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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07/01/12 , and ending 06/30/13

B Check if applicable
- [X] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
FLOYD HEALTHCARE MANAGEMENT, INC.

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
304 TURNER MCCALL BLVD

City town or post office state, and ZIP code
ROME GA 30162-0233

D Employer identification number
58-1973570

E Telephone number
706-509-6074

G Gross receipts $ 346,715,902

F Name and address of principal officer
KURT STUENKEL
304 TURNER MCCALL BLVD
ROME GA 30162-0233

H(a) Is this a group return for affiliates? [ ] Yes [X] No

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

H(c) Group exemption number ▶

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.FLOYD.ORG

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1990

M State of legal domicile GA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
OPERATE A NON-PROFIT HOSPITAL SYSTEM AND SUPPORT 501 (C)(3) ORGANIZATIONS

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	17
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	3290
6 Total number of volunteers (estimate if necessary)	6	220
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,443,124
b Net unrelated business taxable income from Form 990	7b	108,931

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	451,500	2,485,440
	9 Program service revenue (Part VIII, line 2g)	313,013,978	322,128,422
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,064,697	1,770,360
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,600,337	5,442,632
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	320,130,512	331,826,854
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,516,540	1,899,816
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	165,867,051	175,508,158
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 196,611		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	143,580,224	149,879,280
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	312,963,815	327,287,254
	19 Revenue less expenses. Subtract line 18 from line 12	7,166,697	4,539,600

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	321,675,722	348,973,368
	21 Total liabilities (Part X, line 26)	213,447,564	218,203,492
	22 Net assets or fund balances Subtract line 21 from line 20	108,228,158	130,769,876

Part II Signature Block

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

Sign Here

▶ Signature of officer Date

▶ RICHARD T. SHEERIN CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
JACQUELINE G. ATKINS	Jacqueline Atkins	5/16/14		P00861721
Firm's name ▶ DRAFFIN & TUCKER, LLP			Firm's EIN ▶	58-0914992
Firm's address ▶ PO BOX 71309 ALBANY, GA 31708-1309			Phone no	229-883-7878

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2012)

DAA

Attachment - Exhibit A

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