research. But as a sole community provider, we are committed to offering 24/7 emergency care regardless of a patient's ability to pay, offering hospital inpatient and outpatient services, offering physician services through our rural health clinic & satellite clinic, offering long term alternatives, and offering care in our patient's homes.</p>

Schedule I (Form 990)

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

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
Fallon Medical Complex Inc

Employer identification number

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. Part II can be duplicated 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,** **(g) Description of non-cash assistance** **(h) Purpose of grant or assistance**

(1) Friends of FMC 43-1975486 501(C)(3) 20,846 To support mission of
Foundation Inc Friends of FMC
202 S 4th Street West Foundation, Inc
Baker, MT 59313

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.
 Part III can be duplicated 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, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Organization provides grants to related tax-exempt organization to further their tax exempt purpose

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

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.

2012**Open to Public Inspection**Name of the organization
Fallon Medical Complex Inc**Employer identification number**

36-3808993

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

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

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

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?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

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

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

a Receive a severance payment or change-of-control payment?

Yes**No**

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4a**No**

c Participate in, or receive payment from, an equity-based compensation arrangement?

4b**No**

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

4c**No****Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

5a**No**

b Any related organization?

5b**No**

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

6a**No**

b Any related organization?

6b**No**

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

7**No**

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations 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**No**

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(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 as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Darryl Espeland DO, Chief of Staff	(i) 223,539 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(C) 15,906 0	(D) 8,317 0	(E) 247,762 0	(F) 0 0
(2) Dominick Trivisonno MD	(i) 215,591 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(C) 3,200 0	(D) 13,596 0	(E) 232,387 0	(F) 0 0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Identifier	Return Reference	Explanation
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Schedule L

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, line 38a or 40b.

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

OMB No 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
Fallon Medical Complex Inc

Employer identification number

36-3808993

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) Relationship between disqualified person and organization	(c) Description of transaction		(d) Corrected?	
			Yes	No	Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 _____ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Part III Grants or Assistance Benefitting Interested Persons.

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

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) Darryl Espeland DO	Employee and brother of CEO	254,342	Wages and Benefits		No
(2) David Espeland CEO	Employee and brother of Chief of Staff	126,732	Wages and Benefits		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

2012

Open to Public
Inspection**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.

Name of the organization
Fallon Medical Complex Inc**Employer identification number**

36-3808993

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 2	David Espeland and Darryl Espeland have a family relationship
	Form 990, Part VI, Section A, line 4	The Organization revised its bylaws as of September 5, 2012. Significant revisions included 1. Membership changed from lifetime to 3 years 2. Elimination of the term limits of a Trustee 3. Amendments to the bylaws changed from Board approval to membership approval
	Form 990, Part VI, Section A, line 6	The members of the Corporation shall consist of all trustees and those individuals who apply for membership and fulfill the qualifications for membership which are established by the Board of Trustees
	Form 990, Part VI, Section A, line 7a	Elections for Trustees shall be held at the annual membership meeting, or by written ballot if authorized by the Board of Trustees. Any vacancy occurring on the Board of Trustees may be filled by appointment by the President of the Board of Trustees subject to confirmation by a majority of the members of the Board present at the next regular meeting of the Board following such appointment. The person so appointed shall serve for the remainder of the term of the Trustee for whom he or she was appointed. In the event that the election date set forth above falls on a legal holiday, the Board may by resolution adopted at any regular or special meeting preceding said date, postpone said election to the next business day following such date.
	Form 990, Part VI, Section A, line 8b	The organization does not have a committee that acts on behalf of the governing board
	Form 990, Part VI, Section B, line 11	The Form 990 is emailed to the Board of Trustees for their review and they are allowed to comment prior to filing
	Form 990, Part VI, Section B, line 12c	The organization's policy requires a duty to disclose any conflicts annually as well as during discussions. The conflict of interest policy covers all members of the board, officers and employees. Board Members, officers and employees complete a questionnaire annually addressing potential areas of conflicts. Conflicts are determined by each individual. If a conflict arises, the board member abstains from voting on matters that gave rise to the conflict.
	Form 990, Part VI, Section B, line 15	The Montana Hospital Association (MHA) publishes its annual compensation data for all classifications of healthcare workers. The data pertaining to facilities comparable in size is used to determine executive and officer compensation. The Board may also choose to call their peers in other facilities to substantiate the MHA data and to confirm the appropriateness of any proposed compensation. The board votes and approves the compensation for officers such as the CEO and CFO. The decisions are documented on an annual basis when salaries are approved. This process last took place at the end of fiscal year 06/30/12, with board approval of the budget for FY 2013 at the 06/27/2012 board meeting.
	Form 990, Part VI, Section C, line 19	The organization's governing documents, conflict of interest policy and financial statements are available for inspection at the corporation's place of business upon request
Other Fees	Form 990, Part IX, line 11g	Professional Fees Program service expenses 963,660 Management and general expenses 39,900 Fundraising expenses 0 Total expenses 1,003,560
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 9	Equity in Earnings of Affiliate recorded in Revenue for Financial Statement 340,266
	Form 990, Page 1, Line C	Fallon Medical Complex, Inc is doing business under the following names Community Clinic, Home Care Services, Fallon Memorial Hospital, Memorial Nursing Home and Wibaux Clinic

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
Fallon Medical Complex Inc

Employer identification number

36-3808993

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

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

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

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

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

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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k		No
1l	Yes	
1m		No
1n	Yes	
1o	Yes	
1p		No
1q	Yes	
1r		No
1s		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-s)	(c) Amount involved	(d) Method of determining amount involved

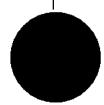
Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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

Software ID:**Software Version:****EIN:** 36-3808993**Name:** Fallon Medical Complex Inc**Part VII Supplemental Information**

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

Identifier	Return Reference	Explanation
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Consolidated Financial Statements
June 30, 2013 and 2012

**Fallon Medical Complex, Inc.
and Affiliate**

Fallon Medical Complex, Inc. and Affiliate

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June 30, 2013 and 2012

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Independent Auditor's Report

The Board of Directors
Fallon Medical Complex, Inc and Affiliate
Baker, Montana

Report on the Financial Statements

We have audited the accompanying consolidated financial statements of Fallon Medical Complex, Inc and Affiliate, which comprise the consolidated balance sheets as of June 30, 2013 and 2012, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America. This includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Fallon Medical Complex, Inc and Affiliate as of June 30, 2013 and 2012, and the results of its operations, changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America

Emphasis of Matter Regarding Accounting Principles

As discussed in Note 1 to the consolidated financial statements, in accordance with updates to the relevant accounting standards pertaining to the presentation and disclosure of patient and resident service revenue, provision for bad debts, and allowance for doubtful accounts for certain health care entities, Fallon Medical Complex, Inc and Affiliate has changed its presentation and disclosure of those financial statement elements

A handwritten signature in black ink that reads "Eide Bailly LLP". The signature is cursive and fluid, with "Eide" and "Bailly" connected, and "LLP" in a smaller, separate section.

Billings, Montana
December 5, 2013

Fallon Medical Complex, Inc. and Affiliate
 Consolidated Balance Sheets
 June 30, 2013 and 2012

	2013	2012
Assets		
Current Assets		
Cash and cash equivalents	\$ 2,069,403	\$ 1,328,910
Receivables		
Patient and resident, net of estimated uncollectibles of \$600,000 in 2013 and 2012	1,329,560	1,299,189
Estimated third-party payor settlements	300,000	370,000
Due from County	307,814	379,356
Other	108,672	2,729
Prepaid expenses	56,247	47,779
Supplies	<u>189,768</u>	<u>187,050</u>
Total current assets	4,361,464	3,615,013
Assets Limited as to Use	946,127	607,341
Property and Equipment	<u>10,199,861</u>	<u>7,683,810</u>
Total assets	<u>\$ 15,507,452</u>	<u>\$ 11,906,164</u>
Liabilities and Net Assets		
Current Liabilities		
Current maturities of long-term debt	\$ 195,428	\$ 166,755
Accounts payable		
Trade	230,250	292,172
Construction	258,040	-
Due to County	99,113	116,559
Accrued expenses		
Vacation	257,244	240,412
Salaries and wages	180,057	148,970
Payroll taxes and other	28,485	31,091
Interest	383	396
Deferred revenue	<u>122,566</u>	<u>-</u>
Total current liabilities	1,371,566	996,355
Long-Term Debt, Less Current Maturities	239,826	369,961
Deferred Revenue, Less Current Portion	<u>76,990</u>	<u>-</u>
Total long-term liabilities	<u>316,816</u>	<u>369,961</u>
Total liabilities	<u>1,688,382</u>	<u>1,366,316</u>
Net Assets		
Unrestricted	13,543,916	10,408,908
Temporarily restricted	142,105	17,891
Permanently restricted	133,049	113,049
Total net assets	<u>13,819,070</u>	<u>10,539,848</u>
Total liabilities and net assets	<u>\$ 15,507,452</u>	<u>\$ 11,906,164</u>

Fallon Medical Complex, Inc. and Affiliate
 Consolidated Statements of Operations
 Years Ended June 30, 2013 and 2012

	2013	2012
Unrestricted Revenues		
Net patient and resident service revenue	\$ 8,034,778	\$ 7,268,854
Provision for bad debts	(250,072)	(213,643)
Net patient and resident service revenue less provision for bad debts	<u>7,784,706</u>	<u>7,055,211</u>
Other revenue	<u>552,837</u>	<u>434,358</u>
Total unrestricted revenue and other support	<u>8,337,543</u>	<u>7,489,569</u>
Expenses		
Professional care of patients and residents	4,021,757	3,732,453
General and administrative	1,900,164	1,630,327
Clinics	1,029,416	913,939
Depreciation	848,938	726,518
Property and household	578,136	598,675
Dietary	434,110	418,865
Interest	<u>25,711</u>	<u>36,272</u>
Total expenses	<u>8,838,232</u>	<u>8,057,049</u>
Operating Loss	<u>(500,689)</u>	<u>(567,480)</u>
Other Income, Net		
County subsidy for expenses and equipment	2,037,277	66,117
County subsidy for buildings from mill levy	425,131	425,000
County subsidy for operations	410,996	431,377
Unrestricted gifts and grants	717,517	91,526
Interest and dividend income	14,466	11,853
Realized gains on sale of investments	10,468	1,564
Gain on sale of equipment	5,663	375
Other	<u>2,410</u>	<u>1,655</u>
Total other income, net	<u>3,623,928</u>	<u>1,029,467</u>
Revenues in Excess of Expenses	<u>3,123,239</u>	<u>461,987</u>
Unrealized Gains on Investments	<u>3,503</u>	<u>4,734</u>
Net Assets Released from Restrictions	<u>8,266</u>	<u>12,599</u>
Increase in Unrestricted Net Assets	<u>\$ 3,135,008</u>	<u>\$ 479,320</u>

Fallon Medical Complex, Inc. and Affiliate
 Consolidated Statements of Changes in Net Assets
 Years Ended June 30, 2013 and 2012

	2013	2012
Unrestricted Net Assets		
Revenues in excess of expenses	\$ 3,123,239	\$ 461,987
Unrealized gains on investments	3,503	4,734
Net assets released from restrictions	<u>8,266</u>	<u>12,599</u>
Increase in unrestricted net assets	<u>3,135,008</u>	<u>479,320</u>
Temporarily Restricted Net Assets		
Contributions and grants for specific purposes	131,488	13,498
Investment income	992	1,025
Net assets released from restrictions	<u>(8,266)</u>	<u>(12,599)</u>
Increase in temporarily restricted net assets	<u>124,214</u>	<u>1,924</u>
Permanently Restricted Net Assets		
Contributions	<u>20,000</u>	<u>20,000</u>
Change in Net Assets	3,279,222	501,244
Net Assets, Beginning of Year	<u>10,539,848</u>	<u>10,038,604</u>
Net Assets, End of Year	<u>\$ 13,819,070</u>	<u>\$ 10,539,848</u>

Fallon Medical Complex, Inc. and Affiliate
 Consolidated Statements of Cash Flows
 Years Ended June 30, 2013 and 2012

	2013	2012
Operating Activities		
Change in net assets	\$ 3,279,222	\$ 501,244
Adjustments to reconcile change in net assets to net cash from operating activities		
County subsidies	(2,873,404)	(922,494)
Depreciation	848,938	726,518
Contribution of investments	(249,520)	-
Contributions and interest restricted by donors	(152,480)	(34,523)
Realized gain on sale of investments	(10,468)	(1,564)
Gain on sale of equipment	(5,663)	(375)
Unrealized gains on investments	(3,503)	(4,734)
Changes in assets and liabilities		
Receivables	5,228	(116,215)
Prepays	(8,468)	(47,779)
Supplies	(2,718)	10,129
Accounts payable	(79,368)	(3,978)
Accrued expenses	45,300	74,446
Deferred revenue	199,556	-
Net Cash from Operating Activities	<u>992,652</u>	<u>180,675</u>
Investing Activities		
Purchase of property and equipment	(3,108,483)	(576,343)
Proceeds from sale of equipment	7,197	375
Assets limited as to use		
Sales of investments	609,926	155,512
Purchases of investments	(600,071)	(181,598)
Net change in cash	(85,150)	(18,000)
Net Cash used for Investing Activities	<u>(3,176,581)</u>	<u>(620,054)</u>
Financing Activities		
County subsidies	2,873,404	922,494
Repayment of long-term debt	(179,435)	(159,925)
Contributions and interest restricted by donors	152,480	34,523
Proceeds from long-term debt borrowings	77,973	-
Net Cash from Financing Activities	<u>2,924,422</u>	<u>797,092</u>
Net Change in Cash and Cash Equivalents	740,493	357,713
Cash and Cash Equivalents, Beginning of Year	<u>1,328,910</u>	<u>971,197</u>
Cash and Cash Equivalents, End of Year	<u>\$ 2,069,403</u>	<u>\$ 1,328,910</u>
Supplemental Disclosure of Cash Flow Information		
Cash paid during the year for interest	<u>\$ 25,724</u>	<u>\$ 36,937</u>
Supplemental Disclosure of Non-cash Investing Activity		
Contribution of investments	<u>\$ 249,520</u>	<u>\$ -</u>
Accounts payable for construction	<u>\$ 258,040</u>	<u>\$ -</u>

Note 1 - Organization and Significant Accounting Policies

Organization

The consolidated financial statements include the accounts of Fallon Medical Complex, Inc (Complex) and its affiliate, Friends of FMC Foundation (Foundation)

The Complex is a 25-bed critical access hospital, a 15-bed nursing facility, and a community medical clinic located in Baker, Montana. The Complex is organized as a Montana nonprofit corporation. Under an agreement dated July 1, 1991, the Complex agreed to manage and operate the healthcare facilities of Fallon County. Previously, these facilities were organized as a component unit of Fallon County.

All significant inter-entity balances and transactions have been eliminated in consolidation

Income Taxes

The Complex is organized as a nonprofit organization and has been recognized by the Internal Revenue Service (IRS) as exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. The Complex is also exempt from state income taxes. The Complex is annually required to file a Return of Organization Exempt from Income Tax (Form 990) with the IRS. In addition, the Complex is subject to income tax on net income that is derived from business activities that are unrelated to its exempt purpose. The Complex has determined it is not subject to unrelated business income tax and has not filed an Exempt Organization Business Income Tax Return (Form 990-T) with the IRS.

The Complex believes it has appropriate support for any tax positions taken affecting its annual filing requirements, and as such, does not have any uncertain tax positions that are material to the financial statements. The Complex would recognize future accrued interest and penalties related to unrecognized tax benefits and liabilities in income tax expense if such interest and penalties are incurred. The Complex is no longer subject to federal or state tax examinations by tax authorities for the years before June 30, 2010.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles 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. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Fair Value Measurements

The Complex has determined the fair value of certain assets and liabilities in accordance with generally accepted accounting principles, which provide a framework for measuring fair value under generally accepted accounting principles. Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. Valuation techniques should maximize the use of observable inputs and minimize the use of unobservable inputs.

A fair value hierarchy has been established which prioritizes the valuation inputs into three broad levels. Level 1 inputs consist of quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date. Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the related asset or liability. Level 3 inputs are unobservable inputs related to the asset or liability.

Cash and Cash Equivalents

Cash and cash equivalents include highly liquid investments with an original maturity of three months or less, excluding assets limited as to use.

Patient and Resident Receivables

Patient and resident receivables are uncollateralized patient, resident, and third party payor obligations. The Complex does not charge interest on past due accounts. Patient and resident receivables are stated at the amount billed to the patient or resident. Unless the patient or resident has signed an approved payment agreement to extend the payment period, account balances with invoices dated over 60 days old are considered delinquent and are remitted to a collection agency after 120 days. Accounts with extended payment schedules are considered delinquent and are remitted to a collection agency after 90 days of non-payment. Payments of patient and resident receivables are allocated to the specific claims identified in the remittance advice or, if unspecified, are applied to the earliest unpaid claim.

Patient and resident accounts receivable are reduced by an allowance for uncollectible accounts. In evaluating the collectability of accounts receivable, the Complex analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for uncollectible accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for uncollectible accounts.

For receivables associated with services provided to patients and residents who have third party coverage, the Complex analyzes contractually due amounts and provides an allowance for uncollectible accounts and a provision for bad debts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely). For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Complex records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients and residents are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates, if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for uncollectible accounts.

The Complex's process for calculating the allowance for uncollectible accounts for self-pay patients and residents has not significantly changed from June 30, 2012 to June 30, 2013. The Complex has not significantly changed its charity care or uninsured discount policies during fiscal years 2013 or 2012.

Fallon Medical Complex, Inc. and Affiliate

Notes to Consolidated Financial Statements

June 30, 2013 and 2012

Supplies

Supplies are stated at lower of cost (first-in, first-out) or market

Assets Limited as to Use

Assets limited as to use includes assets that the Board of Directors of the Complex and the Foundation have set aside for future capital improvements and scholarships. The Board retains control of these assets and may use them for any purpose at its discretion. Assets limited as to use also include assets held by the Complex for nursing home residents and the Complex's Auxiliary.

Property and Equipment

Property and equipment additions over \$5,000 are capitalized at cost, or if donated, at fair value on the date of donation. Depreciation is provided over the estimated useful life of each depreciable asset and is computed using the straight-line method. The estimated useful lives of property and equipment are as follows:

Land improvements	5 - 20 years
Buildings and improvements	5 - 40 years
Equipment	5 - 25 years

When assets are sold or otherwise disposed of, the cost and related depreciation are removed from the accounts, and any remaining gain or loss is included in the statements of operations. Costs of maintenance and repairs that do not improve or extend the useful lives of the respective assets are expensed in the current period.

Gifts of long-lived assets such as land, buildings, or equipment are reported as additions to unrestricted net assets, and are excluded from revenues in excess of expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted net assets. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when donated or when acquired long-lived assets are placed in service.

The Complex has an agreement with Fallon County under which Fallon County furnished the Complex with the property and equipment needed to provide healthcare services. The Complex has recorded the property and equipment as assets of Fallon Medical Complex, Inc.

Impairment of Long-lived Assets

The Complex considers whether indicators of impairment are present and performs the necessary analysis to determine if the carrying values of assets are appropriate. No impairment was identified for the years ended June 30, 2013 and 2012.

Investments and Investment Income

Investments in mutual funds with readily determinable values are measured at fair value and certificates of deposit are recorded at historical cost plus accrued interest in the consolidated balance sheet. Investment income or loss (including realized gains and losses on investments, interest, and dividends) is included in revenues in excess of expenses unless the income or loss is restricted by law. Unrealized gains and losses on investments are excluded from revenues in excess of expenses unless the investments are trading securities.

Resident Funds

The Complex acts as custodian for the funds of some residents. These funds are included in assets limited as to use and trade payables in the consolidated balance sheets. Resident funds totaled \$2,459 and \$4,307 at June 30, 2013 and 2012, respectively.

Professional Liability Claims

The Health Center evaluates its exposure to losses arising from malpractice claims, recognizes a liability, and at the same time recognizes an insurance receivable for anticipated insurance recoveries, measured on the same basis as the related liability.

Temporarily and Permanently Restricted Net Assets

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

Net Patient and Resident Service Revenue

The Complex has agreements with third-party payors that provide for payments to the Complex at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments. Net patient and resident service revenue is reported at the estimated net realizable amounts from patients, residents, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

The Complex recognizes net patient and resident service revenue associated with services provided to patients who have third-party payor coverage on the basis of contractual rates for the services rendered, as noted above. For uninsured patients that do not qualify for charity care, the Complex recognizes revenue on the basis of its standard rates for services provided (or on the basis of discounted rates, if negotiated or provided by policy). On the basis of historical experience, a significant portion of the Complex's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the Complex records a significant provision for bad debts and charity care related to uninsured patients in the period the services are provided.

Fallon Medical Complex, Inc. and Affiliate
Notes to Consolidated Financial Statements
June 30, 2013 and 2012

Net patient and resident service revenue, but before the provision for bad debts, recognized for the years ended June 30, 2013 and 2012 from these major payor sources, is as follows

Net patient and resident service revenue		
Third-party payors	\$ 6,651,350	\$ 6,142,792
Self-pay	<u>1,383,428</u>	<u>1,126,062</u>
Total all payors	<u><u>8,034,778</u></u>	<u><u>7,268,854</u></u>

Revenues in Excess of Expenses

Revenues in excess of expenses excludes unrealized gains and losses on investments other than trading securities, transfers of assets to and from related parties for other than goods and services, and contributions of long-lived assets, including assets acquired using contributions which were restricted by donors

Charity Care

The Complex provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Complex does not pursue collection of amounts determined to qualify as charity care, they are not reported as patient and resident service revenue. The amount of charges foregone for services provided under the Complex's charity care policy were approximately \$94,000 and \$57,000 for the years ended June 30, 2013 and 2012. The estimated direct and indirect cost of providing these services was approximately \$86,000 and \$55,000 for the years ended June 30, 2013 and 2012, calculated by multiplying the ratio of cost to gross charges by the gross uncompensated charges associated with providing charity care to its patients.

Donor-Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When donor stipulated time restrictions or purpose restrictions are met or accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statement of operations as net assets released from restrictions.

Fallon Medical Complex, Inc. and Affiliate

Notes to Consolidated Financial Statements

June 30, 2013 and 2012

County Subsidy

Fallon County provides a subsidy to the Complex for its operations based on budgeted amounts approved by the County. During the years ended June 30, 2013 and 2012, the Complex received \$410,996 and \$431,377, respectively.

During the year ended June 30, 2013, the County provided an additional subsidy of \$2,037,277 for the purchase of building improvements. During the year ended June 30, 2012, the County provided an additional subsidy of \$66,117 to be used for certain operating expenses and equipment. All of these uses were approved by Fallon County.

Each year an additional subsidy is provided for purchases of building improvements upon approval of a mill levy by the voters of Fallon County. During the years ended June 30, 2013 and 2012, the Complex received \$425,131 and \$425,000, respectively. The mill levy has been approved in the past three elections. The Complex recognizes the revenue when received from the County based on the budgeted amounts approved by the County.

Advertising Costs

The Complex expenses advertising costs as they are incurred.

Electronic Health Record Incentive Payments

The American Recovery and Reinvestment Act of 2009 (ARRA) amended the Social Security Act to establish incentive payments under the Medicare and Medicaid programs for certain hospitals and professionals that meaningfully use certified Electronic Health Records (EHR) technology.

To qualify for the EHR incentive payments, hospitals and physicians must meet designated EHR meaningful use criteria. In addition, hospitals must attest that they have used certified EHR technology, satisfied the meaningful use objectives, and specify the EHR reporting period. This attestation is subject to audit by the Federal government or its designee. The EHR incentive payment to hospitals for each payment year is calculated as a product of (1) allowable costs as defined by the Centers for Medicare & Medicaid Services (CMS) and (2) the Medicare share. Once the initial attestation of meaningful use is completed, critical access hospitals receive the entire EHR incentive payment for submitted allowable costs of the respective periods in a lump sum, subject to a final adjustment on the cost report.

The Complex recognizes EHR incentive payments as revenue when there is reasonable assurance that the Complex will comply with the conditions attached to the incentive payments. As the entire EHR incentive payment is received in a lump sum for critical access hospitals and the Complex must annually attest to increasingly stringent meaningful use criteria, the EHR incentive payment is first recognized as a deferred revenue with a ratable recognition of revenue over a specified time period. EHR incentive payments are included in other operating revenue in the accompanying consolidated financial statements. The amount of EHR incentive payments recognized are based on management's best estimate and those amounts are subject to change with such changes impacting the period in which they occur.

Recent Accounting Guidance

As of and for the year ended June 30, 2013, the Complex adopted the provisions of ASU No 2011-07, *Health Care Entities (Topic 954) Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities*. In accordance with the implementation guidance, the Complex retroactively applied the presentation requirements to 2012. The impact on 2012 was a decrease to total unrestricted revenues, gains, and other support of \$213,643, and a decrease to total expenses of \$213,643 in the consolidated statements of operations. There was no impact on the operating loss or net assets.

Reclassifications

Reclassifications have been made to the 2012 financial information to make it conform to the current year presentation. The reclassifications had no effect on previously reported operating results or changes in net assets.

Subsequent Events

The Complex has evaluated subsequent events through December 5, 2013, the date which the financial statements were available to be issued.

Note 2 - Net Patient and Resident Service Revenue

The Complex has agreements with third-party payors that provide for payments to the Complex at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows.

Medicare The Complex is licensed as a Critical Access Hospital (CAH). The Complex is reimbursed for most inpatient and outpatient services at cost with final settlement determined after submission of annual cost reports by the Complex and are subject to audits thereof by the Medicare intermediary. Certain services are subject to cost limits or fee schedules. The Complex's Medicare cost reports have been settled by the Medicare fiscal intermediary through June 30, 2012. The Complex's classification of patients under the Medicare program and the appropriateness of their admission are subject to an independent review by a peer review organization under contract with the Complex.

Medicaid Inpatient and outpatient services related to Medicaid beneficiaries are paid based on the lower of customary charges or allowable cost as determined through the Complex's Medicare cost report, or rates as established by the Medicaid program. The Complex is reimbursed at a tentative rate with final settlement determined by the program based on the Complex's final Medicaid cost report. The Complex's Medicaid cost reports have been settled through the year ended June 30, 2011.

Blue Cross Inpatient services rendered to Blue Cross subscribers are paid at prospectively determined rates per discharge. Outpatient services are reimbursed at outpatient payment fee screens or at charges less a prospectively determined discount. The prospectively determined discount is not subject to retroactive adjustment.

Fallon Medical Complex, Inc. and Affiliate
 Notes to Consolidated Financial Statements
 June 30, 2013 and 2012

Resident Services The Complex is reimbursed for resident services at established per diem rates, which are prospectively determined on a cost-related (inflation-adjusted from 1996) basis subject to certain limitations as prescribed by Montana Department of Public Health and Human Services regulations. These rates are subject to retroactive adjustment by field audit. Under the Medicare program, payment for resident services is made on a prospectively determined per diem rate, which varies, based on a case-mix adjusted patient classification system.

Other The Complex has also entered into payment agreements with certain commercial insurance carriers and other organizations. The basis for payment to the Complex under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

The Centers for Medicare and Medicaid Services (CMS) has implemented a Recovery Audit Contractor (RAC) program under which claims are reviewed by contractors for validity, accuracy, and proper documentation. The potential exists that the Health Center may incur a liability for a claims overpayment at a future date.

Revenue from the Medicare and Medicaid programs accounted for approximately 38 percent and 13 percent, respectively, of the Complex's net patient and resident revenue for the year ended June 30, 2013, and 39 percent and 18 percent, respectively, for the year ended June 30, 2012. Laws and regulations governing the Medicare, Medicaid, and other programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. The net patient and resident service revenue for the years ended June 30, 2013 and 2012 increased approximately \$84,000 and \$23,000, respectively, due to the removal of allowances previously estimated that are no longer necessary as a result of final settlements and years that are no longer likely subject to audits, reviews, and investigations.

A summary of patient and resident service revenue and contractual adjustments for the years ended June 30, 2013 and 2012 is as follows:

	2013	2012
Total patient and resident service revenue	<u>\$ 9,124,125</u>	<u>\$ 7,976,434</u>
Contractual adjustments		
Medicare	(498,455)	(263,548)
Medicaid	(104,042)	(51,498)
Other	<u>(486,850)</u>	<u>(392,534)</u>
Total contractual adjustments	<u>(1,089,347)</u>	<u>(707,580)</u>
Net patient and resident service revenue	<u>\$ 8,034,778</u>	<u>\$ 7,268,854</u>
Less provision for bad debts	<u>(250,072)</u>	<u>(213,643)</u>
Net patient service revenue less provision for bad debts	<u>\$ 7,784,706</u>	<u>\$ 7,055,211</u>

Fallon Medical Complex, Inc. and Affiliate
 Notes to Consolidated Financial Statements
 June 30, 2013 and 2012

Note 3 - Assets Limited as to Use

The composition of assets limited as to use at June 30, 2013 and 2012, is shown in the following table
 Certificates of deposit are stated at historical cost plus accrued interest and mutual funds are stated at fair value

	2013	2012
Board designated for capital improvements and scholarships		
Mutual funds	\$ 466,423	\$ 314,797
Certificates of deposit	260,643	153,049
Cash and cash equivalents	209,113	127,788
Cash held for nursing home residents and auxiliary	<u>9,948</u>	<u>11,707</u>
 Total	 <u>\$ 946,127</u>	 <u>\$ 607,341</u>

Investment Income

Investment income and gains and losses on assets limited as to use, cash, cash equivalents, and other investments consists of the following for the years ended June 30, 2013 and 2012

	2013	2012
Other income		
Interest income	\$ 14,466	\$ 11,853
Realized gains on investments	<u>10,468</u>	<u>1,564</u>
	<u>\$ 24,934</u>	<u>\$ 13,417</u>
 Other changes in unrestricted net assets		
Change in unrealized gains on investments	<u>\$ 3,503</u>	<u>\$ 4,734</u>

The fair values and gross unrealized losses of investments in assets limited as to use for individual securities that have been in a continuous unrealized loss position as of June 30, 2013 and 2012 are as follows

	2013	2012
Mutual Funds		
Unrealized loss position for greater than 12 months	\$ 494	\$ 2,351
Market Value	100,881	112,974

The unrealized losses on the Complex's investments in mutual funds were primarily the result of recent market declines consistent with the cyclical nature of the financial markets. The Complex has a diversified portfolio. Based on that evaluation and the Complex's ability and intent to hold those investments for a reasonable period of time sufficient for a forecasted recovery of fair value, the Complex does not consider these investments to be other-than-temporarily impaired at June 30, 2013.

Note 4 - Endowment Funds

The Complex's endowment funds consist of individual funds established for a variety of purposes based on donor restrictions and board designations. As required by Generally Accepted Accounting Principles (GAAP), net assets associated with endowment funds, are classified and reported based on the existence or absence of donor-imposed restrictions. The state of Montana has adopted the Uniform Prudent Management of Institutional Funds Act (UPMIFA). The Complex has interpreted UPMIFA as requiring the 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 Complex classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Complex in a manner consistent with the standard of prudence prescribed by UPMIFA. In accordance with UPMIFA, the Complex considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- (1) The duration and preservation of the fund
- (2) The purposes of the Complex and the donor-restricted endowment fund
- (3) General economic conditions
- (4) The possible effect of inflation and deflation
- (5) The expected total return from income and the appreciation of investments
- (6) Other resources of the Complex
- (7) The investment policies of the Complex

At June 30, 2013 and 2012, respectively, the Complex had the following endowment net asset composition by type of fund:

	2013			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment funds	\$ -	\$ 14,883	\$ 133,049	\$ 147,932
Board-designated endowment funds	42,660	-	-	42,660
	<hr/>	<hr/>	<hr/>	<hr/>
	\$ 42,660	\$ 14,883	\$ 133,049	\$ 190,592
	2012			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment funds	\$ -	\$ 17,891	\$ 113,049	\$ 130,940
Board-designated endowment funds	41,648	-	-	41,648
	<hr/>	<hr/>	<hr/>	<hr/>
	\$ 41,648	\$ 17,891	\$ 113,049	\$ 172,588

Fallon Medical Complex, Inc. and Affiliate
 Notes to Consolidated Financial Statements
 June 30, 2013 and 2012

The following were the changes in the endowment net assets for the years ended June 30, 2013 and 2012

	2013			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Beginning of year	\$ 41,648	\$ 17,891	\$ 113,049	\$ 172,588
Interest income	-	992	-	992
Appropriation of endowment assets for expenditure	-	(4,000)	-	(4,000)
Contributions	<u>1,012</u>	<u>-</u>	<u>20,000</u>	<u>21,012</u>
End of year	<u><u>\$ 42,660</u></u>	<u><u>\$ 14,883</u></u>	<u><u>\$ 133,049</u></u>	<u><u>\$ 190,592</u></u>

	2012			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Beginning of year	\$ 41,325	\$ 15,636	\$ 93,049	\$ 150,010
Interest income	323	1,025	-	1,348
Appropriation of endowment assets for expenditure	-	(1,000)	-	(1,000)
Other	-	2,230	-	2,230
Contributions	<u>-</u>	<u>-</u>	<u>20,000</u>	<u>20,000</u>
End of year	<u><u>\$ 41,648</u></u>	<u><u>\$ 17,891</u></u>	<u><u>\$ 113,049</u></u>	<u><u>\$ 172,588</u></u>

Funds with Deficiencies

From time to time, the fair value of assets associated with individual endowment funds may fall below the level that the donor or UPMIFA requires the Complex to maintain as a fund of perpetual duration. In accordance with GAAP, deficiencies of this nature are reported in unrestricted net assets. There were no such deficiencies as of June 30, 2013 and 2012.

Return Objectives and Risk Parameters

The Complex has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while maintaining the fair value of the endowment assets and providing a low level of investment risk.

Strategies Employed for Achieving Objectives

To satisfy its long-term rate-of-return objectives, the Complex relies on an investment portfolio, which includes cash, cash equivalents, certificates of deposit, and mutual funds.

Spending Policy and How the Investment Objectives Relate to the Spending Policy

The Complex's policy is to maintain sufficient financial stability for the Foundation and the programs supported by its endowment. Interest and dividends are currently added to temporarily restricted net assets and appropriated by the Foundation Board periodically.

Fallon Medical Complex, Inc. and Affiliate
 Notes to Consolidated Financial Statements
 June 30, 2013 and 2012

Note 5 - Property and Equipment

A summary of property and equipment at June 30, 2013 and 2012 follows

	2013		2012	
	Cost	Accumulated Depreciation	Cost	Accumulated Depreciation
Land	\$ 96,521	\$ -	\$ 96,522	\$ -
Land improvements	236,863	102,798	208,960	99,066
Buildings and improvements	14,387,141	5,916,399	11,655,600	5,410,559
Equipment	2,344,855	1,160,898	2,030,982	932,827
Construction in progress	314,576	-	134,198	-
	<hr/> <u>\$ 17,379,956</u>	<hr/> <u>\$ 7,180,095</u>	<hr/> <u>\$ 14,126,262</u>	<hr/> <u>\$ 6,442,452</u>
Net property and equipment		<hr/> <u>\$ 10,199,861</u>		<hr/> <u>\$ 7,683,810</u>

The Complex is committed to projects at June 30, 2013 consisting of improvements to the building and the purchase of software. The estimated cost to complete the projects is approximately \$628,000, which will be provided from a County subsidy. During the years ended June 30, 2013 and 2012, the County provided an additional subsidy of \$2,037,277 and \$66,117, respectively, which was approved by the County to be used for improvements and equipment.

Note 6 - Leases

The Complex leases its building, improvements, and certain equipment from Fallon County for \$1 per year. The lease is automatically renewed on a year-to-year basis. As in prior years, management has recorded these assets as assets of the Complex.

The Complex also leases certain equipment under non-cancelable long-term lease agreements. These leases have been recorded as operating leases. Total lease expense for the years ended June 30, 2013 and 2012 for all operating leases was \$72,506 and \$80,938, respectively.

Minimum future lease payments for the operating leases are as follows:

<u>Year Ending June 30,</u>	<u>Amount</u>
2014	\$ 6,177
2015	<hr/> <u>4,821</u>
Total minimum lease payments	<hr/> <u>\$ 10,998</u>

Fallon Medical Complex, Inc. and Affiliate
 Notes to Consolidated Financial Statements
 June 30, 2013 and 2012

Note 7 - Long-Term Debt

Long-term debt consists of

	2013	2012
4 5% note payable to bank, due in monthly installments of \$7,500 including interest, to May 2015, guaranteed by Fallon County	\$ 176,417	\$ 265,667
6 9% note payable, due in monthly installments of \$7,960 including interest, to August 2015, secured by equipment	191,744	271,049
3% note payable, due in monthly installments of \$1,724 including interest, to November 2016, secured by equipment	<u>67,093</u>	<u>-</u>
	<u>435,254</u>	<u>536,716</u>
Less current maturities	<u>(195,428)</u>	<u>(166,755)</u>
Total	<u>\$ 239,826</u>	<u>\$ 369,961</u>

Long-term debt maturities are as follows

<u>Years Ending June 30,</u>	<u>Amount</u>
2014	\$ 195,428
2015	195,386
2016	35,885
2017	<u>8,555</u>
	<u>\$ 435,254</u>

Note 8 - Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes at June 30, 2013 and 2012

	2013	2012
Due to time restrictions	\$ 108,570	\$ -
Endowment assets	14,883	17,891
Equipment	<u>18,652</u>	<u>-</u>
	<u>\$ 142,105</u>	<u>\$ 17,891</u>

Fallon Medical Complex, Inc. and Affiliate

Notes to Consolidated Financial Statements

June 30, 2013 and 2012

Permanently restricted net assets at June 30, 2013 and 2012 are restricted to

	2013	2012
Assets to be held in perpetuity, the income from which is expendable for scholarships for healthcare students, equipment, and nursing home operations	<u>\$ 133,049</u>	<u>\$ 113,049</u>

In 2013 and 2012, net assets were released from donor restrictions by incurring expenditures satisfying the restricted purposes in the amounts of \$8,266 and \$12,599. These amounts are included in net assets released from restrictions in the accompanying consolidated financial statements.

Note 9 - Functional Expense

The Complex provides healthcare services to residents within its geographic location. Expenses related to providing these services by functional class for the years ended June 30, 2013 and 2012 are as follows:

	2013	2012
Patient and resident healthcare services	\$ 7,832,906	\$ 7,134,766
Management and general	984,510	910,718
Fundraising	<u>20,816</u>	<u>11,565</u>
 Total	 <u>\$ 8,838,232</u>	 <u>\$ 8,057,049</u>

Note 10 - Electronic Health Record Incentive Payments

During the year ended June 30, 2013, the Complex received \$395,323 as a lump sum incentive payment related to Medicare EHR. At the time the lump sum payment from Medicare was received, the Complex recorded deferred revenue for the entire amount. During the year ended June 30, 2013, the Complex determined \$74,455 of the payment must be repaid to Medicare. The payable of \$74,455 was recorded as a reduction of the receivable from estimated third party payor settlements as of June 30, 2013.

The Complex is recognizing the Medicare revenue ratably over the estimated life of the equipment, which ranges from 3 to 5 years. As a result, the Complex recognized other operating revenue of \$123,917 for the year ended June 30, 2013. The Complex has deferred revenue related to the EHR incentive payments of \$199,556 at June 30, 2013.

Note 11 - Pension Plan

The Complex is a member of the Montana Health Network 401(k) Plan, a multiple employer defined contribution plan. Employees may elect to become participants upon reaching age 21 and completion of one year of service. The Complex makes a contribution matching 50 percent of the participant's contribution up to a maximum of 2 percent of the participant's compensation. Total pension plan expense for the years ended June 30, 2013 and 2012 was \$72,414 and \$63,797, respectively.

Fallon Medical Complex, Inc. and Affiliate
 Notes to Consolidated Financial Statements
 June 30, 2013 and 2012

Note 12 - Concentrations of Credit Risk

Patient and Resident Receivables

The Complex grants credit without collateral to its patients and residents, most of who are insured under third-party payor agreements. The mix of receivables from third-party payors and patients and residents at June 30, 2013 and 2012 was as follows:

	2013	2012
Medicare	30%	37%
Medicaid	6%	6%
Other third-party payors, patients and residents	64%	57%
	<hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/>
	100%	100%

Cash Balances

The Complex's cash balances are maintained in various bank deposit accounts. At June 30, 2013 and 2012, none of the balance of these deposits was in excess of federally insured limits.

Note 13 - Fair Value Measurements

Assets measured at fair value on a recurring basis and the related fair values of these assets at June 30, 2013 and 2012 are as follows:

	Quoted Prices in Active Markets (Level 1)	Other Observable (Level 2)	Unobservable Inputs (Level 3)
2013			
Mutual funds			
Domestic large cap value	\$ 175,158	\$ -	\$ -
Bond	142,517	-	-
Domestic mid-cap funds	71,049	-	-
International funds	35,305	-	-
Other	42,394	-	-
	<hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/>
	\$ 466,423	\$ -	\$ -
2012			
Mutual funds			
Bond	\$ 209,937	\$ -	\$ -
Domestic large cap value	84,369	-	-
Other	20,491	-	-
	<hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/>
	\$ 314,797	\$ -	\$ -

The fair values for mutual funds are determined by reference to quoted market prices.

Note 14 - Contingencies

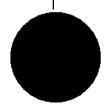
Malpractice Insurance

The Complex has malpractice insurance coverage to provide protection for professional liability losses on a claims-made basis subject to a limit of \$1,000,000 per claim and an annual aggregate limit of \$3,000,000. Should the claims-made policy not be renewed or replaced with equivalent insurance, claims based on occurrences during its term, but reported subsequently, will be uninsured.

Litigation, Claims, and Disputes

The Complex is subject to the usual contingencies in the normal course of operations relating to the performance of its tasks under its various programs. In the opinion of management, the ultimate settlement of any litigation, claims, and disputes in process will not be material to the financial position, operations, or cash flows of the Complex.

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. Compliance with these laws and regulations, specifically those relating to the Medicare and Medicaid programs, can be subject to government review and interpretation, as well as regulatory actions unknown and unasserted at this time. Federal government activity has increased with respect to investigations and allegations concerning possible violations by health care providers of regulations, which could result in the imposition of significant fines and penalties, as well as significant repayments of previously billed and collected revenues from patient and resident services.



Consolidating Financial Information
June 30, 2013 and 2012

**Fallon Medical Complex, Inc.
and Affiliate**



Independent Auditor's Report on Consolidating Financial Information

The Board of Directors
Fallon Medical Complex, Inc and Affiliate
Baker, Montana

We have audited the consolidated financial statements of the Fallon Medical Complex, Inc and Affiliate as of and for the years ended June 30, 2013 and 2012, and our report thereon dated December 5, 2013, which expressed an unmodified opinion on those financial statements, appears on page 1. Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating information is presented for purposes of additional analysis of the consolidated financial statements, rather than to present financial position, results of operations, and cash flows of the individual entities, and it is not a required part of the consolidated financial statements. Such information is the responsibility of management, was derived from, and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements.

The consolidating information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the consolidating information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Billings, Montana
December 5, 2013

Fallon Medical Complex, Inc. and Affiliate
Consolidating Balance Sheet – Assets, Liabilities, and Net Assets
June 30, 2013

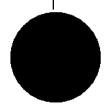
	Fallon Medical Complex, Inc	Friends of FMC Foundation	Eliminations	Consolidated
Assets				
Current Assets				
Cash and cash equivalents	\$ 2,069,403	\$ -	\$ -	\$ 2,069,403
Receivables				
Patient and resident, net of estimated uncollectibles	1,329,560	-	-	1,329,560
Estimated third-party payor settlements	300,000	-	-	300,000
Due from County	307,814	-	-	307,814
Other	108,584	88	-	108,672
Prepaid expenses	56,247	-	-	56,247
Supplies	189,768	-	-	189,768
Total current assets	<u>4,361,376</u>	<u>88</u>	<u>-</u>	<u>4,361,464</u>
Assets Limited as to Use	78,041	868,086	-	946,127
Investment in Affiliate	868,174	-	(868,174)	-
Property and Equipment	<u>10,199,861</u>	<u>-</u>	<u>-</u>	<u>10,199,861</u>
Total assets	<u><u>\$ 15,507,452</u></u>	<u><u>\$ 868,174</u></u>	<u><u>\$ (868,174)</u></u>	<u><u>\$ 15,507,452</u></u>
Current Liabilities				
Current maturities of long-term debt	\$ 195,428	\$ -	\$ -	\$ 195,428
Accounts payable				
Trade	230,250	-	-	230,250
Construction	258,040	-	-	258,040
Due to County	99,113	-	-	99,113
Accrued expenses				
Vacation	257,244	-	-	257,244
Salaries and wages	180,057	-	-	180,057
Payroll taxes and other	28,485	-	-	28,485
Interest	383	-	-	383
Deferred revenue	<u>122,566</u>	<u>-</u>	<u>-</u>	<u>122,566</u>
Total current liabilities	<u><u>1,371,566</u></u>	<u><u>-</u></u>	<u><u>-</u></u>	<u><u>1,371,566</u></u>
Long-Term Debt, Less Current Maturities	239,826	-	-	239,826
Deferred Revenue, Less Current Portion	76,990	-	-	76,990
Total long-term liabilities	<u><u>316,816</u></u>	<u><u>-</u></u>	<u><u>-</u></u>	<u><u>316,816</u></u>
Total liabilities	<u><u>1,688,382</u></u>	<u><u>-</u></u>	<u><u>-</u></u>	<u><u>1,688,382</u></u>
Net Assets				
Unrestricted	13,543,916	701,590	(701,590)	13,543,916
Temporarily restricted	142,105	33,535	(33,535)	142,105
Permanently restricted	133,049	133,049	(133,049)	133,049
Total net assets	<u><u>13,819,070</u></u>	<u><u>868,174</u></u>	<u><u>(868,174)</u></u>	<u><u>13,819,070</u></u>
Total liabilities and net assets	<u><u>\$ 15,507,452</u></u>	<u><u>\$ 868,174</u></u>	<u><u>\$ (868,174)</u></u>	<u><u>\$ 15,507,452</u></u>

Fallon Medical Complex, Inc. and Affiliate
Consolidating Statement of Operations
Year Ended June 30, 2013

	Fallon Medical Complex, Inc	Friends of FMC Foundation	Eliminations	Consolidated
Unrestricted Revenues				
Net patient and resident service revenue	\$ 8,034,778	\$ -	\$ -	\$ 8,034,778
Provision for bad debts	(250,072)	-	-	(250,072)
Net patient and resident service revenue less provision for bad debts	7,784,706	-	-	7,784,706
Other revenue	552,837	-	-	552,837
Total unrestricted revenues	8,337,543	-	-	8,337,543
Expenses				
Professional care of patients	4,021,757	-	-	4,021,757
General and administrative	1,869,309	53,957	(23,102)	1,900,164
Clinics	1,029,416	-	-	1,029,416
Depreciation	848,938	-	-	848,938
Property and household	578,136	-	-	578,136
Dietary	434,110	-	-	434,110
Interest	25,711	-	-	25,711
Total expenses	8,807,377	53,957	(23,102)	8,838,232
Operating Loss	(469,834)	(53,957)	23,102	(500,689)
Other Income, Net				
County subsidy for expenses and equipment	2,037,277	-	-	2,037,277
County subsidy for buildings from mill levy	425,131	-	-	425,131
County subsidy for operations	410,996	-	-	410,996
Unrestricted gifts and grants	417,890	322,729	(23,102)	717,517
Earnings of affiliate	340,266	-	(340,266)	-
Interest and dividend income	853	13,613	-	14,466
Realized gains on sale of investments	-	10,468	-	10,468
Gain on sale of equipment	5,663	-	-	5,663
Other	2,410	-	-	2,410
Total other income, net	3,640,486	346,810	(363,368)	3,623,928
Revenues in Excess of Expenses	3,170,652	292,853	(340,266)	3,123,239
Unrealized Gains on Investments	-	3,503	-	3,503
Net Assets Released from Restrictions	-	8,266	-	8,266
Increase in Unrestricted Net Assets	\$ 3,170,652	\$ 304,622	\$ (340,266)	\$ 3,135,008

Fallon Medical Complex, Inc. and Affiliate
 Consolidating Statement of Changes in Net Assets
 Year Ended June 30, 2013

	Fallon Medical Complex, Inc.	Friends of FMC Foundation	Eliminations	Consolidated
Unrestricted Net Assets				
Revenue in excess of expenses	\$ 3,170,652	\$ 292,853	\$ (340,266)	\$ 3,123,239
Unrealized gains on investments	-	3,503	-	3,503
Net assets released from restrictions	-	8,266	-	8,266
 Increase in unrestricted net assets	 3,170,652	 304,622	 (340,266)	 3,135,008
Temporarily Restricted Net Assets				
Contributions and grants for specific purposes	108,570	22,918	-	131,488
Investment income	-	992	-	992
Net assets released from restrictions	-	(8,266)	-	(8,266)
 Increase in temporarily restricted net assets	 108,570	 15,644	 -	 124,214
Permanently Restricted Net Assets				
Contributions	-	20,000	-	20,000
 Change in Net Assets	 3,279,222	 340,266	 (340,266)	 3,279,222
 Net Assets, Beginning of Year	 10,539,848	 527,908	 (527,908)	 10,539,848
 Net Assets, End of Year	 \$ 13,819,070	 \$ 868,174	 \$ (868,174)	 \$ 13,819,070



Supplementary Information
June 30, 2013 and 2012

**Fallon Medical Complex, Inc.
and Affiliate**



Independent Auditor's Report on Supplementary Information

The Board of Directors
Fallon Medical Complex, Inc and Affiliate
Baker, Montana

We have audited the consolidated financial statements of Fallon Medical Complex, Inc and Affiliate as of and for the years ended June 30, 2013 and 2012, and our report thereon dated December 5, 2013 which expressed an unmodified opinion on those financial statements, appears on page 1. Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The Schedules of Revenue, Schedules of Expenses, and Operational and Financial Highlights are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management, was derived from, and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole. The Statistical Highlights, which are the responsibility of management, have not been subjected to the auditing procedures applied in the audit of the consolidated financial statements and, accordingly, we do not express an opinion or provide any assurance on them.

We have also previously audited, in accordance with auditing standards generally accepted in the United States of America, the consolidated financial statements of Fallon Medical Complex, Inc and Affiliate as of and for the years ended June 30, 2011, 2010, 2009, and 2008, none of which is presented herein, and we expressed unmodified opinions on those consolidated financial statements. Those audits were conducted for purposes of forming an opinion on the consolidated financial statements as a whole. The supplementary information for the years ended June 30, 2011, 2010, 2009, and 2008 is presented for purposes of additional analysis and it is not a required part of the consolidated financial statements. Such information is the responsibility of management, was derived from, and relates directly to the underlying accounting and other records used to prepare the June 30, 2011, 2010, 2009, and 2008 consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of those consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the June 30, 2011, 2010, 2009, and 2008 information is fairly stated in all material respects in relation to the consolidated financial statements from which it has been derived.

Billings, Montana
December 5, 2013

Fallon Medical Complex, Inc. and Affiliate
 Schedules of Revenue
 Years Ended June 30, 2013 and 2012

	2013			2012		
	Inpatient	Outpatient	Total	Inpatient	Outpatient	Total
Patient and Resident Service Revenue						
Routine services						
Swing bed	\$ 1,236,691	\$ -	\$ 1,236,691	\$ 1,352,199	\$ -	\$ 1,352,199
Nursing home	914,260	-	914,260	902,910	-	902,910
Adults and Pediatrics	576,645	-	576,645	515,099	-	515,099
	2,727,596	-	2,727,596	2,770,208	-	2,770,208
Ancillary services						
Clinics	126,377	1,151,439	1,277,816	119,905	974,081	1,093,986
Laboratory	112,167	1,039,532	1,151,699	134,615	939,819	1,074,434
Pharmacy	508,660	283,306	791,966	452,231	201,155	653,386
CT scan	87,476	673,528	761,004	62,133	454,449	516,582
Emergency room	11,733	629,061	640,794	4,758	456,165	460,923
Physical therapy	108,975	449,220	558,195	116,302	272,094	388,396
Radiology	16,714	308,345	325,059	18,353	260,863	279,216
Magnetic resonance imaging	7,558	270,738	278,296	3,547	136,975	140,522
Central supply	175,442	56,177	231,619	116,765	54,240	171,005
Ultrasound	14,121	136,705	150,826	18,178	153,356	171,534
Mammography	230	81,192	81,422	-	61,671	61,671
Electrocardiography	3,585	74,094	77,679	5,026	64,758	69,784
ER professional fees	-	50,774	50,774	-	38,968	38,968
Blood bank	8,096	33,995	42,091	16,089	34,247	50,336
Surgery	2,143	32,505	34,648	-	45,589	45,589
Home health	-	20,808	20,808	-	24,501	24,501

Fallon Medical Complex, Inc. and Affiliate
Schedules of Revenue
Years Ended June 30, 2013 and 2012

	2013			2012		
	Inpatient	Outpatient	Total	Inpatient	Outpatient	Total
Occupational therapy	594	14,774	15,368	1,803	18,782	20,585
Pathology	48	576	624	-	308	308
Cardiac rehabilitation	-	275	275	-	1,785	1,785
	1,183,919	5,307,044	6,490,963	1,069,705	4,193,806	5,263,511
	<u>\$ 3,911,515</u>	<u>\$ 5,307,044</u>	<u>9,218,559</u>	<u>\$ 3,839,913</u>	<u>\$ 4,193,806</u>	<u>8,033,719</u>
Charity care			(94,434)			(57,285)
Total patient and resident service revenue			9,124,125			7,976,434
Contractual Adjustments						
Medicare			(498,455)			(263,548)
Medicaid			(104,042)			(51,498)
Other			(486,850)			(392,534)
Total contractual adjustments			(1,089,347)			(707,580)
Net Patient and Resident Service Revenue			8,034,778			7,268,854
Provision for Bad Debts			(250,072)			(213,643)
Net Patient and Resident Service Revenue						
Less provision for bad debts			7,784,706			7,055,211
Other Revenue						
Intergovernmental transfers			308,208			305,208
Electronic health record incentive			123,917			-
Meals on Wheels			49,085			58,908
Rent			32,425			32,205
Cafeteria meals			27,604			25,834
Miscellaneous			11,598			12,203
Total other revenue			552,837			434,358
Total Revenue			<u>\$ 8,337,543</u>			<u>\$ 7,489,569</u>

Fallon Medical Complex, Inc. and Affiliate
Schedules of Expenses
Years Ended June 30, 2013 and 2012

	2013			2012		
	Salaries & Benefits	Other	Total	Salaries & Benefits	Other	Total
Professional Care of Patients and Residents						
Swing bed	\$ 436,299	\$ 311,864	\$ 748,163	\$ 399,019	\$ 345,225	\$ 744,244
Nursing home	341,914	242,038	583,952	324,976	232,032	557,008
Routine nursing	277,798	172,314	450,112	201,413	241,732	443,145
Laboratory	204,665	201,583	406,248	185,576	206,919	392,495
Pharmacy	29,097	261,946	291,043	14,791	254,378	269,169
Radiology	125,838	111,301	237,139	128,679	92,026	220,705
Physical therapy	195,401	25,842	221,243	165,871	9,915	175,786
ER professional expenses	153,988	-	153,988	111,419	-	111,419
Nursing administration	132,232	1,797	134,029	129,389	1,927	131,316
Emergency room	78,384	46,883	125,267	37,028	56,944	93,972
CT scan	23,716	93,994	117,710	21,157	76,292	97,449
Social services and activities	106,560	10,465	117,025	95,711	7,045	102,756
Medical records	89,499	8,132	97,631	82,998	13,261	96,259
Central supply	828	79,846	80,674	557	66,786	67,343
Magnetic resonance imaging	3,946	54,275	58,221	2,377	31,172	33,549
Mammography	31,874	14,423	46,297	18,884	18,212	37,096
Home health	26,643	12,510	39,153	21,498	5,182	26,680
Housing units	6,734	18,700	25,434	5,412	16,950	22,362
Electrocardiology	15,746	8,392	24,138	13,363	6,532	19,895
Blood services	-	18,816	18,816	-	20,388	20,388
Occupational therapy	-	18,617	18,617	-	19,069	19,069
Ultrasound	12,678	86	12,764	13,896	17,742	31,638
Surgery	2,523	7,248	9,771	4,841	8,095	12,936
Pathology	-	3,900	3,900	-	5,400	5,400
Public health	215	-	215	48	-	48
Cardiac rehabilitation	54	153	207	49	277	326
Total professional care of patients and residents	2,296,632	1,725,125	4,021,757	1,978,952	1,753,501	3,732,453

Fallon Medical Complex, Inc. and Affiliate
Schedules of Expenses
Years Ended June 30, 2013 and 2012

	2013			2012		
	Salaries & Benefits	Other	Total	Salaries & Benefits	Other	Total
General and Administrative						
Employee benefits	905,305	-	905,305	738,382	-	738,382
Administration	610,955	383,904	994,859	562,255	329,690	891,945
Total general and administrative	1,516,260	383,904	1,900,164	1,300,637	329,690	1,630,327
Clinics						
Community Clinic	899,084	130,332	1,029,416	787,757	126,182	913,939
Depreciation	-	848,938	848,938	-	726,518	726,518
Property and Household						
Plant operations	103,994	198,397	302,391	97,026	261,495	358,521
Housekeeping	138,556	49,416	187,972	139,227	22,851	162,078
Laundry	75,214	12,559	87,773	65,180	12,896	78,076
Total property and household	317,764	260,372	578,136	301,433	297,242	598,675
Dietary						
	249,035	185,075	434,110	217,425	201,440	418,865
Interest						
	-	25,711	25,711	-	36,272	36,272
Total expenses	\$ 5,278,775	\$ 3,559,457	\$ 8,838,232	\$ 4,586,204	\$ 3,470,845	\$ 8,057,049

Fallon Medical Complex, Inc. and Affiliate
Operational and Financial Highlights
Years Ended June 30, 2013, 2012, 2011, 2010, 2009, and 2008

	2013	2012	2011	2010	2009	2008
Operational						
Patient and Resident Service Revenue						
Routine services	\$ 2,727,596	\$ 2,770,208	\$ 2,794,243	\$ 2,281,428	\$ 2,141,886	\$ 2,341,317
Ancillary services						
Inpatient	1,183,919	1,069,705	1,341,756	1,239,475	1,252,996	1,192,430
Outpatient	5,307,044	4,193,806	4,067,991	4,004,635	3,677,271	2,862,753
Charity care	(94,434)	(57,285)	(97,641)	(69,548)	(77,760)	(52,697)
Contractual adjustments	(1,089,347)	(707,580)	(976,469)	(1,166,179)	(769,256)	(518,735)
Provision for bad debts	(250,072)	(213,643)	(186,657)	(313,533)	(159,915)	(141,661)
Net patient and resident service revenue	7,784,706	7,055,211	6,943,223	5,976,278	6,065,222	5,683,407
Less provision for bad debts	552,837	434,358	340,271	319,647	285,548	255,252
Other Revenue						
Total Revenue	<u>8,337,543</u>	<u>7,489,569</u>	<u>7,283,494</u>	<u>6,295,925</u>	<u>6,350,770</u>	<u>5,938,659</u>
Expenses						
Salaries and benefits	5,278,775	4,586,204	4,475,978	4,110,924	3,844,430	3,631,992
Cost of drugs, food, supplies and other	2,684,808	2,708,055	2,381,110	2,199,059	2,782,281	2,568,431
Depreciation	848,938	726,518	631,285	562,796	588,498	417,318
Interest	25,711	36,272	38,699	30,428	49,216	48,317
Total Expenses	<u>8,838,232</u>	<u>8,057,049</u>	<u>7,527,072</u>	<u>6,903,207</u>	<u>7,264,425</u>	<u>6,666,058</u>
Operating Loss	<u><u>\$ (500,689)</u></u>	<u><u>\$ (567,480)</u></u>	<u><u>\$ (243,578)</u></u>	<u><u>\$ (607,282)</u></u>	<u><u>\$ (913,655)</u></u>	<u><u>\$ (727,399)</u></u>
Financial						
Percentage of Contractual Adjustments to Total patient and resident service revenue	11 94%	8 87%	12 05%	15 64%	11 00%	8 18%
Percentage of Salaries and Benefits to Total Expenses	59 73%	56 92%	59 47%	59 55%	52 92%	54 48%
Number of Days Revenue in Patient and Resident accounts receivable	60 40	67 21	66 84	71 71	64 05	54 69
Current Ratio (Current Assets/Current Liabilities)	3 18	3 63	3 38	3 04	1 87	1 66

Fallon Medical Complex, Inc. and Affiliate
Statistical Highlights
Years Ended June 30, 2013 and 2012, 2011, 2010, 2009, and 2008

UNAUDITED:

	2013	2012	2011	2010	2009	2008
Statistical						
Hospital						
Number of beds	25	25	25	25	25	25
Available bed days	9,150	9,150	9,125	9,125	9,125	9,150
Patient days	485	455	627	439	486	518
Percent of occupancy	5.30%	4.97%	6.87%	4.81%	5.33%	5.66%
Discharges	221	225	268	127	132	135
Average acute length of stay (days)	2.19	2.02	2.34	3.46	3.68	3.84
Swing bed days	5,802	6,561	5,290	3,364	1,467	2,687
Swing bed discharges	68	89	94	71	79	103
Nursing Home						
Number of beds	15	15	15	15	27	27
Available bed days	5,490	5,490	5,475	6,579	9,855	9,882
Resident days	5,285	5,343	5,312	5,821	8,393	9,261
Percent of occupancy	96.27%	97.32%	97.02%	88.48%	85.16%	93.72%