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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 05-01-2013 , 2013, and ending 04-30-2014

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

C Name of organization
JOHN FITZGIBBON MEMORIAL HOSPITAL

Doing Business As

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

City or town, state or province, country, and ZIP or foreign postal code
MARSHALL, MO 65340

D Employer identification number
44-0655986

E Telephone number
(660) 886-7431

G Gross receipts $ 53,943,446

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

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

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

H(c) Group exemption number ▶

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

J Website: ▶ www fitzgibbon org

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

L Year of formation 1923

M State of legal domicile MO

Part I Summary

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

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	612
6	Total number of volunteers (estimate if necessary)	**6**	54
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	208,149	351,465
	9 Program service revenue (Part VIII, line 2g)	54,489,658	53,211,274
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	249,357	318,770
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,541	8,721
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	54,961,705	53,890,230
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	12,000	12,000
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	24,747,211	24,650,738
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶66,624		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	27,653,450	29,440,363
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	52,412,661	54,103,101
	19 Revenue less expenses Subtract line 18 from line 12	2,549,044	-212,871

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	58,481,007	60,869,702
	21 Total liabilities (Part X, line 26)	22,842,176	25,561,293
	22 Net assets or fund balances Subtract line 21 from line 20	35,638,831	35,308,409

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

****** | 2015-03-13
Signature of officer | Date

ANGELA P LITTRELL CFO/COO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Brian D Todd				P00422601

Firm's name ▶ BKD LLP | Firm's EIN ▶

Firm's address ▶ 910 E ST LOUIS 200/PO BOX 1190
SPRINGFIELD, MO 658062523 | Phone no (660) 886-7431

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

TO IMPROVE THE HEALTH OF OUR COMMUNITY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 38,828,226 including grants of $) (Revenue $ 39,465,109)

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

4b (Code) (Expenses $ 6,413,284 including grants of $) (Revenue $ 6,708,704)

CLINIC SERVICE-SPECIALTY CLINICS WITHIN THE HOSPITAL PROVIDE ORTHOPEDIC, WOUND CARE, NEUROLOGIC & PAIN MANAGEMENT SERVICES TO BOTH IN & OUT-PATIENTS THESE CLINICS PROVIDED SERVICES TO 9,346 PATIENTS THE HOSPITAL ALSO SUPPORTS A SEPARATE OUT-PATIENT CLINIC ON CAMPUS FOR FAMILY MEDICINE, OB/GYN, GENERAL SURGERY & PSYCHIATRY STAFFED MEDICAL PROFESSIONALS PRACTICING IN THESE SPECIALTIES FOR FISCAL YEAR 2014 THIS CLINIC PROVIDED SERVICES FOR 19,962 PATIENT VISITS TWO SATELLITE FAMILY PRACTICE CLINICS ARE ALSO SUPPORTED BY THE HOSPITAL THESE CLINICS PROVIDED SERVICES FOR 6,747 PATIENT VISITS

4c (Code) (Expenses $ 1,455,416 including grants of $ 12,000) (Revenue $ 1,295,396)

COMMUNITY HEALTH SERVICES - HOSPICE, HOME HEALTH, & HOMEMAKER SERVICES HOSPICE PROVIDED 83 PALLIATIVE CARE VISITS, HOME HEALTH PROVIDED 6,148 VISITS & HOMEMAKER PERFORMED 13,336 HOURS OF SERVICE TO RESIDENTS THE COMMUNITY SERVICES GROUP ALSO COORDINATES PARTICIPATION IN THE OATS TRANSPORTATION PROGRAM BY PERFORMING THE SCHEDULING FOR ALL RIDERS THE HOSPITAL DONATES $12,000 ANNUALLY TO OATS TO HELP SUSTAIN IT IN THE MARSHALL COMMUNITY THE PROGRAM PROVIDED TRANSPORTATION FOR 3,653 RIDERS DURING FY 2014

4d Other program services (Describe in Schedule O)

(Expenses $ 697,715 including grants of $) (Revenue $ 5,742,065)

4e **Total program service expenses** ▶ 47,394,641

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 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*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government 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 or 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 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, 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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, 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**	Yes	
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**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	135		
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	612		
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" to line 3b, 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).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	12		
	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**	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**		No
b	Describe in Schedule O the process, if any, used by the organization to review 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?			
a	The organization's CEO, Executive Director, or top management official	**15a**		No
b	Other officers or key employees of the organization	**15b**		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ 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

▶ANGELA LITTRELL 2305 S 65 HIGHWAY PO BOX 250
MARSHALL, MO 65340 (660) 831-3251

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☑

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) FRED UTLAUT PRESIDENT	1 0 1 0	X		X						
(2) WILLIAM L SUMMERS VICE PRESIDENT	1 0 1 0	X		X						
(3) DON VOGELSMEIER SECRETARY/TREASURER	1 0 1 0	X		X						
(4) VIRGINIA HUPP DIRECTOR	1 0 1 0	X								
(5) ROOK EVANS DIRECTOR	1 0 1 0	X								
(6) B F KNIPSCHILD MD DIRECTOR	1 0 1 0	X								
(7) RANDY MORROW DIRECTOR	1 0 1 0	X								
(8) JAMES SOWASH MD DIRECTOR	1 0 1 0	X								
(9) JACK UHRIG MD DIRECTOR	1 0 1 0	X								
(10) GAYLE CARTER DIRECTOR	1 0 1 0	X								
(11) SHARI THOMPSON MD MEDICAL STAFF PRESIDENT	40 0 1 0	X						90,823	0	2,000
(12) BILL JACKSON DIRECTOR	1 0 1 0	X								
(13) RONALD A OTT PRESIDENT/CEO	40 0 1 0			X				276,761	0	11,477
(14) ROBERTA NIENHUESER VP FINANCIAL SERVICES	40 0 1 0			X				144,921	0	12,547
(15) LYNNE OTT VP PATIENT CARE SERVICES	40 0 0 0				X			172,157	0	5,914
(16) DENNIS SOUSLEY VP CLINICAL SERVICES	40 0 0 0				X			170,604	0	4,734
(17) KELLY ROSS DO ORTHOPEDIC SURGEON	40 0 0 0					X		580,415	0	2,000

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOHN B BRIZENDINE MD GENERAL SURGEON	40 0 0 0					X		338,252	0	2,000
(19) DARIN HAUG DO HOSPITALIST/CMO	40 0 0 0					X		381,779	0	336
(20) SHASHI KATUKOORI HOSPITALIST	40 0 0 0					X		254,531	0	6,947
(21) LORENZO ROMNEY DO HOSPITALIST/FP PHYSICIAN	40 0 0 0					X		322,518	0	2,466

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	2,732,761	0	50,421

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 ▶ 21

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
PHARMACY SYSTEMS INC,	PHARMACY MANAGEMENT	561,352
CAREFUSION SOLUTIONS,	ADMINISTRATOR	575,179
SIEMENS MEDICAL SOLUTIONS,	MAINTENANCE	347,012
SEPTAGON CONSTRUCTION CO,	CONSTRUCTION	3,009,816
PAUL T BRIZENDINE MD,	ER PHYSICIAN	292,296

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 ▶ 16

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	120,187			
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e	21,645			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	209,633			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		351,465			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE REVENUE	900099	52,072,080	52,072,080		
	b	EHR INCENTIVE REVENUE	900099	699,000	699,000		
	c	CAFETERIA	722514	246,275	246,275		
	d	MANAGEMENT FEES	561000	60,000	60,000		
	e	OTHER REVENUE	900099	133,919	133,919		
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		53,211,274			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		321,720			321,720
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties . . . . . ▶		0			
			(i) Real	(ii) Personal			
	6a	Gross rents	3,600				
	b	Less rental expenses					
	c	Rental income or (loss)	3,600	0			
	d	Net rental income or (loss) . . . . . ▶			3,600		3,600
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses		2,950			
	c	Gain or (loss)		-2,950			
	d	Net gain or (loss) . . . . . ▶			-2,950		-2,950
Other Revenue	8a	Gross income from fundraising events (not including $ 120,187 of contributions reported on line 1c) See Part IV, line 18 . .	a	55,387			
	b	Less direct expenses . . .	b	50,266			
	c	Net income or (loss) from fundraising events . . ▶			5,121		5,121
	9a	Gross income from gaming activities See Part IV, line 19 . . .	a				
	b	Less direct expenses . . .	b				
	c	Net income or (loss) from gaming activities . . ▶			0		
	10a	Gross sales of inventory, less returns and allowances .	a				
	b	Less cost of goods sold . .	b				
	c	Net income or (loss) from sales of inventory . . ▶			0		
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶			0		
	12	**Total revenue.** See Instructions . . . . . ▶			53,890,230	53,211,274		327,491

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 or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	12,000	12,000		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	909,606	455,141	454,465	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	22,436	22,436	0	0
7 Other salaries and wages	20,131,729	17,310,348	2,761,597	59,784
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	81,378	73,519	7,859	0
9 Other employee benefits	2,092,584	1,837,295	255,289	0
10 Payroll taxes	1,413,005	1,225,178	182,714	5,113
11 Fees for services (non-employees)				
a Management	0			
b Legal	20,434	0	20,434	0
c Accounting	118,100	0	118,100	0
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,341,860	3,343,325	998,535	0
12 Advertising and promotion	189,651	114,521	75,028	102
13 Office expenses	3,428,513	2,704,924	722,544	1,045
14 Information technology	0			
15 Royalties . .	0			
16 Occupancy	605,236	520,391	84,845	0
17 Travel	243,893	216,464	26,849	580
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	81,080	55,420	25,660	0
20 Interest	883,156	739,550	143,606	0
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	2,987,564	2,501,770	485,794	0
23 Insurance	541,315	443,813	97,502	0
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 BAD DEBT	7,843,290	7,843,290		
b MEDICAL SUPPLIES & DRUGS	5,351,116	5,351,116		
c PROVIDER TAX	2,459,507	2,459,507		
d RECRUITING & RETENTION	345,648	164,633	181,015	
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	54,103,101	47,394,641	6,641,836	66,624
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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		4,477,769	1	3,839,823
	2	Savings and temporary cash investments		16,881,503	2	16,114,738
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		5,484,045	4	6,767,325
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	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		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		1,095,723	8	956,581
	9	Prepaid expenses and deferred charges		926,046	9	1,118,492
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 58,652,366			
	b	Less accumulated depreciation	10b 34,012,659	22,728,615	10c	24,639,707
	11	Investments—publicly traded securities		3,170,309	11	4,672,529
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		3,716,997	15	2,760,507
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		58,481,007	16	60,869,702
Liabilities	17	Accounts payable and accrued expenses		4,758,316	17	5,294,511
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		16,037,242	20	15,504,713
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	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		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		842,038	23	3,495,239
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		1,204,580	25	1,266,830
	26	**Total liabilities.** Add lines 17 through 25		22,842,176	26	25,561,293
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		34,550,755	27	34,252,135
	28	Temporarily restricted net assets		632,859	28	601,057
	29	Permanently restricted net assets		455,217	29	455,217
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		35,638,831	33	35,308,409
	34	Total liabilities and net assets/fund balances		58,481,007	34	60,869,702

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	53,890,230
2	Total expenses (must equal Part IX, column (A), line 25)	2	54,103,101
3	Revenue less expenses Subtract line 2 from line 1	3	-212,871
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	35,638,831
5	Net unrealized gains (losses) on investments	5	-117,551
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	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	35,308,409

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
JOHN FITZGIBBON MEMORIAL HOSPITAL

Employer identification number
44-0655986

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

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

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

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

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

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

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

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

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

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

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

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

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

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

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? — **11g(i)**		
(ii) A family member of a person described in (i) above? — **11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? — **11g(iii)**		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(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
			Yes	No	Yes	No	Yes	No	
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** 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—2013.** 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—2012.** 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** 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		
Return Reference	Explanation	

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

Name of the organization	Employer identification number
JOHN FITZGIBBON MEMORIAL HOSPITAL	44-0655986

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

1 Provide a description of the organization's direct and indirect political campaign activities 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		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(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) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		8,552
j	Total Add lines 1c through 1i			8,552
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).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1(I)	THE ORGANIZATION PAYS DUES TO THE MISSOURI HOSPITAL ASSOCIATION, THE AMERICAN HOSPITAL ASSOCIATION, AND THE SAFETY NET HOSPITALS FOR PHARMACEUTICAL ACCESS A PORTION OF THESE DUES ARE ALLOCATED TO LOBBYING

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
JOHN FITZGIBBON MEMORIAL HOSPITAL

Employer identification number
44-0655986

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	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 ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

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

b If "Yes," explain the arrangement in Part 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	733,363	719,060	694,769	677,227	618,998
b	Contributions					25,296
c	Net investment earnings, gains, and losses	8,693	20,163	24,351	21,898	36,603
d	Grants or scholarships	1,000	1,000			
e	Other expenditures for facilities and programs	39,486	4,800		4,296	3,670
f	Administrative expenses		60	60	60	
g	End of year balance	701,570	733,363	719,060	694,769	677,227

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

- a Board designated or quasi-endowment ▶ 31 874 %
- b Permanent endowment ▶ 64 885 %
- c Temporarily restricted endowment ▶ 3 241 %

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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		71,000		71,000
b Buildings		27,402,724	10,426,244	16,976,480
c Leasehold improvements				
d Equipment		28,816,251	22,765,598	6,050,653
e Other		2,362,391	820,817	1,541,574
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				24,639,707

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. 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.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d 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.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	0
DUE TO RELATED PARTY	377,121
EST AMT DUE TO 3RD PTY PYRS	615,000
EST SELF INSURANCE COSTS	274,709
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,266,830

2. Liability for uncertain tax positions 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 Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	45,824,424
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	-7,843,290		
e	Add lines **2a** through **2d**			2e	-7,843,290
3	Subtract line **2e** from line **1**			3	53,667,714
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	222,516		
c	Add lines **4a** and **4b**			4c	222,516
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	53,890,230

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	46,310,077
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	50,266		
e	Add lines **2a** through **2d**			2e	50,266
3	Subtract line **2e** from line **1**			3	46,259,811
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	7,843,290		
c	Add lines **4a** and **4b**			4c	7,843,290
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	54,103,101

Part XIII Supplemental Information

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

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	ENDOWMENT FUNDS THE ORGANIZATION HAS ENDOWMENT FUNDS FROM THE L P ADAMS FUND PER THE AGREEMENT, THE INCOME FROM THE FUND IS USED FOR GENERAL PURPOSES OF THE HOSPITAL THE ORGANIZATION ALSO HAS FUNDS FROM THE BUCKNER ENDOWMENT THESE FUNDS ARE RESTRICTED TO INVESTMENTS IN EQUIPMENT FOR THE BUCKNER WELLNESS CENTER FINALLY, THE ORGANIZATION HAS FUNDS FROM THE NURSING ENDOWMENT SCHOLARSHIP FUND THIS FUND WAS CREATED TO PROVIDE NURSING SCHOLARSHIPS TO SALINE COUNTY RESIDENTS ATTENDING THE NURSING PROGRAM AT THE MO VALLEY COLLEGE IN MARSHALL, MISSOURI IN THE EVENT THAT THE MO VALLEY COLLEGE DOES NOT HAVE A NURSING PROGRAM, SCHOLARSHIPS CAN BE USED FOR NURSING PROGRAMS IN SURROUNDING AREAS
SCHEDULE D, PART X, LINE 2	UNCERTAIN TAX POSITION MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS
SCHEDULE D, PART XI, LINE 2D	OTHER REVENUE INCLUDED ON LINE 1, BUT NOT FORM 990, PART VIII, LINE 12 $ (7,843,290) BAD DEBT EXPENSE
SCHEDULE D, PART XI, LINE 4B	OTHER REVENUE INCLUDED ON FORM 990, PART VIII, LINE 12, BUT NOT LINE 1 $ (50,266) SPECIAL EVENTS EXPENSES 272,782 TEMPORARILY RESTRICTED CONTRIBUTIONS ---------- $ 222,516
SCHEDULE D, PART XII, LINE 2D	OTHER EXPENSE INCLUDED ON LINE 1, BUT NOT FORM 990, PART IX, LINE 25 $ 50,266 SPECIAL EVENTS EXPENSES
SCHEDULE D, PART XII, LINE 4B	OTHER EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, BUT NOT LINE 1 $ 7,843,290 BAD DEBT EXPENSE

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
JOHN FITZGIBBON MEMORIAL HOSPITAL

Employer identification number
44-0655986

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶							

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 SPRING FLING (event type)	(b) Event #2 GOLF TOURNEY (event type)	(c) Other events 3 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	89,198	29,788	56,588	175,574
	2 Less Contributions	58,559	21,447	40,181	120,187
	3 Gross income (line 1 minus line 2)	30,639	8,341	16,407	55,387
Direct Expenses	4 Cash prizes		5,045		5,045
	5 Noncash prizes		5,305		5,305
	6 Rent/facility costs	870	2,880		3,750
	7 Food and beverages	9,489	766	250	10,505
	8 Entertainment				
	9 Other direct expenses	7,676	1,578	16,407	25,661
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(50,266)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				5,121

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11

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

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

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶ .....

Address ▶ .....

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

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

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493073004015

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
JOHN FITZGIBBON MEMORIAL HOSPITAL

Employer identification number
44-0655986

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
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 _____ %	3a	Yes	
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 _____ %	3b	Yes	
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"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a		No
b	If "Yes," did the organization make it available to the public?	6b		
	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)			155,686		155,686	0 330 %
b Medicaid (from Worksheet 3, column a)			5,598,875	4,489,679	1,109,196	2 400 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			5,754,561	4,489,679	1,264,882	2 730 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			26,566	8,655	17,911	0 040 %
f Health professions education (from Worksheet 5)			445,688	2,250	443,438	0 960 %
g Subsidized health services (from Worksheet 6)			5,693,075	2,912,862	2,780,213	6 010 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			17,832		17,832	0 040 %
j **Total.** Other Benefits			6,183,161	2,923,767	3,259,394	7 050 %
k **Total.** Add lines 7d and 7j			11,937,722	7,413,446	4,524,276	9 780 %

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 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			19,242		19,242	0 040 %
8 Workforce development						
9 Other						
10 **Total**			19,242		19,242	0 040 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	7,843,290		
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	3,294,182		
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				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	11,576,175		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	13,624,624		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-2,048,449		
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, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

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)

Name of hospital facility or facility reporting group JOHN FITZGIBBON MEMORIAL HOSPITAL

If reporting on Part V, Section B for a single hospital facility 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	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 12			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests 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?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW FITZGIBBON ORG			
b	☐ Other website (list url)			
c	☑ Available upon request from the hospital facility			
d	☑ 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 as of the end of the tax year)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☑ Participation in the development of a community-wide plan			
d	☑ Participation in the execution of a community-wide plan			
e	☑ Inclusion of a community benefit section in operational plans			
f	☑ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☑ Prioritization of health needs in its community			
h	☑ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted 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 *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 100% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 200 % If "No," explain in Part VI the criteria the hospital facility used			
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 ☑ Income level			
b ☐ Asset level			
c ☑ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Residency			
i ☐ 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 ☑ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☑ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☐ 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 individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			
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 individual'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 ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

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 individuals regarding the individuals' bills
- **d** ☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
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?	**19**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

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 During the tax year, did the hospital facility charge any FAP-eligible individual 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?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information *(continued)*

Section D. 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? **5**

	Name and address	Type of Facility (describe)
1	FITZGIBBON MEDICAL OFFICE BUILDING 2305 S 65 HIGHWAY MARSHALL, MO 65340	OB/GYN, SURGERY, FAMILY PRACTICE, MENTAL HEALTH CLINIC
2	FITZGIBBON COMMUNITY HOME HEALTH CARE 2303 S 65 HIGHWAY MARSHALL, MO 65340	HOME HEALTH, HOSPICE, HOMEMAKER
3	AKEMAN MCBURNEY MEDICAL CLINIC 420 WEST FRONT STREET SLATER, MO 65349	OFFSITE MEDICAL CLINIC
4	GRAND RIVER MEDICAL CLINIC 815 EAST BROADWAY BRUNSWICK, MO 65236	OFFSITE MEDICAL CLINIC
5	BUCKNER WELLNESS CENTER 2299 S 65 HIGHWAY MARSHALL, MO 65340	CARDIAC/PULMONARY WELLNESS
6		
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7, COLUMN F	PERCENT OF TOTAL EXPENSE TO ARRIVE AT THE PERCENT OF TOTAL EXPENSES, THE DENOMINATOR WHICH EQUALS TOTAL OPERATING EXPENSES PER PART IX, LINE 25 OF THE FORM 990, WAS REDUCED BY BAD DEBT EXPENSE OF $7,843,290

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7	COSTING METHODOLOGY THE COST TO CHARGE RATIO CALCULATED ON IRS WORKSHEET 2 WAS USED IN THE CALCULATION OF COST ON IRS WORKSHEET 1 IRS WORKSHEETS 3 AND 6 USED INTERNAL COST ACCOUNTING METHODOLOGY SCHEDULE H, PART II COMMUNITY BUILDING ACTIVITIES THE ORGANIZATION HAS SEVERAL EMPLOYEES INVOLVED IN LOCAL COMMUNITY BOARDS AS WELL AS STATE BOARD, WHICH ARE COMMITTED TO COMMUNITY HEALTH IMPROVEMENT AND ADVOCACY

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINES 2 & 3	BAD DEBT EXPENSE METHODOLOGY THE ORGANIZATION REPORTED BAD DEBT ATTRIBUTABLE TO PATIENT ACCOUNTS FROM THE AUDITED FINANCIAL STATEMENTS BAD DEBT ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY WAS DETERMINED USING POVERTY LIMIT DEMOGRAPHIC INFORMATION OBTAINED THROUGH THE US CENSUS BUREAU THIS AMOUNT EXPENSED BY THE ORGANIZATION IS ATTRIBUTABLE TO LOW INCOME INDIVIDUALS IN THEIR TARGET COMMUNITY AND IS CONSIDERED A COMMUNITY BENEFIT SCHEDULE H, PART III, SECTION A, LINE 4 BAD DEBT EXPENSE FOOTNOTE THE AUDITED FINANCIAL STATEMENTS DO NOT CONTAIN A FOOTNOTE THAT DESCRIBES BAD DEBT EXPENSE THEY DO, HOWEVER, CONTAIN A FOOTNOTE THAT DESCRIBES PATIENT ACCOUNTS RECEIVABLE THAT FOOTNOTE READS AS FOLLOWS ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, THE HOSPITAL ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYER SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR UNCOLLECTIBLE ACCOUNTS MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYER SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE HOSPITAL ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR UNCOLLECTIBLE ACCOUNTS, IF NECESSARY (FOR EXAMPLE, FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYER HAS NOT YET PAID, OR FOR PAYERS 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 HOSPITAL RECORDS A SIGNIFICANT PROVISION FOR UNCOLLECTIBLE ACCOUNTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS 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 OR PROVIDED BY POLICY) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS

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

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

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

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH FITZGIBBON HOSPITAL ENGAGED IN NUMEROUS ACTIVITIES RELATED TO ITS MISSION, "IMPROVING THE HEALTH OF OUR COMMUNITY " WHILE MANY OF THESE ACTIVITIES WERE GUIDED BY THE IMPLEMENTATION PLAN AS A RESULT OF A COMMUNITY HEALTH NEEDS ASSESSMENT CONDUCTED IN 2012 AND PUBLISHED IN 2013, MANY HEALTH PROMOTION ACTIVITIES OCCUR IN THE COURSE OF DOING BUSINESS AND ARE A RESULT OF COMPREHENSIVE PATIENT CARE PROGRAMS WHICH ENCOURAGE WELLNESS, PATIENT SAFETY AND FAMILY ENGAGEMENT MEDICAL STAFF PRIVILEGES ARE EXTENDED TO ANY QUALIFIED PHYSICIAN WHO APPLIES AND MEETS THE HOSPITAL CREDENTIALING STANDARDS CREDENTIALING IS REQUIRED TO ENSURE PROPER TRAINING, LICENSURE AND MALPRACTICE INSURANCE COVERAGE AND HELPS TO ENSURE THE SAFETY OF THE HOSPITAL'S PATIENTS FITZGIBBON IS LOCATED WITHIN A HEALTH PROFESSIONAL SHORTAGE AREA SCORED AS A 17 FOR PRIMARY CARE AND WELCOMES THE ADDITION OF NEW PHYSICIANS TO ITS STAFF ENSURING ACCESS TO HIGH QUALITY HEALTH CARE IS A VITAL PART OF ITS MISSION AND IS EVIDENCED BY THE OPERATION OF THREE RURAL HEALTH CLINICS, ONE OF WHICH IS A NATIONAL HEALTH SERVICES CORPS SITE WHICH WELCOMED AN NHSC SCHOLAR IN 2014 ANY SURPLUS FUNDS ARE USED TO IMPROVE PATIENT CARE AND MEDICAL EDUCATION SOME ACTIVITIES INCLUDE SCHOLARSHIPS AND PRECEPTOR COLLABORATION FOR A BACHELOR'S DEGREE PROGRAM IN NURSING AT A LOCAL LIBERAL ARTS COLLEGE, MISSOURI VALLEY COLLEGE IMPROVING PATIENT CARE IS THE HOSPITAL'S OVERRIDING CONCERN AS EVIDENCED BY THE RESOURCES DEDICATED TO TRAINING IN SUCH AREAS AS INFECTION CONTROL, BEST PRACTICE PATIENT CARE, REDUCING HOSPITAL READMISSIONS, AND ENSURING THAT LANGUAGE TRANSLATIONS OCCUR IN A CULTURALLY COMPETENT MANNER IN EVERYTHING FITZGIBBON HOSPITAL UNDERTAKES, IMPROVEMENT IN THE HEALTH OF THE COMMUNITY REMAINS THE GUIDING PRINCIPLE PARTICIPATION IN PROCESS IMPROVEMENT TRAINING, EDUCATION AND COLLABORATING WITH OTHER HEALTH ENTITIES IS VITAL TO ENSURING PROMOTION OF COMMUNITY AND PUBLIC HEALTH

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

Additional Data

Software ID:
Software Version:
EIN: 44-0655986
Name: JOHN FITZGIBBON MEMORIAL HOSPITAL

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 3	COMMUNITY INPUT KEY COMMUNITY HEALTH AND SOCIAL SERVICE STAKEHOLDERS WERE ENGAGED TO ASSIST IN THE PROCESS TO ENSURE INPUT FROM THE UNDERSERVED, CHRONICALLY ILL, LOW INCOME AND MINORITY POPULATIONS IN OUR SERVICE AREA KEY COMMUNITY PARTNERS INVOLVED WITH THE PROCESS WERE FITZGIBBON HOSPITAL, SALINE COUNTY HEALTH DEPARTMENT, SALT FORK YMCA AND MARSHALL HOUSING AUTHORITY TO ENSURE PUBLIC HEALTH EXPERTS COULD PROVIDE THEIR EXPERTISE, THE COMMITTEE SOUGHT INPUT THROUGH PERSONAL INTERVIEWS AND FOCUS GROUPS FROM SALINE COUNTY HEALTH DEPARTMENT, FITZGIBBON HOSPITAL PRIMARY CARE SITE NURSES, JACK UHRIG, M D PRIVATE PRACTICE PHYSICIAN, MELANIE ELFRINK, M D SALINE COUNTY HEALTH DEPARTMENT, MARSHALL PUBLIC SCHOOL NURSING STAFF, AND REV CHARLES STEPHENSON, EXECUTIVE DIRECTOR OF POWERHOUSE COMMUNITY DEVELOPMENT AGENCY IN ADDITION, AN ONLINE SURVEY WAS CONDUCTED THE SURVEY WAS AVAILABLE FOR A SIX-WEEK PERIOD WITH VARIOUS NOTICES TO THE PUBLIC ON ACCESSING AND COMPLETING THE SURVEY SURVEY INTAKE STAFF WAS POSITIONED AT HOSPITAL-OPERATED RURAL HEALTH CLINICS, MARSHALL HOUSING AUTHORITY, SALINE COUNTY HEALTH DEPARTMENT, AND MARSHALL SENIOR CENTER TO ASSIST IN ACCESSING THE SURVEY

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5D	CHNA AVAILABILITY TO PUBLIC PRESS RELEASES WERE SENT TO THE LOCAL DAILY NEWSPAPER, THE MARSHALL DEMOCRAT NEWS, AND AREA WEEKLY NEWSPAPERS IN ADDITION, ONLINE ACCESS WAS MADE AVAILABLE VIA WWW MARSHALLNEWS COM WITH A LINK THROUGH TO THE COMPLETE CHNA REPORT WHICH IS HOUSED PERMANENTLY ON THE HOSPITAL WEB SITE A FLIER DESCRIBING THE ONLINE AND PRINTED ACCESS TO THE REPORT WAS DISTRIBUTED AT THE FITZGIBBON HOSPITAL APRIL 2013 COMMUNITY HEALTH FAIR AND WAS DISTRIBUTED TO THE PARTNER SITES FOR BROAD DISTRIBUTION TO THEIR CLIENT BASE

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 6	IMPLEMENTATION STRATEGY IN RESPONSE TO THE RESULTS OF THE ORGANIZATION'S MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT, THE ORGANIZATION ADOPTED AN IMPLEMENTATION STRATEGY THE IMPLEMENTATION PLAN IS ATTACHED TO THE RETURN

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 7	ADDRESSING IDENTIFIED NEEDS THE IMPLEMENTATION STRATEGY IDENTIFIED THREE HEALTH NEEDS AS HAVING THE GREATEST IMPACT TO OVERALL HEALTH IN THE COMMUNITY SMOKING, OBESITY, AND PREVENTIVE CARE & WELLNESS TO ADDRESS SMOKING, DURING FY 2014, FITZGIBBON STAFF TOOK THE LEAD IN CREATING AND PUSHING FORTH A GRASSROOTS ENTITY CALLED "BREATHE EASY MARSHALL," WHICH WAS A COMMUNITY COALITION ADVOCATING FOR A SMOKE-FREE ORDINANCE IN MARSHALL, MO FORMED IN MAY OF 2013, AND UNDER THE DIRECTION OF THE CITY MAYOR, THE GROUP MET TWICE MONTHLY IN HOSPITAL SPACE, WITH BREAKFAST PROVIDED BY THE HOSPITAL IT WAS COMPRISED OF HOSPITAL EMPLOYEES, CITY OFFICIALS, PHYSICIANS, HEALTH ADVOCATES AND REPRESENTATIVES OF THE UNDERSERVED COMMUNITY VIA POWERHOUSE MINISTRIES AND THE MARSHALL MINISTERIAL ALLIANCE MANY OF THESE WERE THE SAME INDIVIDUALS WHO PROVIDED INPUT INTO THE ORIGINAL CHNA REGARDING OBESITY, REGISTERED DIETICIAN LESLIE HESSE BEGAN UNDERTAKING EFFORTS OUTLINED IN THE IMPLEMENTATION STRATEGY BY ESTABLISHING AN INTERNAL ELECTRONIC DISTRIBUTION CALLED "90 DAYS TO A HEALTHIER YOU " THE TIPS RANGED FROM EXERCISE AND DIET TIPS TO ANTI-SMOKING AND DIABETES CONTROL MESSAGING THIS DISTRIBUTION GREW TO INCLUDE MANY COMMUNITY ENTITIES WHICH INDICATED THEY WERE SHARING THIS WELLNESS INFORMATION WITH THEIR EMPLOYEES VIA INTEROFFICE EMAIL OR EMPLOYEE NEWSLETTER WEEKLY EMAIL DELIVERY OF THE MESSAGES BEGAN IN MAY 2013, CONTINUED THROUGH FY2014 AND, INDEED, HAS CONTINUED TODAY WE RECEIVE MUCH POSITIVE FEEDBACK REGARDING THIS MESSAGING, AS THEY ARE COMPLETELY EDUCATIONAL, INCLUDE HEALTH LITERACY, HEALTHY EATING, EXERCISE AND COOKING TIPS A SERIES OF FITNESS TIPS TO ENCOURAGE THE USE OF THE STAIRS ALSO WERE DEVELOPED, PRINTED AND PERMANENTLY MOUNTED IN LUCITE FRAMES IN MARCH OF 2014 IN THE STAIRWELL AND BY THE PUBLIC ELEVATOR INSIDE THE HOSPITAL THESE TIPS INCLUDED FACTS ABOUT THE BENEFITS OF EXERCISE IN PREVENTING GESTATIONAL DIABETES AND HOW MANY CALORIES A PERSON BURNS IN ONE MINUTE PERIOD WALKING VERSUS CLIMBING THE STAIRS INCREASED AWARENESS AND EDUCATION ABOUT THE BENEFITS OF EXERCISE WAS THE GOAL THE LAST NEED IDENTIFIED WAS PREVENTIVE CARE AND WELLNESS A KEY INITIATIVE WAS THE PRIMARY CARE HEALTH HOME DEMONSTRATION PROJECT AND LEARNING COLLABORATIVE CONDUCTED BY THE MISSOURI HEALTHNET DIVISION, OR MISSOURI MEDICAID WHILE NOT DIRECTLY IDENTIFIED ON THE IMPLEMENTATION PLAN, THIS INITIATIVE IS FOCUSED ON THE MOST AT-RISK PATIENTS - THOSE WITH MULTIPLE CHRONIC CONDITIONS WHO ARE INCOME ELIGIBLE UNDER MISSOURI MEDICAID THAT PROJECT EMPHASIZES A TEAM APPROACH, INCREASED PATIENT AND FAMILY ENGAGEMENT IN DISEASE MANAGEMENT AND INTENSIVE NURSE CARE MANAGER INTERVENTION MANY OF THE ACTIVITIES OF THE HEALTH HOME ARE FOCUSED ON DISEASE AND WELLNESS EDUCATION, AND AFTER HOURS OUTREACH DURING PINK WEEK CELEBRATIONS OF OCTOBER 2013 THE HOSPITAL DEVELOPED AND DISTRIBUTED AN EDUCATIONAL FLIER ABOUT THE IMPORTANCE OF MAMMOGRAMS ALONG WITH A REMINDER THAT SCREENING MAMMOGRAMS SHOULD BE 100% COVERED UNDER THE AFFORDABLE CARE ACT, GIVEN CERTAIN GUIDELINES EDUCATION ABOUT OTHER SERVICES CONSIDERED "COVERED" UNDER THE ACA WAS ALSO INCLUDED IN EDUCATIONAL COLUMNS AND MATERIALS DISSEMINATED ON SOCIAL MEDIA THE EMPHASIS WAS TO URGE PATIENTS TO OBTAIN PREVENTATIVE CARE AND NOT LET A FEAR OF FINANCIAL OBLIGATION BECOME A BARRIER TO CARE STAFF MEMBERS OF FITZGIBBON HOSPITAL ALSO ACTIVELY ENGAGED IN THE COVER MISSOURI COALITION, A STATEWIDE COLLABORATIVE ENCOURAGING ENROLLMENT IN THE NEW HEALTH INSURANCE MARKETPLACE REPRESENTATIVES FROM BUSINESS DEVELOPMENT AND FINANCIAL SERVICES ATTENDED SEVERAL MONTHLY CONVENING MEETINGS OF THE COVER MISSOURI COALITION TO RECEIVE EDUCATION ABOUT ASSISTING PATIENTS TO ENROLL ADDITIONAL EDUCATION REGARDING ENSURING PATIENT OBTAIN INSURANCE COVERAGE CAME FROM CMS TELECONFERENCES THE IDENTIFIED HEALTH NEEDS NOT DIRECTLY ADDRESSED IN THE CHNA IMPLEMENTATION PLAN WERE AS FOLLOWS COST AND ABILITY TO PAY FOR CARE, ALCOHOL AND DRUG ABUSE, CANCER, LACK OF HEALTH INSURANCE, LACK OF DENTAL CARE, MENTAL HEALTH CONCERNS, COST OF PRESCRIPTION MEDICATION AND TEEN PREGNANCY THE CHNA COMMITTEE USED A DECISION MATRIX TO PRIORITIZE WHICH HEALTH NEEDS WOULD BE ADDRESSED BY THE COMMITTEE GOING FORWARD IN ADDITION, CONSIDERATION WAS GIVEN TO PARTNER AGENCY CAPACITIES WHICH WOULD HAVE THE HIGHEST IMPACT ON RESIDENTS IN THE COMMUNITY WITH PLANS FOR COMMUNITY HEALTH CHANGE OTHER FACTORS INFLUENCING THE COMMITTEE'S DECISION TO NOT ADDRESS NEEDS IDENTIFIED INCLUDED THE CONSEQUENCES OF NOT INTERVENING, COMMUNITY OPINION, AND NUMBERS OF PEOPLE AFFECTED HOWEVER, SOME ACTIVITIES AROUND COST AND ABILITY TO PAY FOR CARE, CANCER, LACK OF DENTAL CARE OCCURRED INCLUDED IN THESE ACTIVITIES WERE STAFF MEMBERS ENGAGING WITH COVER MISSOURI COALITION, PRELIMINARY PLANNING FOR A DENTIST ON CAMPUS, AND OPERATION OF A CANCER CENTER AND OTHER ACTIVITIES SURROUNDING CANCER AWARENESS

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
JOHN FITZGIBBON MEMORIAL HOSPITAL

Employer identification number
44-0655986

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. 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, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) OATS INC 2501 MCGUIRE BLVD COLUMBIA, MO 65201	43-1016961	501(C)(3)	12,000				COMMUNITY SERVICES

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

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
JOHN FITZGIBBON MEMORIAL HOSPITAL

Employer identification number
44-0655986

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
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 ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in 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**		

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)RONALD A OTT PRESIDENT/CEO	(i)	221,621	54,000	1,140	2,000	9,477	288,238	0
	(ii)	0	0	0	0	0	0	0
(2)ROBERTA NIENHUESER VP FINANCIAL SERVICES	(i)	118,221	22,000	4,700	2,000	10,547	157,468	0
	(ii)	0	0	0	0	0	0	0
(3)LYNNE OTT VP PATIENT CARE SERVICES	(i)	144,017	27,000	1,140	2,000	3,914	178,071	0
	(ii)	0	0	0	0	0	0	0
(4)DENNIS SOUSLEY VP CLINICAL SERVICES	(i)	155,706	10,000	4,898	2,000	2,734	175,338	0
	(ii)	0	0	0	0	0	0	0
(5)KELLY ROSS DO ORTHOPEDIC SURGEON	(i)	540,464	0	39,951	2,000	0	582,415	0
	(ii)	0	0	0	0	0	0	0
(6)JOHN B BRIZENDINE MD GENERAL SURGEON	(i)	325,000	0	13,252	2,000	0	340,252	0
	(ii)	0	0	0	0	0	0	0
(7)DARIN HAUG DO HOSPITALIST/CMO	(i)	366,479	15,000	300	0	336	382,115	0
	(ii)	0	0	0	0	0	0	0
(8)SHASHI KATUKOORI HOSPITALIST	(i)	224,423	30,000	108	2,000	4,947	261,478	0
	(ii)	0	0	0	0	0	0	0
(9)LORENZO ROMNEY DO HOSPITALIST/FP PHYSICIAN	(i)	306,504	0	16,014	2,000	466	324,984	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 7	NON-FIXED PAYMENTS NON-FIXED PAYMENTS MADE TO RONALD OTT, ROBERTA NIENHUESER, LYNNE OTT, DENNIS SOUSLEY, DARIN HAUG, AND SHASHI KATUKOORI WERE BASED ON PERFORMANCE OF THE INDIVIDUALS AND ORGANIZATION BONUSES ARE PAID TO INDIVIDUALS WHO HAVE CONTRIBUTED POSITIVELY TO THE ORGANIZATION AND THEIR PERFORMANCE HAS ALLOWED THE ORGANIZATION TO MEET DEPARTMENTAL AND ORGANIZATIONAL GOALS AS OUTLINED ON THE ANNUAL PERFORMANCE APPRAISAL THESE GOALS INCLUDE, BUT ARE NOT LIMITED TO, SAFETY, PATIENT SATISFACTION AND FINANCIAL PERFORMANCE FITZGIBBON HOSPITAL HAS AN AGREEMENT WITH BOONE HOSPITAL CENTER WHICH ALLOWS BOONE HOSPITAL TO OVERSEE AND ASSIST IN EVALUATING THE WORK AND PERFORMANCE OF THE PRESIDENT OF THE HOSPITAL AND IN DETERMINING THE COMPENSATION AND BENEFITS TO WHICH THE PRESIDENT WILL BE ENTITLED THEREFORE, THE BONUSES WERE DETERMINED BY BOONE HOSPITAL IN CONSULTATION WITH THE FITZGIBBON HOSPITAL BOARD PRESIDENT THE BONUS AMOUNTS WERE A PERCENTAGE OF THE BASE SALARIES

Additional Data

Software ID:
Software Version:
EIN: 44-0655986
Name: JOHN FITZGIBBON MEMORIAL HOSPITAL

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other compensation				
RONALD A OTT PRESIDENT/CEO	(I) (II)	221,621 0	54,000 0	1,140 0	2,000 0	9,477 0	288,238 0	0 0
ROBERTA NIENHUESER VP FINANCIAL SERVICES	(I) (II)	118,221 0	22,000 0	4,700 0	2,000 0	10,547 0	157,468 0	0 0
LYNNE OTT VP PATIENT CARE SERVICES	(I) (II)	144,017 0	27,000 0	1,140 0	2,000 0	3,914 0	178,071 0	0 0
DENNIS SOUSLEY VP CLINICAL SERVICES	(I) (II)	155,706 0	10,000 0	4,898 0	2,000 0	2,734 0	175,338 0	0 0
KELLY ROSS DO ORTHOPEDIC SURGEON	(I) (II)	540,464 0	0 0	39,951 0	2,000 0	0 0	582,415 0	0 0
JOHN B BRIZENDINE MD GENERAL SURGEON	(I) (II)	325,000 0	0 0	13,252 0	2,000 0	0 0	340,252 0	0 0
DARIN HAUG DO HOSPITALIST/CMO	(I) (II)	366,479 0	15,000 0	300 0	0 0	336 0	382,115 0	0 0
SHASHI KATUKOORI HOSPITALIST	(I) (II)	224,423 0	30,000 0	108 0	2,000 0	4,947 0	261,478 0	0 0
LORENZO ROMNEY DO HOSPITALIST/FP PHYSICIAN	(I) (II)	306,504 0	0 0	16,014 0	2,000 0	466 0	324,984 0	0 0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
JOHN FITZGIBBON MEMORIAL HOSPITAL

Employer identification number
44-0655986

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pool financing Yes	(i) Pool financing No
A	INDUSTRIAL DEVELOPMENT AUTHORITY - CO OF SALINE MO	43-1386697	79516LAD6	12-22-2005	10,000,000	CONSTRUCTION REVENUE BONDS		X		X		X
B	INDUSTRIAL DEVELOPMENT AUTHORITY - CO OF SALINE MO	43-0980296	79516LBC7	11-29-2010	12,218,468	1998 BOND REFINANCING		X		X		X

Part II Proceeds

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

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X						
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X	X					
b	Exception to rebate?		X		X				
c	No rebate due?	X			X				
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider	0		0					
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b	Name of provider	0		0					
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K, PART II, LINE 3	TOTAL PROCEEDS OF ISSUE TOTAL PROCEEDS OF ISSUE INCLUDE INVESTMENT EARNINGS ON BOND PROCEEDS WITH ISSUE PRICE OF $10,000,000 REPORTED ON SCHEDULE K, PART 1, LINE A, COLUMN (E)
SCHEDULE K, PART IV, LINE 2C, COLUMN A	DATE OF REBATE COMPUTATION THE REBATE COMPUTATION FOR THE PERIOD OF DECEMBER 22, 2005 TO DECEMBER 1, 2010 OCCURED ON JANUARY 21, 2011

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
JOHN FITZGIBBON MEMORIAL HOSPITAL

Employer identification number
44-0655986

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-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

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

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JUDY VOGELSMEIER	SPOUSE OF DON VOGELSMEIER	22,436	EMPLOYEE COMPENSATION		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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Name of the organization
JOHN FITZGIBBON MEMORIAL HOSPITAL

Employer identification number
44-0655986

Return Reference	Explanation
FORM 990, PART III, LINE 4A	PROGRAM SERVICES ACTIVITY #1 FOR THE FISCAL YEAR ENDED APRIL 30, 2014, THE EMERGENCY ROOM EXPERIENCED 11,192 PATIENT VISITS THE SURGICAL TEAM PERFORMED 337 IN-PATIENT AND 1,976 OUT-PATIENT PROCEDURES THE RADIOLOGY GROUP PERFORMED 27,473 PROCEDURES WHICH INCLUDED 2,105 MAMMOGRAMS, 4,529 CT SCANS, 1,881 MRI'S, 2,874 ULTRASOUND IMAGES AND 1,945 NUCLEAR MEDICINE SCANS THE LABORATORY TEAM PERFORMED 87,351 TESTS THE RESPIRATORY THERAPY DEPARTMENT CONDUCTED 37,661 PATIENT TREATMENTS AND THE REHABILITATIVE SERVICES GROUP WHICH INCLUDES PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPIES PROVIDED 41,210 PATIENT ENCOUNTERS

Return Reference	Explanation
FORM 990, PART III, LINE 4D	OTHER PROGRAM SERVICES A CARDIO-PULMONARY WELLNESS CENTER IS LOCATED ON THE CAMPUS AND STAFFED BY A REGISTERED DIETICIAN AND A REGISTERED NURSE TO COUNSEL AND EDUCATE PATIENTS ON HEALTHY LIVING THROUGH EXERCISE AND NUTRITION WITH SPECIAL EMPHASIS ON DIABETES MANAGEMENT THROUGHOUT THE YEAR, THE STAFF ENCOUNTERED 1,192 PATIENT VISITS AT THE FACILITY IN ADDITION, THE STAFF EDUCATED 724 RESIDENTS IN THE SURROUNDING COMMUNITIES AT NO CHARGE THROUGH PARTICIPATION IN HEALTH FAIRS AND OTHER SOCIAL VENUES THE HOSPITAL OFFERS CHILDBIRTH CLASSES AT A MINIMAL FEE WHICH COVERS THE COST OF THE EDUCATIONAL MATERIAL PRESENTED TO EACH PARTICIPANT EACH YEAR, THE HOSPITAL HOSTS A COMMUNITY HEALTH FAIR OFFERING EDUCATION ON A VARIETY OF HEALTH ISSUES AND ROUTINE HEALTH SCREENINGS MOST TESTING IS FREE, HOWEVER, PARTICIPANTS REQUESTING CERTAIN BLOOD TESTS PAY ONLY WHAT IT COSTS THE HOSPITAL FOR LABORATORY PROCESSING FITZGIBBON IS A WILLING PARTICIPANT IN A COMMUNITY WIDE COMMITTEE TO HELP IMPROVE ACCESS TO HEALTH CARE IN THE AREA HOSPITAL PERSONNEL ARE ENCOURAGED AND PROVIDED OPPORTUNITIES TO SERVE THE COMMUNITY THROUGH INVOLVEMENT IN VARIOUS COMMUNITY ORGANIZATIONS AS VOLUNTEER MEMBERS, OFFICERS, AND SPEAKERS ON HEALTH RELATED TOPICS

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

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

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

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

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

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

Return Reference	Explanation
FORM 990, PART VII, SECTION A	BOARD MEMBER COMPENSATION NO BOARD MEMBERS RECEIVE COMPENSATION FOR THEIR DUTIES AS DIRECTORS BOARD MEMBER SHARI THOMPSON IS EMPLOYED BY JOHN FITZGIBBON MEMORIAL HOSPITAL AND COMPENSATED FOR HER ROLE AS A FAMILY PRACTICE PHYSICIAN

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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
JOHN FITZGIBBON MEMORIAL HOSPITAL

Employer identification number
44-0655986

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) FITZGIBBON HEALTH SERVICES 2305 S 65 HWY PO BOX 250 MARSHALL, MO 65340 43-1731173	NURSING HOME	MO	501(C)(3)	9	JF MEM HOSP	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

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

		Yes	No
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 orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FITZGIBBON HEALTH SERVICES	L	60,000	FMV
(2) FITZGIBBON HEALTH SERVICES	P	132,403	FMV
(3) FITZGIBBON HEALTH SERVICES	Q	371,868	FMV

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

John Fitzgibbon Memorial Hospital and Fitzgibbon Health Services

Independent Auditor's Report and Consolidated Financial Statements

April 30, 2014 and 2013

BKD LLP
CPAs & Advisors

John Fitzgibbon Memorial Hospital
and Fitzgibbon Health Services
April 30, 2014 and 2013

Contents

Independent Auditor's Report

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

We have audited the accompanying consolidated financial statements of John Fitzgibbon Memorial Hospital and Fitzgibbon Health Services (collectively, the "Hospital"), which comprise the consolidated balance sheets as of April 30, 2014 and 2013, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the 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 John Fitzgibbon Memorial Hospital and Fitzgibbon Health Services as of April 30, 2014 and 2013, and the results of its operations, the 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

Supplementary Information

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

BKD, LLP

Springfield, Missouri
August 25, 2014

John Fitzgibbon Memorial Hospital
and Fitzgibbon Health Services
Consolidated Balance Sheets
April 30, 2014 and 2013

Assets

	2014	2013
Current Assets		
Cash and cash equivalents	$ 4,552,640	$ 5,106,625
Short-term investments	1,587,626	1,578,523
Assets limited as to use – current	758,045	735,827
Patient accounts receivable, net of allowance for uncollectible accounts, 2014 – $7,580,000, 2013 – $5,790,000	7,550,182	6,755,086
Other receivables	2,436,793	2,677,964
Supplies	966,095	1,103,964
Estimated amounts due from third-party payers	276,321	908,569
Prepaid expenses and other	801,790	593,354
Total current assets	18,929,492	19,459,912
Assets Limited As To Use		
Internally designated	15,048,268	14,083,607
Externally restricted by donors	1,144,248	1,378,063
Held by trustee	2,597,389	2,593,019
	18,789,905	18,054,689
Less amount required to meet current obligations	758,045	735,827
	18,031,860	17,318,862
Property and Equipment, At Cost		
Land and land improvements	1,344,202	1,130,988
Buildings	31,790,874	28,207,926
Equipment	29,678,627	28,498,444
Construction in progress	1,119,046	1,618,483
	63,932,749	59,455,841
Less accumulated depreciation	37,761,236	35,144,074
	26,171,513	24,311,767
Other Assets	428,127	467,494
Total assets	$ 63,560,992	$ 61,558,035

See Notes to Consolidated Financial Statements

Liabilities and Net Assets

	2014	2013
Current Liabilities		
Current maturities of long-term debt	$ 868,926	$ 769,374
Accounts payable	1,571,752	1,450,015
Other accrued expenses	127,623	96,153
Accrued payroll	861,373	875,447
Accrued vacation pay	904,435	918,640
Estimated self-insurance costs	312,205	336,322
Payroll taxes and other accrued liabilities	1,709,886	1,290,213
Accrued interest payable	426,159	435,080
Estimated amounts due to third-party payers	626,115	954,923
Total current liabilities	7,408,474	7,126,167
Long-Term Debt	21,949,239	20,090,504
Total liabilities	29,357,713	27,216,671
Net Assets		
Unrestricted	33,142,162	33,248,445
Temporarily restricted	605,900	637,702
Permanently restricted	455,217	455,217
Total net assets	34,203,279	34,341,364
Total liabilities and net assets	$ 63,560,992	$ 61,558,035

John Fitzgibbon Memorial Hospital
and Fitzgibbon Health Services
Consolidated Statements of Operations and Changes in Net Assets
Years Ended April 30, 2014 and 2013

	2014	2013
Unrestricted Revenues, Gains and Other Support		
Net patient service revenue (net of contractual discounts and allowances)	$ 57,772,256	$ 58,493,600
Provision for uncollectible accounts	(7,906,507)	(6,910,341)
Net patient service revenue less provision for uncollectible accounts	49,865,749	51,583,259
Other revenue	1,214,352	2,194,700
Total unrestricted revenues, gains and other support	51,080,101	53,777,959
Expenses		
Salaries and wages	23,557,528	23,296,152
Employee benefits	4,179,407	4,538,680
Supplies and other	19,648,931	19,205,555
Depreciation and amortization	3,225,115	3,124,538
Interest	1,089,706	1,073,860
Total expenses	51,700,687	51,238,785
Operating Income (Loss)	(620,586)	2,539,174
Other Income		
Investment return	283,098	202,722
Contributions	44,172	111,266
Total other income	327,270	313,988
Excess (Deficiency) of Expenses Over Revenues	$ (293,316)	$ 2,853,162

John Fitzgibbon Memorial Hospital
and Fitzgibbon Health Services
Consolidated Statements of Operations and Changes in Net Assets
Years Ended April 30, 2014 and 2013

	2014	2013
Unrestricted Net Assets		
Excess (deficiency) of revenues over expenses	$ (293,316)	$ 2,853,162
Investment return – change in unrealized gains and losses on other than trading securities	(117,551)	(13,312)
Net assets released from restriction used for purchase of property and equipment	304,584	17,946
Increase (decrease) in unrestricted net assets	(106,283)	2,857,796
Temporarily Restricted Net Assets		
Contributions received and investment return	272,782	105,371
Net assets released from restriction	(304,584)	(17,946)
Increase (decrease) in temporarily restricted net assets	(31,802)	87,425
Change in Net Assets	(138,085)	2,945,221
Net Assets, Beginning of Year	34,341,364	31,396,143
Net Assets, End of Year	$ 34,203,279	$ 34,341,364

John Fitzgibbon Memorial Hospital
and Fitzgibbon Health Services
Consolidated Statements of Cash Flows
Years Ended April 30, 2014 and 2013

	2014	2013
Operating Activities		
Change in net assets	$ (138,085)	$ 2,945,221
Items not requiring (providing) cash		
Depreciation and amortization	3,225,115	3,124,538
(Gain) loss on sale of property and equipment	18,101	(2,223)
Net loss on investments	117,551	13,312
Restricted contributions and investment income received	(272,782)	(105,371)
Changes in		
Patient accounts receivable	(795,096)	1,565,480
Supplies, prepaid expenses and other	170,604	(1,153,449)
Accounts payable and accrued expenses	39,321	(528,883)
Estimated amounts due to and due from third-party payers	303,440	(420,659)
Net cash provided by operating activities	2,668,169	5,437,966
Investing Activities		
Purchases of property and equipment	(4,581,267)	(3,800,589)
Purchase of assets limited as to use	(7,165,181)	(8,179,671)
Proceeds from disposition of assets limited as to use	6,303,311	4,766,447
Net cash used in investing activities	(5,443,137)	(7,213,813)
Financing Activities		
Proceeds from restricted contributions and investment income	272,782	105,371
Principal payments on long-term debt	(709,717)	(685,000)
Proceeds from issuance of long-term debt	2,657,918	842,038
Net cash provided by financing activities	2,220,983	262,409
Decrease in Cash and Cash Equivalents	(553,985)	(1,513,438)
Cash and Cash Equivalents, Beginning of Year	5,106,625	6,620,063
Cash and Cash Equivalents, End of Year	$ 4,552,640	$ 5,106,625
Supplemental Cash Flows Information		
Accounts payable incurred for property and equipment	$ 104,679	$ 367,563
Interest paid (net of amount capitalized)	$ 1,060,981	$ 1,081,664

John Fitzgibbon Memorial Hospital
and Fitzgibbon Health Services
Notes to Consolidated Financial Statements
April 30, 2014 and 2013

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

Basis of Presentation and Principles of Consolidation

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

Nature of Operations

John Fitzgibbon Memorial Hospital primarily earns revenues by providing inpatient, outpatient, emergency care, psychiatric and skilled nursing services to patients in the Marshall, Missouri, area It also operates a home health agency in the same geographic area The Companies also operate a long-term care facility in Marshall, Missouri, doing business as The Living Center

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period Actual results could differ from those estimates

Cash and Cash Equivalents

The Companies consider all liquid investments, other than those limited as to use, with original maturities of three months or less to be cash equivalents At April 30, 2014 and 2013, cash equivalents consisted primarily of money market accounts Money market investments include repurchase agreements and U S Treasury obligations

At April 30, 2014, the Hospital's cash accounts exceeded federally insured limits by approximately $2,280,000

Investments and Investment Return

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

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

Assets Limited As To Use

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

Patient Accounts Receivable

Accounts receivable are reduced by an allowance for doubtful accounts In evaluating the collectability of accounts receivable, the Hospital analyzes its past history and identifies trends for each of its major payer sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for uncollectible accounts Management regularly reviews data about these major payer sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts

For receivables associated with services provided to patients who have third-party coverage, the Hospital analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for uncollectible accounts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payer has not yet paid, or for payers 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 Hospital records a significant provision for uncollectible accounts in the period of service on the basis of its past experience, which indicates that many patients 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 or provided by policy) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts

The Hospital's allowance for doubtful accounts for self-pay patients was 71% and 73% of self-pay accounts receivable at April 30, 2014 and 2013, respectively In addition, the Hospital's write-offs decreased approximately $1,314,000 from approximately $7,430,000 for the year ended April 30, 2013, to approximately $6,116,000 for the year ended April 30, 2014 Allowance for uncollectible accounts activity for 2014 and 2013 is shown in the following table

	2014	2013
Balance, beginning of year	$ 5,790,000	$ 6,310,000
Provision for year	7,906,507	6,910,341
Accounts charged off during year	(6,116,507)	(7,430,341)
Balance, end of year	$ 7,580,000	$ 5,790,000

Supplies

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

Property and Equipment

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

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

Long-Lived Asset Impairment

The Hospital evaluates the recoverability of the carrying value of long-lived assets whenever events or circumstances indicate the carrying amount may not be recoverable If a long-lived asset is tested for recoverability and the undiscounted estimate future cash flows expected to result from the use and eventual disposition of the asset is less than the carrying amount of the asset, the asset cost is adjusted to fair value and an impairment loss is recognized as the amount by which the carrying amount of a long-lived asset exceeds its fair value No asset impairment was recognized during the years ended April 30, 2014 or 2013

Deferred Financing Costs

Deferred financing costs represent costs incurred in connection with the issuance of long-term debt Such costs are being amortized over the term of the respective debt using the effective interest method and are included in other assets on the consolidated balance sheets

Temporarily and Permanently Restricted Net Assets

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

Net Patient Service Revenue

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

Electronic Health Records Incentive Program

The Electronic Health Records Incentive Program, enacted as part of the *American Recovery and Reinvestment Act of 2009*, provides for one-time incentive payments under both the Medicare and Medicaid programs to eligible hospitals that demonstrate meaningful use of certified electronic health records technology (EHR) Payments under the Medicare program are generally made for up to four years based on a statutory formula Payments under the Medicaid program are generally made for up to four years based upon a statutory formula, as determined by the state, which is approved by the Centers for Medicare and Medicaid Services Payment under both programs are contingent on the hospital continuing to meet escalating meaningful use criteria and any other specific requirements that are applicable for the reporting period The final amount for any payment year is determined based upon an audit by the fiscal intermediary Events could occur that would cause the final amounts to differ materially from the initial payments under the program

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

In 2014 and 2013, the Hospital completed certain requirements under both the Medicare and Medicaid programs and has recorded revenue of $699,000 and $1,650,000, respectively, which is included in other revenue within operating revenues in the statement of operations and changes in net assets The amount outstanding as of April 30, 2014 and 2013, is $640,000 and $1,600,000, respectively, and included in other receivables on the consolidated balance sheets

Charity Care

The Hospital provides care without charge or at amounts less than its established rates to patients meeting certain criteria under its charity care policy Because the Hospital does not pursue collection of amounts determined to qualify as charity care, these amounts are not reported as net patient service revenue The costs for services furnished under its charity care policy are discussed in *Note 8*

Contributions

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

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

Professional Liability Claims

The Hospital recognizes an accrual for claim liabilities based on estimated ultimate losses and costs associated with settling claims and a receivable to reflect the estimated insurance recoveries, if any Professional liability claims are described more fully in *Note 5*

Income Taxes

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

The Hospital files tax returns in the U S federal jurisdiction With a few exceptions, the Hospital is no longer subject to U S federal examinations by tax authorities for years before 2011

Excess (Deficiency) of Revenues Over Expenses

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

Self-Insurance

The Hospital is self-insured for employee health insurance For calendar year 2013 and 2012, the stop-loss retention was $60,000 The Hospital accrues health insurance claims by charging the statements of operations and changes in net assets for certain known claims and reasonable estimates for incurred but not reported claims based on claims experience It is reasonably possible the actual claims could differ materially from these estimates in the near term

Subsequent Events

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

Note 2: Net Patient Service Revenue

The Hospital recognizes patient service revenue associated with services provided to patients who have third-party payer coverage on the basis of contractual rates for the services rendered For uninsured patients that do not qualify for charity care, the Hospital recognizes revenue on the basis of its standard rates for services provided On the basis of historical experience, a significant portion of the Hospital's uninsured patients will be unable or unwilling to pay for the services provided Thus, the Hospital records a significant provision for uncollectible accounts related to uninsured patients in the period the services are provided This provision for uncollectible accounts is presented on the statement of operations as a component of net patient service revenue

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

Medicare Inpatient acute care services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors Outpatient services rendered to Medicare program beneficiaries are generally paid at prospectively determined rates per unit of service Inpatient skilled nursing services are paid at prospectively determined per diem rates that are based on the patients' acuity The Hospital is reimbursed for certain services at tentative rates with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare administrative contractor The Hospital is designated as a Sole Community Hospital by Medicare

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

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation and change As a result, it is reasonably possible that recorded estimates will change materially in the near term

The Hospital receives reimbursement from the Medicaid program in relation to the percentage of Medicaid and indigent population they serve Funding received in excess of costs to provide these services may be refunded No liability was recorded at April 30, 2014 As of April 30, 2013, the Hospital had recorded a liability of approximately $485,000 for the portion of funding received in excess of costs, which is presented in estimated amounts due to third-party payers It is reasonably possible that this estimate could materially change in the near term

Over the past year, consistent with many healthcare providers, the Hospital has undergone Medicare claim reviews by Recovery Audit Contractors Due to these reviews, Medicare has denied certain claims and requested repayment In addition to amounts already paid, an estimated loss of $500,000 at April 30, 2014 and 2013, has been recorded for other claims for which the Hospital believes will ultimately be repaid to Medicare due to these reviews, which is included in estimated amounts due to third-party payers The Hospital is in the early stages of the appeals process, therefore, events could occur that would cause the estimate of ultimate loss to differ materially in the near term

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

Patient service revenue, net of contractual allowances and discounts (but before the provision for uncollectible accounts), recognized in the years ended April 30, 2014 and 2013, respectively, was approximately

	2014	2013
Medicare	$ 14,177,657	$ 15,597,674
Medicaid	13,396,799	10,075,426
Other third-party payers	26,380,290	27,120,488
Patients	3,817,510	5,700,012
	$ 57,772,256	$ 58,493,600

Note 3: Concentrations of Credit Risk

The Hospital grants credit without collateral to its patients, most of whom are area residents and are insured under third-party payer agreements The mix of receivables from patients and third-party payers at April 30, 2014 and 2013, is

	2014	2013
Medicare	20 3%	17 2%
Medicaid	16 2%	10 2%
Other third-party payers	27 9%	43 4%
Patients	35 6%	29 2%
	100 0%	100 0%

Note 4: Investments and Investment Return

Investments at April 30 include

	2014	2013
Cash and cash equivalents	$ 4,163,342	$ 4,464,122
Certificates of deposit	11,494,267	11,950,604
Corporate debt securities	1,424,342	511,898
U S government agency obligations	1,749,909	1,200,005
U S Treasury obligations	1,146,513	1,165,561
Interest receivable	47,393	48,177
Asset backed securities	351,765	292,845
	$ 20,377,531	$ 19,633,212

Investments are included on the consolidated balance sheets as follows

	2014	2013
Short-term investments	$ 1,587,626	$ 1,578,523
Internally designated	15,048,268	14,083,607
Externally restricted by donors	1,144,248	1,378,063
Held by trustee under indenture agreements	2,597,389	2,593,019
	$ 20,377,531	$ 19,633,212

Investment Return

Total investment return is comprised of the following

	2014	2013
Interest and dividend income	$ 322,320	$ 239,028
Unrealized gains and losses on other than trading securities, net	(117,551)	(13,312)
	$ 204,769	$ 225,716

Total investment return is reflected in the consolidated statements of operations and changes in net assets as follows

	2014	2013
Unrestricted net assets		
Other operating income	$ 39,222	$ 36,306
Other nonoperating income	283,098	202,722
Investment return – change in unrealized gains and losses on other than trading securities	(117,551)	(13,312)
	$ 204,769	$ 225,716

Investment return of $39,222 and $36,306 for the years ended April 30, 2014 and 2013, respectively, on funds held by trustee under bond indenture agreements has been included in unrestricted revenues, gains and other support as other revenue

Certain investments in debt securities are reported in the financial statements at an amount less than their historical cost Total fair value of these investments at April 30, 2014 and 2013, was $3,278,711 and $1,290,570, respectively, which is approximately 16% and 6% of the Hospital's investment portfolio These declines primarily resulted from recent increases in market interest rates

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

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

The following table shows the Hospital's investments' gross unrealized losses and fair value, aggregated by investment category and length of time that individual securities have been in a continuous unrealized loss position at April 30, 2014 and 2013

	April 30, 2014					
	Less than 12 Months		12 Months or More		Total	
Description of Securities	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
Debt securities	$ 2,069,144	$ (47,772)	$ 1,209,567	$ (20,873)	$ 3,278,711	$ (68,645)

Description of Securities	April 30, 2013 Less than 12 Months Fair Value	Less than 12 Months Unrealized Losses	12 Months or More Fair Value	12 Months or More Unrealized Losses	Total Fair Value	Total Unrealized Losses
Debt securities	$ 1,290,570	$ (2,461)	$ -	$ -	$ 1,290,570	$ (2,461)

Note 5: Professional Liability Coverage and Claims

The Hospital purchases medical malpractice insurance under a claims-made policy. Under such a policy, only claims made and reported to the insurer during the policy term, regardless of when the incidents giving rise to the claims occurred, are covered.

Based upon the Hospital's claims experience, an accrual had been made for the Hospital's estimated medical malpractice costs, including costs associated with litigating or settling claims, under its malpractice insurance policy, which is presented in other accrued liabilities and other receivables. It is reasonably possible that this estimate could change materially in the near term.

Note 6: Long-Term Debt

	2014	2013
The Industrial Development Authority of the County of Saline, Missouri, Hospital Revenue Bonds (A)	$ 8,530,000	$ 8,735,000
The Industrial Development Authority of the County of Saline, Missouri, Hospital Refunding Revenue Bonds (B)	10,940,000	11,440,000
Note payable to bank (C)	3,495,239	842,038
	22,965,239	21,017,038
Less current maturities	868,926	769,374
Less unamortized discount	147,074	157,160
	$ 21,949,239	$ 20,090,504

(A) Hospital revenue bonds, Series 2005, in the original amount of $10,000,000 which bear interest at rates ranging from 4.05% to 5.625%. The bonds are due in graduated annual installments through December 1, 2035.

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

The 2005 and 2010 bonds are secured by substantially all tangible personal property of the Hospital, including fixtures, furnishings, machinery, equipment, inventory and other goods constituting part of the Hospital facility and a first deed of trust lien on the real estate comprising the new Hospital facility The bonds are also secured by all revenue and proceeds of the operations of the facilities excluding only gifts, grants, bequests, donations and contributions to the Hospital and the income and gains derived there from which are specifically restricted by the donor or grantor to a particular purpose other than payment of the bonds The Hospital is required to meet certain financial covenants as part of the bonds, including meeting a minimum loss cash on hand requirement and debt service coverage ratio

(C) Construction line with maximum borrowings of $3,500,000 The note is collateralized by a certificate of deposit for $3,500,000 that matures on October 24, 2032 The certificate of deposit has an interest rate of 1 50% and is included in internally designated investments Subsequent to April 30, 2014, the loan will begin amortizing on up to a 20 year amortization Payments including principal and interest will begin at this time Interest throughout the loan term is 2 74%

Aggregate annual maturities of long-term debt at April 30, 2014, were

2015	$	868,926
2016		897,780
2017		931,742
2018		980,814
2019		1,019,998
Thereafter		18,265,979
	$	22,965,239

Note 7: Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes

	2014	2013
Medical oncology department	$ 374,907	$ 351,688
Purchase of property and equipment	230,993	286,014
	$ 605,900	$ 637,702

During 2014 and 2013, net assets of $304,584 and $17,946, respectively, were released to purchase equipment

Permanently restricted net assets of $455,217 are to be held in perpetuity, the income from which is available for purchase of equipment and general use

Note 8: Charity Care

The costs of charity care provided under the Hospital's charity care policy were approximately $146,000 and $173,000 for 2014 and 2013, respectively The cost of charity care is estimated by applying the ratio of cost to charges to the gross uncompensated care charges

Note 9: Functional Expenses

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

	2014	2013
Health care services	$ 41,394,091	$ 40,299,089
General and administrative	10,239,972	10,898,844
Fundraising	66,624	40,852
	$ 51,700,687	$ 51,238,785

Note 10: Retirement Plan

The Hospital has a defined contribution retirement plan with funding amounts determined annually by the Board of Trustees Eligible employees include employees who normally work in excess of 20 hours per week and have completed at least one year of service The Hospital has accrued $149,060 and $248,306 to be contributed to the plan as of April 30, 2014 and 2013, respectively

Note 11: Endowment

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

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

1 Duration and preservation of the fund
2 Purposes of the Hospital and the fund
3 General economic conditions
4 Possible effect of inflation and deflation
5 Expected total return from investment income and appreciation or depreciation of investments
6 Other resources of the Hospital
7 Investment policies of the Hospital

Permanently restricted net assets of $455,217 compose the Hospital's endowment fund The portion of the endowment fund presented in unrestricted net assets was $223,617 and $195,220, respectively, at April 30, 2014 and 2013 The portion presented in temporarily restricted net assets was $22,736 and $82,926, respectively, at April 30, 2014 and 2013

Changes in endowment net assets for the years ended April 30, 2014 and 2013, were $31,793 and $14,303, respectively, and presented in changes in unrestricted and temporarily restricted net assets

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

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

Note 12: Disclosures About Fair Value of Assets and Liabilities

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs There is a hierarchy of three levels of inputs that may be used to measure fair value

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

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

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

Recurring Measurements

The following table presents the fair value measurements of assets recognized in the accompanying balance sheets measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at April 30, 2014 and 2013

	Fair Value	Fair Value Measurements Using: Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
April 30, 2014				
Money market funds	$ 4,163,342	$ 4,163,342	$ -	$ -
U S Treasury obligations	1,146,513	1,146,513	-	-
Corporate debt securities	1,424,342	-	1,424,342	-
U S government agency obligations	1,749,909	-	1,749,909	-
Asset backed securities	351,765	-	351,765	-
April 30, 2013				
Money market funds	$ 4,464,122	$ 4,464,122	$ -	$ -
U S Treasury obligations	1,165,561	1,165,561	-	-
Corporate debt securities	511,898	-	511,898	-
U S government agency obligations	1,200,005	-	1,200,005	-
Asset backed securities	292,845	-	292,845	-

Following is a description of the valuation methodologies used for instruments measured at fair value on a recurring basis and recognized in the accompanying balance sheet, as well as the general classification of such instruments pursuant to the valuation hierarchy There have been no significant changes in the valuation techniques during the year ended April 30, 2014

Investments and Cash Equivalents

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

Note 13: Significant Estimates and Concentrations

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

Allowance for Net Patient Service Revenue Adjustments

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

Malpractice Claims

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

Admitting Physicians

One physician group admitted approximately 65% and 46% of the Hospital's patients in 2014 and 2013, respectively

Litigation

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

Investments

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

340B Drug Pricing Program

The Hospital participates in the 340B Drug Pricing Program (340B Program) which provides discounted prices from drug manufacturers on outpatient pharmaceutical purchases The 340B Program is overseen by the Health Resources and Services Administration (HRSA) Office of Pharmacy Affairs (OPA) HRSA is currently conducting routine audits at participating health care organizations and increasing its compliance monitoring processes Laws and regulations governing

the 340B Program are complex and subject to interpretation and change As a result, it is reasonably possible that material changes to financial statement amounts related to the 340B Program could occur in the near term

Note 14: Construction in Progress

Construction in progress at April 30, 2014, includes costs related to an emergency room remodel and other hospital renovation projects The estimated remaining costs of the project are $250,000 The projects are being funded by internally designated investments

Note 15: Patient Protection and Affordable Care Act

The *Patient Protection and Affordable Care Act* (PPACA) will substantially reform the United States health care system The legislation impacts multiple aspects of the health care system, including many provisions that change payments from Medicare, Medicaid and insurance companies Starting in 2014, the legislation requires the establishment of health insurance exchanges, which will provide individuals without employer-provided health care coverage the opportunity to purchase insurance It is anticipated that some employers currently offering insurance to employees will opt to have employees seek insurance coverage through the insurance exchanges It is possible the reimbursement rates paid by insurers participating in the insurance exchanges may be substantially different than rates paid under current health insurance products Another significant component of the PPACA is the expansion of the Medicaid program to a wide range of newly eligible individuals In anticipation of this expansion, payments under certain existing programs, such as Medicare disproportionate share, will be substantially decreased Each state's participation in an expanded Medicaid program is optional

The state of Missouri has currently indicated it will not expand the Medicaid program, which may result in revenues from newly covered individuals not offsetting the Health System's reduced revenue from other Medicare/Medicaid programs

The PPACA is extremely complex and may be difficult for the federal government and each state to implement While the overall impact of the PPACA cannot currently be estimated, it is possible it will have a negative impact on the Health System's net patient service revenue In addition, it is possible the Health System will experience payment delays and other operational challenges during PPACA's implementation

Supplementary Information

John Fitzgibbon Memorial Hospital
and Fitzgibbon Health Services
Accounts Receivable
April 30, 2014 and 2013

	2014		2013	
	Amount	Percent	Amount	Percent
Patient Accounts				
Unbilled at April 30	$ 3,299,644	14.2%	$ 2,804,111	14.5%
Discharged inpatients and outpatients				
Medicare	3,842,852	16.6%	3,863,931	20.0%
Medicaid	1,816,734	7.8%	1,606,687	8.3%
Blue Cross	795,450	3.4%	774,228	4.0%
Commercial insurance and other	2,516,641	10.9%	2,424,486	12.5%
Self-pay	7,375,933	31.8%	6,109,502	31.5%
Physician clinic	3,545,962	15.3%	1,775,766	9.2%
	23,193,216	100.0%	19,358,711	100.0%
Allowance for				
Uncollectible accounts	(7,580,000)		(5,790,000)	
Contractual adjustments	(8,063,034)		(6,813,625)	
	$ 7,550,182		$ 6,755,086	

John Fitzgibbon Memorial Hospital
and Fitzgibbon Health Services
Net Patient Service Revenue – John Fitzgibbon Memorial Hospital
Years Ended April 30, 2014 and 2013

	2014		
	Inpatient	Outpatient	Total
Daily Patient Services			
Medical and surgical	$ 4,702,864	$ -	$ 4,702,864
Intensive care unit	920,677	-	920,677
Gen-psych unit	2,094,524	-	2,094,524
Nursery	213,771	-	213,771
Skilled nursing	186,052	-	186,052
	8,117,888	-	8,117,888
Other Nursing Services			
Operating and recovery rooms	907,432	3,012,342	3,919,774
Delivery and labor rooms	272,379	40,330	312,709
Central services and supply	3,350,420	6,067,260	9,417,680
Emergency service	1,808,088	8,647,816	10,455,904
Observation bed	1,942,297	4,418,062	6,360,359
	8,280,616	22,185,810	30,466,426
Other Professional Services			
Laboratory	3,937,700	7,272,699	11,210,399
Transfusion service	294,595	183,496	478,091
Electrocardiology	239,248	648,937	888,185
Electroencephalography	50,264	1,348,686	1,398,950
Radiology	546,101	4,542,565	5,088,666
Nuclear medicine	74,291	1,925,995	2,000,286
CT scans	1,486,755	7,984,612	9,471,367
Magnetic resonance imaging	114,289	3,819,462	3,933,751
Diagnostic ultrasound	320,799	2,058,752	2,379,551
Oncology	9,333	2,912,624	2,921,957
Pharmacy and intravenous solutions	2,394,426	6,678,645	9,073,071
Anesthesiology	-	1,531,733	1,531,733
Respiratory therapy	3,180,855	1,205,262	4,386,117
Physical therapy	655,818	1,949,074	2,604,892
Emergency room physicians	-	2,783,056	2,783,056
Ambulatory services	76,364	1,595,392	1,671,756
Cardiac pulmonary wellness	69,691	514,245	583,936
Home health service	-	1,065,202	1,065,202
Hospice	-	769,806	769,806
Homemaker	-	320,609	320,609
Fitzgibbon professional building and outpatient clinics	-	6,444,344	6,444,344
Brunswick Rural Health Clinic	-	429,175	429,175
Slater Clinic	-	524,859	524,859
	13,450,529	58,509,230	71,959,759
Patient Service Revenue	$ 29,849,033	$ 80,695,040	110,544,073
Less Allowances			
Medicare			32,956,766
Medicaid			6,963,582
Provision for charity			349,400
Other allowances			18,202,245
			58,471,993
			$ 52,072,080

	2013		
Inpatient	Outpatient	Total	
$ 4,603,312	$ -	$ 4,603,312	
841,655	-	841,655	
2,145,656	-	2,145,656	
201,904	-	201,904	
186,589	-	186,589	
7,979,116	-	7,979,116	
964,829	3,022,179	3,987,008	
315,081	70,379	385,460	
3,261,875	5,334,982	8,596,857	
2,057,519	9,483,938	11,541,457	
2,641,049	5,132,105	7,773,154	
9,240,353	23,043,583	32,283,936	
4,543,197	7,087,693	11,630,890	
332,944	144,847	477,791	
266,916	728,324	995,240	
53,409	1,257,472	1,310,881	
620,586	4,531,636	5,152,222	
108,496	2,170,134	2,278,630	
1,619,117	8,019,458	9,638,575	
126,281	3,742,217	3,868,498	
397,606	2,184,673	2,582,279	
13,590	2,480,926	2,494,516	
2,753,171	5,469,063	8,222,234	
-	1,444,757	1,444,757	
3,706,513	1,315,606	5,022,119	
603,472	1,556,794	2,160,266	
-	3,399,638	3,399,638	
86,175	1,682,590	1,768,765	
72,894	420,795	493,689	
-	1,042,890	1,042,890	
-	647,208	647,208	
-	353,436	353,436	
-	5,696,862	5,696,862	
-	424,051	424,051	
-	497,635	497,635	
15,304,367	56,298,705	71,603,072	
$ 32,523,836	$ 79,342,288	111,866,124	
		34,299,040	
		6,909,887	
		420,206	
		17,754,246	
		59,383,379	
		$ 52,482,745	

John Fitzgibbon Memorial Hospital
and Fitzgibbon Health Services
Other Revenue – John Fitzgibbon Memorial Hospital
Years Ended April 30, 2014 and 2013

	2014	2013
Cafeteria	$ 246,275	$ 246,869
Gain (loss) on sale of property and equipment	(2,950)	17,374
Investment return on funds held by trustee under bond indenture	39,222	36,306
Grant revenue	89,898	34,211
Medical records	4,727	3,502
Electronic health record incentive revenue	699,000	1,650,000
Miscellaneous	192,792	110,264
	$ 1,268,964	$ 2,098,526

John Fitzgibbon Memorial Hospital
and Fitzgibbon Health Services
Expenses – John Fitzgibbon Memorial Hospital
Years Ended April 30, 2014 and 2013

	Salaries	2014 Supplies and Other	Total
Nursing Services			
Nursing administration	$ 533,257	$ 12,792	$ 546,049
Medical and surgical	1,252,879	146,676	1,399,555
Hospitalist	897,064	116,078	1,013,142
Intensive care unit	648,608	66,037	714,645
Operating and recovery rooms	590,902	1,238,731	1,829,633
Geri-psych unit	878,596	259,893	1,138,489
Central services and supply	-	831,119	831,119
Emergency service	1,049,625	144,603	1,194,228
Women's Center	779,677	153,954	933,631
	6,630,608	2,969,883	9,600,491
Other Professional Services			
Laboratory	590,875	620,513	1,211,388
Transfusion service	-	115,309	115,309
Electroencephalography	104,378	10,971	115,349
Radiology services	999,152	815,259	1,814,411
Oncology	274,378	385,432	659,810
Pharmacy and intravenous solutions	-	2,983,289	2,983,289
Anesthesia	923,338	132,141	1,055,479
Respiratory therapy	334,843	81,988	416,831
Physical therapy	664,235	48,551	712,786
Emergency room physicians	673,796	831,713	1,505,509
Ambulatory services	1,340,712	264,103	1,604,815
Cardiac pulmonary wellness	95,302	16,605	111,907
Home health services	624,002	103,532	727,534
Hospice	130,520	290,167	420,687
Homemaker	171,503	37,068	208,571
Medical records	288,113	279,188	567,301
Fitzgibbon professional building and outpatient clinics	2,514,996	1,132,227	3,647,223
Brunswick Rural Health Clinic	226,963	245,077	472,040
Slater Clinic	183,632	232,981	416,613
	10,140,738	8,626,114	18,766,852

Salaries	2013 Supplies and Other	Total
$ 390,970	$ 12,189	$ 403,159
1,702,145	217,696	1,919,841
951,696	104,387	1,056,083
812,185	60,449	872,634
661,952	1,099,886	1,761,838
853,333	240,366	1,093,699
-	669,190	669,190
1,093,944	143,976	1,237,920
777,291	196,018	973,309
7,243,516	2,744,157	9,987,673
630,364	568,418	1,198,782
-	115,139	115,139
86,625	18,516	105,141
1,029,340	839,924	1,869,264
277,258	344,673	621,931
-	2,364,877	2,364,877
938,877	146,245	1,085,122
381,905	89,069	470,974
523,964	96,102	620,066
632,665	876,106	1,508,771
1,299,996	267,284	1,567,280
88,699	17,070	105,769
559,131	95,454	654,585
115,813	165,551	281,364
177,214	38,253	215,467
236,033	356,827	592,860
1,884,706	739,147	2,623,853
236,937	246,272	483,209
148,970	286,216	435,186
9,248,497	7,671,143	16,919,640

John Fitzgibbon Memorial Hospital
and Fitzgibbon Health Services
Expenses – John Fitzgibbon Memorial Hospital
Years Ended April 30, 2014 and 2013

	Salaries	2014 Supplies and Other	Total
General Services			
Dietary	$ 557,086	$ 508,298	$ 1,065,384
Plant operation and maintenance	225,738	792,260	1,017,998
Housekeeping	414,714	104,567	519,281
Laundry and linen	-	167,804	167,804
	1,197,538	1,572,929	2,770,467
Administrative and Fiscal Services			
Administrative and fiscal	3,057,251	4,619,693	7,676,944
Employee benefits	-	3,624,603	3,624,603
	3,057,251	8,244,296	11,301,547
Depreciation	-	2,942,036	2,942,036
Amortization	-	45,528	45,528
Interest	-	883,156	883,156
	$ 21,026,135	$ 25,283,942	$ 46,310,077

Salaries	2013 Supplies and Other	Total
$ 551,776	$ 482,813	$ 1,034,589
215,196	808,585	1,023,781
388,191	99,165	487,356
-	192,152	192,152
1,155,163	1,582,715	2,737,878
3,113,896	5,138,389	8,252,285
-	3,986,139	3,986,139
3,113,896	9,124,528	12,238,424
-	2,830,546	2,830,546
-	44,778	44,778
-	862,989	862,989
$ 20,761,072	$ 24,860,856	$ 45,621,928

John Fitzgibbon Memorial Hospital
and Fitzgibbon Health Services
Consolidating Schedule – Balance Sheet Information
April 30, 2014

	John Fitzgibbon Memorial Hospital	Fitzgibbon Health Services	Eliminations	Total
Assets				
Current Assets				
Cash and cash equivalents	$ 4,296,952	$ 255,688	$ -	$ 4,552,640
Short-term investments	1,587,626	-	-	1,587,626
Assets limited as to use – current	758,045	-	-	758,045
Patient accounts receivable, net	6,767,325	782,857	-	7,550,182
Other receivables	2,436,793	-	-	2,436,793
Supplies	956,581	9,514	-	966,095
Estimated amounts due from third-party payers	276,321	-	-	276,321
Prepaid expenses and other	795,163	6,627	-	801,790
Total current assets	17,874,806	1,054,686	-	18,929,492
Assets Limited As To Use				
Internally designated	15,048,268	-	-	15,048,268
Externally restricted by donors	1,144,248	-	-	1,144,248
Held by trustee	2,597,389	-	-	2,597,389
	18,789,905	-	-	18,789,905
Less amount required to meet current obligations	758,045	-	-	758,045
	18,031,860	-	-	18,031,860
Property and Equipment, At Cost				
Land and land improvements	1,314,345	29,857	-	1,344,202
Buildings	27,402,724	4,388,150	-	31,790,874
Equipment	28,816,251	862,376	-	29,678,627
Construction in progress	1,119,046	-	-	1,119,046
	58,652,366	5,280,383	-	63,932,749
Less accumulated depreciation	34,012,659	3,748,577	-	37,761,236
	24,639,707	1,531,806	-	26,171,513
Other assets	323,329	104,798	-	428,127
Due from related party	-	377,121	(377,121)	-
	323,329	481,919	(377,121)	428,127
Total assets	$ 60,869,702	$ 3,068,411	$ (377,121)	$ 63,560,992

	John Fitzgibbon Memorial Hospital	Fitzgibbon Health Services	Eliminations	Total
Liabilities and Net Assets				
Current Liabilities				
Current maturities of long-term debt	$ 698,256	$ 170,670	$ -	$ 868,926
Accounts payable	1,499,107	72,645	-	1,571,752
Other accrued expenses	127,623	-	-	127,623
Accrued payroll	788,483	72,890	-	861,373
Accrued vacation pay	833,586	70,849	-	904,435
Estimated self-insurance costs	274,709	37,496	-	312,205
Payroll taxes and other accrued liabilities	1,702,217	7,669	-	1,709,886
Accrued interest payable	343,495	82,664	-	426,159
Estimated amounts due to third-party payers	615,000	11,115	-	626,115
Total current liabilities	6,882,476	525,998	-	7,408,474
Long-Term Debt	18,301,696	3,647,543	-	21,949,239
Due to Related Party	377,121	-	(377,121)	-
Total liabilities	25,561,293	4,173,541	(377,121)	29,357,713
Net Assets				
Unrestricted	34,252,135	(1,109,973)	-	33,142,162
Temporarily restricted	601,057	4,843	-	605,900
Permanently restricted	455,217	-	-	455,217
Total net assets	35,308,409	(1,105,130)	-	34,203,279
Total liabilities and net assets	$ 60,869,702	$ 3,068,411	$ (377,121)	$ 63,560,992

John Fitzgibbon Memorial Hospital
and Fitzgibbon Health Services
Consolidating Schedule – Balance Sheet Information
April 30, 2013

	John Fitzgibbon Memorial Hospital	Fitzgibbon Health Services	Eliminations	Total
Assets				
Current Assets				
Cash and cash equivalents	$ 4,944,546	$ 162,079	$ -	$ 5,106,625
Short-term investments	1,578,523	-	-	1,578,523
Assets limited as to use – current	735,827	-	-	735,827
Patient accounts receivable, net	5,484,045	1,271,041	-	6,755,086
Other receivables	2,677,964	-	-	2,677,964
Supplies	1,095,723	8,241	-	1,103,964
Estimated amounts due from third-party payers	908,569	-	-	908,569
Prepaid expenses and other	584,374	8,980	-	593,354
Total current assets	18,009,571	1,450,341	-	19,459,912
Assets Limited As To Use				
Internally designated	14,083,607	-	-	14,083,607
Externally restricted by donors	1,378,063	-	-	1,378,063
Held by trustee	2,593,019	-	-	2,593,019
	18,054,689	-	-	18,054,689
Less amount required to meet current obligations	735,827	-	-	735,827
	17,318,862	-	-	17,318,862
Property and Equipment, At Cost				
Land and land improvements	1,101,131	29,857	-	1,130,988
Buildings	23,830,723	4,377,203	-	28,207,926
Equipment	27,739,552	758,892	-	28,498,444
Construction in progress	1,618,483	-	-	1,618,483
	54,289,889	5,165,952	-	59,455,841
Less accumulated depreciation	31,561,274	3,582,800	-	35,144,074
	22,728,615	1,583,152	-	24,311,767
Other assets	341,672	125,822	-	467,494
Due from related party	82,287	-	(82,287)	-
	423,959	125,822	(82,287)	467,494
Total assets	$ 58,481,007	$ 3,159,315	$ (82,287)	$ 61,558,035

	John Fitzgibbon Memorial Hospital	Fitzgibbon Health Services	Eliminations	Total
Liabilities and Net Assets				
Current Liabilities				
Current maturities of long-term debt	$ 603,899	$ 165,475	$ -	$ 769,374
Accounts payable	1,365,915	84,100	-	1,450,015
Other accrued expenses	96,153	-	-	96,153
Accrued payroll	810,753	64,694	-	875,447
Accrued vacation pay	850,921	67,719	-	918,640
Estimated self-insurance costs	300,573	35,749		336,322
Payroll taxes and other accrued liabilities	1,283,923	6,290	-	1,290,213
Accrued interest payable	350,651	84,429	-	435,080
Estimated amounts due to third-party payers	904,007	50,916	-	954,923
Total current liabilities	6,566,795	559,372	-	7,126,167
Long-Term Debt	16,275,381	3,815,123	-	20,090,504
Due to Related Party	-	82,287	(82,287)	-
Total liabilities	22,842,176	4,456,782	(82,287)	27,216,671
Net Assets				
Unrestricted	34,550,755	(1,302,310)	-	33,248,445
Temporarily restricted	632,859	4,843	-	637,702
Permanently restricted	455,217	-	-	455,217
Total net assets	35,638,831	(1,297,467)	-	34,341,364
Total liabilities and net assets	$ 58,481,007	$ 3,159,315	$ (82,287)	$ 61,558,035

John Fitzgibbon Memorial Hospital and Fitzgibbon Health Services

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

Years Ended April 30, 2014 and 2013

	2014			
	John Fitzgibbon Memorial Hospital	Fitzgibbon Health Services	Eliminations	Total
Unrestricted Revenues, Gains and Other Support				
Net patient service revenue (net of contractual discounts and allowances)	$ 52,072,080	$ 5,700,176	$ -	$ 57,772,256
Provision for uncollectible accounts	(7,843,290)	(63,217)	-	(7,906,507)
Net patient service revenue less provision for uncollectible accounts	44,228,790	5,636,959	-	49,865,749
Other revenue	1,268,964	5,388	(60,000)	1,214,352
Total unrestricted revenues, gains and other support	45,497,754	5,642,347	(60,000)	51,080,101
Expenses				
Salaries and wages	21,026,135	2,531,393	-	23,557,528
Employee benefits	3,624,603	554,804	-	4,179,407
Supplies and other	17,788,619	1,920,312	(60,000)	19,648,931
Depreciation and amortization	2,987,564	237,551	-	3,225,115
Interest	883,156	206,550	-	1,089,706
Total expenses	46,310,077	5,450,610	(60,000)	51,700,687
Operating Income (Loss)	(812,323)	191,737	-	(620,586)
Other Income				
Investment return	282,498	600	-	283,098
Contributions	44,172	-	-	44,172
Total other income	326,670	600	-	327,270
Excess (Deficiency) of Revenues Over Expenses	$ (485,653)	$ 192,337	$ -	$ (293,316)

	2013		
John Fitzgibbon Memorial Hospital	Fitzgibbon Health Services	Eliminations	Total
$ 52,482,745	$ 6,010,855	$ -	$ 58,493,600
(6,829,363)	(80,978)	-	(6,910,341)
45,653,382	5,929,877	-	51,583,259
2,098,526	156,174	(60,000)	2,194,700
47,751,908	6,086,051	(60,000)	53,777,959
20,761,072	2,535,080	-	23,296,152
3,986,139	552,541	-	4,538,680
17,136,404	2,129,151	(60,000)	19,205,555
2,875,324	249,214	-	3,124,538
862,989	210,871	-	1,073,860
45,621,928	5,676,857	(60,000)	51,238,785
2,129,980	409,194	-	2,539,174
198,914	3,808	-	202,722
111,266	-	-	111,266
310,180	3,808	-	313,988
$ 2,440,160	$ 413,002	$ -	$ 2,853,162

John Fitzgibbon Memorial Hospital
and Fitzgibbon Health Services
Consolidating Schedule – Statements of Operations and Changes in Net Assets Information
Years Ended April 30, 2014 and 2013

	2014		
	John Fitzgibbon Memorial Hospital	Fitzgibbon Health Services	Total
Unrestricted Net Assets			
Excess (deficiency) of revenues over expenses	$ (485,653)	$ 192,337	$ (293,316)
Investment return – change in unrealized gains and losses on other than trading securities	(117,551)	-	(117,551)
Net assets released from restriction used for purchase of property and equipment	304,584	-	304,584
Increase (decrease) in unrestricted net assets	(298,620)	192,337	(106,283)
Temporarily Restricted Net Assets			
Contributions received and investment return	272,782	-	272,782
Net assets released from restriction	(304,584)	-	(304,584)
Increase (decrease) in temporarily restricted net assets	(31,802)	-	(31,802)
Change in Net Assets	(330,422)	192,337	(138,085)
Net Assets, Beginning of Year	35,638,831	(1,297,467)	34,341,364
Net Assets, End of Year	$ 35,308,409	$ (1,105,130)	$ 34,203,279

	2013	
John Fitzgibbon Memorial Hospital	Fitzgibbon Health Services	Total
$ 2,440,160	$ 413,002	$ 2,853,162
(13,312)	-	(13,312)
17,946	-	17,946
2,444,794	413,002	2,857,796
108,884	(3,513)	105,371
(17,946)	-	(17,946)
90,938	(3,513)	87,425
2,535,732	409,489	2,945,221
33,103,099	(1,706,956)	31,396,143
$ 35,638,831	$ (1,297,467)	$ 34,341,364

Community Health Needs Assessment
Implementation Plan 2013

As a result of findings of the Community Health Needs Assessment (CHNA) conducted by Fitzgibbon Hospital and its partners in the fall of 2012, key stakeholders in public health convened a task force to act on the three most pressing health needs facing our community:

- Obesity
    - Which contributes to the chronic diseases of heart disease, high cholesterol, high blood pressure and diabetes
- Smoking
    - Which contributes to the diseases of cancer, COPD and exacerbation of childhood asthma as a result of smoking in the home
- Preventive Care & Wellness
    - General need to increase Wellness "Literacy," and healthy behaviors in our community, including increasing the number of residents seeking routine, preventative care

Per the Institutes of Medicine, community change can only occur with engagement around the following:

- School Environment
- Food and Beverage Environment
- HealthCare and Work Environment
- Physical Activity Environments

In order to affect change in each of the environments delineated above, the CHNA committee sought input from representatives of each of these sectors of our community. Meetings to discuss collaborative activities have been held monthly, beginning on January 22, 2013. Representatives from the following agencies have participated in these meetings: Fitzgibbon Hospital, City of Marshall, Saline County Health Department, Marshall Public Schools, Marshall Park & Recreation, Salt Fork YMCA and Powerhouse Community Development Agency.

The goals and objectives for the Implementation Strategy include the following:

1. To share findings of the CHNA with stakeholder boards of directors for their agency's consideration in ongoing service line development and strategic planning. In addition, Fitzgibbon Hospital Board of Trustees will further review the implementation plan at its tentatively scheduled retreat for organizational strategic planning.

2. To continue the series of monthly collaborative meetings hosted by Fitzgibbon Hospital at which each agency dialogues about ways to impact the identified health needs.

3. To engage public officials (Marshall Mayor Mark Gooden, specifically) and advocate for greater public policy awareness and/or change around public spaces and businesses to have a smoke-free

environment. Mayor Gooden's proclamation signing on April 24th is to coincide with Fitzgibbon Hospital's 90th Birthday and lead into major community health outreach event (see below).

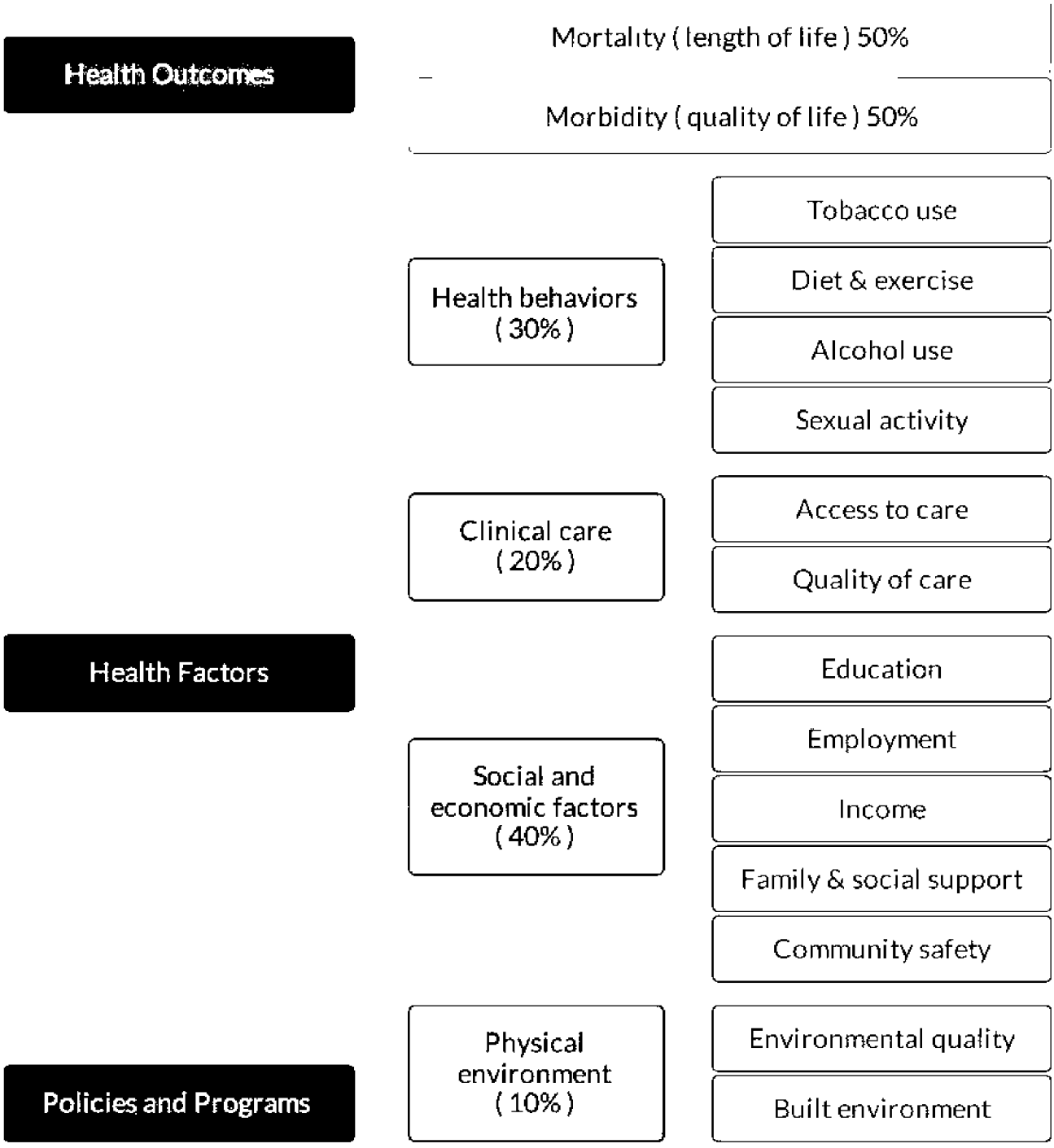
4. To collaborate and share resources to create greater community synergy and awareness around specific events which target healthy behaviors, preventative care and overall wellness. For example, the 2013 Fitzgibbon Hospital Health Fair will be held in conjunction with and proximity to Salt Fork YMCA/Marshall Public Schools' Health Kids Day, on April 27th, 2013.

5. Establish a tracking tool to determine that goals and objectives are being met, recommended action steps (see below) are evaluated and effective policies and programs are moving forward.

Further Consideration:

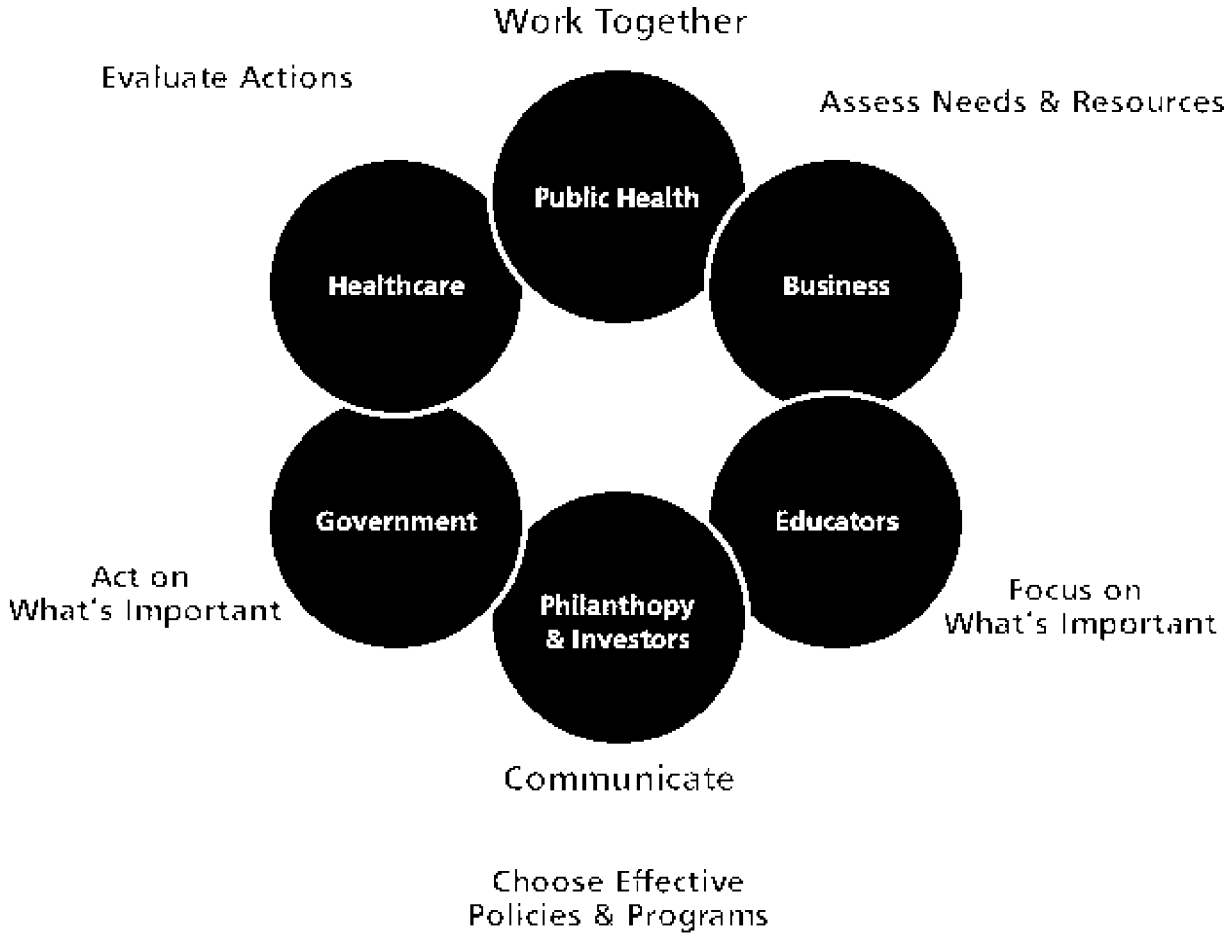
In establishing goals, the committee followed the Robert Woods Johnson Foundation County Health Rankings model, see below, for population based health initiatives to sort specific indicators. It includes two health outcomes - mortality and morbidity - and four health factors that contribute to overall health status and are areas for focused initiatives. The four factors contributing to overall health status are health behaviors, clinical care, social and economic factors and physical environment.

The Take Action Cycle illustration, see below, also from the Robert Woods Johnson Foundation, shows how the Implementation Plan stakeholders should work together to affect change in community health.



County Health Rankings model © 2012 UWPHI

TAKE ACTION



Obesity recommended action steps:

Fitzgibbon Hospital: Internal steps

Engage dietitians to consult with Dietary staff to offer healthier selections on the menu; impacted audience is not only staff but visitors

"90 days to a Healthier You" messaging to employees to begin January 24, 2013

More emphasis with Human Resources Department to disseminate healthy recipes, walking challenges, highlight employee success stories, etc.

More overall education on negative effects of obesity and emphasis on healthy eating and importance of improving exercise.

Post signage around campus denoting calorie burn estimates – "Fitz Fit Facts"

Community wide: External steps

Engage partners, such as YMCA, Schools, City/Government and Parks & Rec Department to initiate dialogue for increasing exercise and promoting healthier food choices.

Engage local restaurants to offer at least one "healthy option" and mark it as such

Explore possibility of dietician consults in the schools or community education classes on reading food labels, etc. either at school or the in conjunction with the YMCA

"90 days to a healthier you" messaging to community via partner email blasts

Church bulletin outreach offering health tips for diet and exercise

Support for community and farmer's markets

Pursue possible telehealth for diabetic counseling – "Diabetic counseling is one of the items reimbursable by Medicare for telehealth." (per the MHA conference)

Walking paths with mileage markers and estimated calorie burn; possible collaboration with city to mark off walking courses

Smoking recommended action steps:

Fitzgibbon Hospital: Internal steps

Better enforcement of organization's smoke-free policy at campus entrances which already have posted NO-SMOKING signs

Continued education about the hazards of smoking and promotion of medications used to help participants not smoke

Smoking cessation support

Community wide: External steps

Engage community leaders about "smoke free Marshall" campaign and possible non-smoking ordinance expansion into restaurants and public spaces/parks

Childhood asthma educator – possible presentations to schools

Engage area school's health classes and gym classes with additional anti-smoking information and oral cancer warning signs

Preventive care and wellness:

Fitzgibbon Hospital and Community wide:

Reminders about preventive care and insurance coverage

Develop comprehensive three-pronged cancer screen including mammogram, pap smear and skin cancer screening. Monies to purchase the scanning equipment would come from the Fitzgibbon Hospital Foundation Cancer Awareness & Prevention monies

Re-vamp the annual Fitzgibbon Community Health Fair screenings and access points to take the message to business and industry

Computer donations to community partners and key health advocates with health/diet programming pre-loaded with links to health related education. (ie., Institutes of Medicine)

Related Resources for Promoting Healthy Behaviors shared with CHNA Community Stakeholders:

http://www.nap.edu/iomposter/ (Institutes of Medicine and link to YouTube 4-part HBO special)

www.turnthetidefoundation.org (Yale University Prevention Research Center)
Created to combat obesity by developing, evaluating and disseminating creative yet practical programming for free - aimed at turning the tide of obesity

http://www.davidkatzmd.com/abcforfitness.aspx A guide to incorporating short bursts of activity into classroom setting. Currently working in the Independence, MO., school district.

www.abeforfitness.com (ABE stands for Activity Bursts for Everyone)

The A-B-E for Fitness program offers a free video library of 3 to 8 minute activity bursts that will allow you, your colleagues and your family to move and exercise everywhere, everyday!
The exercise videos are organized by the setting (office, home, waiting area, etc), the body region involved, and whether the exercise is performed seated or standing.
Depending on your fitness level, you can start doing one burst per day and then build up gradually.

"Unjunk Yourself" You Tube video – target audience is school children
http://www.youtube.com/watch?v=PLaS0En9Q98

http://online.liebertpub.com/chi (Focus on Childhood Obesity Prevention)