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Form 990

Department of the TreasuryInternal 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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

FULTON COUNTY HEALTH CENTER

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

725 SOUTH SHOOP AVENUE

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

WAUSEON, OH 435671701

F Name and address of principal officer:

PATRICIA A FINN

725 SOUTH SHOOP AVENUE

WAUSEON, OH 435671701

D Employer identification number

34-4428214

E Telephone number

(419) 335-2015

G Gross receipts \$ 88,750,970

I Tax-exempt status:

☒ 501(c)(3)

☐ 501(c) () (insert no.)

☐ 4947(a)(1) or

☐ 527

J Website: WWW.FULTONCOUNTYHEALTHCENTER.ORG

K Form of organization:

☒ Corporation

☐ Trust

☐ Association

☐ Other

L Year of formation: 1973

M State of legal domicile: OH

Part ISummary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:

SERVE THE PUBLIC BY PROMOTING AND PROVIDING THE MEANS FOR CONTINUED HEALTH AND WELLNESS.

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

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

b Net unrelated business taxable income from Form 990-T, line 39

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) 0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Prior Year

Current Year

113,370161,004

86,112,29086,339,881

337,846550,278

933,9271,295,992

87,497,43388,347,155

30,79056,147

00

46,334,55045,680,359

00

42,213,67743,753,460

88,579,01789,489,966

-1,081,584-1,142,811

Beginning of Current Year

End of Year

102,909,010108,801,748

52,116,75156,732,018

50,792,25952,069,730

Part IISignature Block

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

Sign Here

Signature of officer

PATRICIA A FINN, CHIEF EXECUTIVE OFFICER

Type or print name and title

2020-11-05

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2020-11-05

Check if self-employed

PTIN P00796388

Firm's name PLANTE & MORAN PLLC

Firm's EIN 38-1357951

Firm's address 250 S HIGH ST SUITE 100

COLUMBUS, OH 43215

Phone no. (614) 849-3000

May the IRS discuss this return with the preparer shown above? (see instructions)

YesNo

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

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:

THE FULTON COUNTY HEALTH CENTER CONTINUALLY STRIVES TO REACH A HIGH DEGREE OF EXCELLENCE IN MEETING THE NEEDS OF BOTH INTERNAL AND EXTERNAL CUSTOMERS 100% OF THE TIME. QUALITY OF PATIENT/RESIDENT CARE AND ALL OF THE INSTITUTIONAL PRACTICES ARE THE PRIMARY CRITERION UTILIZED TO MONITOR THE HEALTH CENTER SERVICES AND TO EVALUATE PROPOSED CHANGES OF PROPOSED NEW SERVICES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☒ Yes ☐ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 77,628,208 including grants of \$ 56,147) (Revenue \$ 86,998,582)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses ▶ 77,628,208

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	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	89
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

Form **990** (2019)

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 13		
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		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		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	Yes
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13 Did the organization have a written whistleblower policy?	13	Yes
14 Did the organization have a written document retention and destruction policy?	14	Yes
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	Yes
b Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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, address, and telephone number of the person who possesses the organization's books and records:
▶JENEE SEIBERT 725 SOUTH SHOOP AVE WAUSEON, OH 43567 (419) 335-2015

Part VII

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

Check if Schedule O contains a response 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.

See instructions for the order in which to list the persons above.

☐ 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) DANIEL MCKERNAN PHYSICIAN	45.00					X		787,882	0	28,949
(2) CHRISTOPHER SPIELES PHYSICIAN	45.00					X		690,383	0	33,686
(3) ALAN RIVERA HOSPITALIST	45.00					X		330,833	0	9,524
(4) SEMEGHAGHA FOFUNG PHYSICIAN	45.00					X		299,444	0	22,498
(5) CHRISTOPHER MEYER PHYSICIAN	45.00					X		226,562	0	26,767
(6) PATRICIA A FINN CHIEF EXECUTIVE OFFICER	45.00			X				223,783	0	38,744
(7) ANN STECK MD DIRECTOR/PHYSICIAN	45.00	X						203,221	0	3,220
(8) TIFFANY SEIGEL DIRECTOR OF NURSING	45.00			X				131,418	0	17,133
(9) KRISTINE SNYDER CHIEF OPERATING OFFICER-PART YEAR	45.00			X				130,665	0	16,337
(10) JENEE SEIBERT DIRECTOR OF FINANCE	45.00			X				129,086	0	18,831
(11) MARY JO SMALLMAN FM ADMINISTRATOR	45.00			X				100,022	0	22,713
(12) REBECCA TAYLOR CHIEF OPERATING OFFICER	45.00			X				3,239	0	0
(13) CARL HILL PRESIDENT	0.80	X		X				0	0	0
(14) SANDY BARBER VICE PRESIDENT	0.80	X		X				0	0	0
(15) SHARON GILLESPIE SECRETARY	0.80	X		X				0	0	0
(16) MARK HAGANS TREASURER	0.80	X		X				0	0	0
(17) STANLEY MULTHAUF DIRECTOR	0.80	X						0	0	0

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) JON RUPP DIRECTOR	0.80	X						0	0	0
(19) RICK KAZMIERCZAK DIRECTOR	0.80	X						0	0	0
(20) JAMES JAY LEFEVRE DIRECTOR	0.80	X						0	0	0
(21) BRETT KOLB DIRECTOR	0.80	X						0	0	0
(22) DAVID GRIESER DIRECTOR	0.80	X						0	0	0
(23) JENNIFER MCCULLOUGH DIRECTOR	0.80	X						0	0	0
(24) ALLEN LIECHTY DIRECTOR	0.80	X						0	0	0
(25) CHARLES LASH MD DIRECTOR (PART YEAR)	0.80	X						0	0	0
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)								3,256,538	0	238,402

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 ▶ 31
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	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		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	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		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.
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(A) Name and business address	(B) Description of services	(C) Compensation
LIBERTY HEALTHCARE SERVICES 401 EAST CITY AVENUE SUITE 820 BALA CYNWYD, PA 190041155	PSYCH SERVICES	2,089,513
R&F INC 1133 CORPORATE DR SUITE B HOLLAND, OH 43528	OCCUPATIONAL/SPEECH/PHYSICAL THERAPY	1,518,227
ALLIED MEDICAL SERVICES 1133 CORPORATE DR SUITE B HOLLAND, OH 43528	RESPIRATORY THERAPY	991,638
NORTHERN ANESTHESIA PO BOX 182 ARCHBOLD, OH 43502	ANESTHESIOLOGIST SERVICES	840,000
APRN SLEEP 1133 CORPORATE DR SUITE B HOLLAND, OH 43528	SLEEP DIAGNOSTIC	755,700

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 ▶ 28
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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	45,110								
	d Related organizations	1d									
	e Government grants (contributions)	1e	21,817								
	f All other contributions, gifts, grants, and similar amounts not included above	1f	94,077								
	g Noncash contributions included in lines 1a - 1f:\$	1g									
	h Total. Add lines 1a-1f ▶	161,004									
Program Service Revenue			Business Code								
	2a PATIENT SERVICES	622110		86,156,540		86,156,540					
	b EDUCATION SERVICES	611710		118,962		118,962					
	c REBATES AND REFUNDS	900099		64,379		64,379					
	d										
	e										
	f All other program service revenue.										
	g Total. Add lines 2a-2f. ▶	86,339,881									
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			582,982				-5,916		588,898	
	4 Income from investment of tax-exempt bond proceeds ▶										
	5 Royalties ▶										
			(i) Real	(ii) Personal							
	6a Gross rents	6a	421,531								
	b Less: rental expenses	6b	341,641								
	c Rental income or (loss)	6c	79,890								
	d Net rental income or (loss) ▶			79,890						79,890	
			(i) Securities	(ii) Other							
	7a Gross amount from sales of assets other than inventory	7a		5,000							
	b Less: cost or other basis and sales expenses	7b		37,704							
	c Gain or (loss)	7c		-32,704							
	d Net gain or (loss) ▶			-32,704						-32,704	
	8a Gross income from fundraising events (not including \$ 45,110 of contributions reported on line 1c). See Part IV, line 18			8a		26,919					
	b Less: direct expenses			8b		23,825					
	c Net income or (loss) from fundraising events . . . ▶					3,094				3,094	
	9a Gross income from gaming activities. See Part IV, line 19			9a		1,290					
	b Less: direct expenses			9b		645					
	c Net income or (loss) from gaming activities . . . ▶					645				645	
	10a Gross sales of inventory, less returns and allowances . . .			10a							
	b Less: cost of goods sold . . .			10b							
	c Net income or (loss) from sales of inventory . . . ▶										
Miscellaneous Revenue			Business Code								
11a FOOD SALES			621110		493,453				493,453		
b RETAIL PHARMACY			446110		314,008		253,799		60,209		
c FITNESS MEMBERSHIPS			621110		115,781		115,781				
d All other revenue					289,121		289,121				
e Total. Add lines 11a-11d ▶					1,212,363						
12 Total revenue. See instructions ▶					88,347,155		86,998,582		54,293		
									1,133,276		

Form 990 (2019)

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 domestic organizations and domestic governments. See Part IV, line 21	53,547	53,547		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,600	2,600		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,038,413		1,038,413	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	34,976,183	32,178,739	2,797,444	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,307,403	1,209,883	97,520	
9 Other employee benefits	5,901,978	5,513,198	388,780	
10 Payroll taxes	2,456,382	2,210,744	245,638	
11 Fees for services (non-employees):				
a Management				
b Legal	183,899		183,899	
c Accounting	117,895		117,895	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	114,769		114,769	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	11,384,435	10,880,529	503,906	
12 Advertising and promotion	317,671	99,980	217,691	
13 Office expenses	6,191,336	2,950,435	3,240,901	
14 Information technology	1,778,998	1,552,057	226,941	
15 Royalties				
16 Occupancy	3,787,475	2,904,965	882,510	
17 Travel	54,625	47,233	7,392	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	942,360	942,360		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,226,220	2,676,126	1,550,094	
23 Insurance	455,675	235,310	220,365	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	11,298,343	11,288,498	9,845	
b BAD DEBT EXPENSE	2,866,514	2,866,514		
c GIFT SHOP EXPENSES	17,755		17,755	
d INDEPENDENT LIVING	15,490	15,490		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	89,489,966	77,628,208	11,861,758	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		349,663	1	869,817	
	2	Savings and temporary cash investments		18,410,267	2	19,091,565	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		12,090,296	4	11,607,560	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		1,814,796	8	1,712,887	
	9	Prepaid expenses and deferred charges		1,519,450	9	1,386,478	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	110,614,142			
	b	Less: accumulated depreciation	10b	60,084,555	47,467,262	10c	50,529,587
	11	Investments—publicly traded securities		17,742,645	11	20,383,199	
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		3,514,631	15	3,220,655	
16	Total assets. Add lines 1 through 15 (must equal line 34)		102,909,010	16	108,801,748		
Liabilities	17	Accounts payable and accrued expenses		9,968,626	17	9,257,506	
	18	Grants payable			18		
	19	Deferred revenue		47,010	19	55,359	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties		41,435,092	23	46,923,182	
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		666,023	25	495,971	
	26	Total liabilities. Add lines 17 through 25		52,116,751	26	56,732,018	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		50,740,259	27	52,017,730	
	28	Net assets with donor restrictions		52,000	28	52,000	
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		50,792,259	32	52,069,730	
33	Total liabilities and net assets/fund balances		102,909,010	33	108,801,748		

Part XI Reconciliation of Net AssetsCheck 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	88,347,155
2	Total expenses (must equal Part IX, column (A), line 25)	2	89,489,966
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,142,811
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	50,792,259
5	Net unrealized gains (losses) on investments	5	2,420,170
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	112
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	52,069,730

Part XII Financial Statements and ReportingCheck 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? 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		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
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?		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.		

Additional Data

Software ID:

Software Version:

EIN: 34-4428214

Name: FULTON COUNTY HEALTH CENTER

Form 990 (2019)

Form 990, Part III, Line 4a:

SEE SCHEDULE O LOCATION: THE FULTON COUNTY HEALTH CENTER IS LOCATED AT 725 SOUTH SHOOP AVENUE, WAUSEON, OH 43567. THE HEALTH CENTER IS EASILY ACCESSIBLE FROM INTERSTATE 80/90 (OHIO TURNPIKE) AND STATE ROUTE 2. IT IS CENTRALLY LOCATED WITHIN FULTON COUNTY WHERE WAUSEON IS THE COUNTY SEAT. PHILOSOPHY/AUSPICES: THE FULTON COUNTY HEALTH CENTER IS A PRIVATE, NON-PROFIT HOSPITAL, LONG-TERM CARE & INDEPENDENT LIVING FACILITY GOVERNED BY A BOARD OF DIRECTORS. THE HEALTH CENTER IS OPERATED ON THE PRINCIPLE THAT EVERY INDIVIDUAL HAS A BASIC RIGHT TO ATTAIN THE HIGHEST DEGREE OF WELLNESS POSSIBLE BASED ON HIS OR HER OWN NEEDS. THE SERVICES OF THE HOSPITAL SHALL BE AVAILABLE TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, SEX, AGE, NATIONAL ORIGIN, RELIGIOUS CREED, ECONOMIC CONDITION OR DISABILITY. COMMITMENT TO QUALITY: THE FULTON COUNTY HEALTH CENTER CONTINUALLY STRIVES TO REACH A HIGH DEGREE OF EXCELLENCE IN MEETING THE NEEDS OF BOTH INTERNAL AND EXTERNAL CUSTOMERS 100% OF THE TIME. QUALITY OF PATIENT/RESIDENT CARE AND ALL OF THE INSTITUTIONAL PRACTICES IS THE PRIMARY CRITERION UTILIZED TO MONITOR THE HEALTH CENTER SERVICES AND TO EVALUATE PROPOSED CHANGES OF PROPOSED NEW SERVICES. LEVEL OF CARE: THE HEALTH CENTER IS A SHORT-TERM GENERAL HOSPITAL OFFERING A FULL RANGE OF SERVICES RELATED TO ACUTE CARE. INCLUDED IN THESE SERVICES AREA A WIDE RANGE OF OUTPATIENT SERVICES THAT INVOLVE DIAGNOSTIC AND REHABILITATIVE TREATMENT. THE HEALTH CENTER ALSO HAS LONG-TERM CARE AND INDEPENDENT LIVING AVAILABLE TO OFFER THE CONTINUUM OF CARE. THE LEVEL OF CARE PROVIDED TO ALL PATIENTS AND RESIDENTS IS THE SAME WHETHER INPATIENT OR OUTPATIENT. THIS IS ACCOMPLISHED THROUGH PROGRESSIVE HEALTH AWARENESS. CENTERS OF EXCELLENCE: AMONG THE SPECIAL STRENGTHS OF THE HEALTH CENTER ARE AN OBSTETRICAL UNIT, A CRITICAL CARE/CARDIAC CARE UNIT, A SHORT TERM INPATIENT AND INTENSIVE OUTPATIENT GERIATRIC PSYCHIATRIC UNIT, ADULT OUTPATIENT AND PARTIAL HOSPITALIZATION, AN EMERGENCY DEPARTMENT THAT IS STAFFED WITH LICENSED PHYSICIANS 24 HOURS PER DAY, EVERY DAY OF THE YEAR, AN INPATIENT AND OUTPATIENT SURGICAL UNIT, SLEEP DISORDER CENTER, WOUND CARE AND HYPERBARIC CENTER, RAINBOW HEMATOLOGY/ONCOLOGY TREATMENT CENTER AND OTHER DIAGNOSTIC AND THERAPEUTIC SERVICES. IN ADDITION, A HOSPITALIST IS AVAILABLE TO INPATIENTS 24/7, TELEMEDICINE STROKE NETWORK WITH UTMIC AND MERCY ST VS. DAILY OUTPATIENT SPECIALTY CLINICS OFFER THE CONSULTATIVE AND DIAGNOSTIC SERVICES OF SEVERAL TYPES OF MEDICAL SPECIALISTS. LONG-TERM CARE AND INDEPENDENT LIVING FACILITY OFFERING THE CONTINUUM OF CARE FROM THE HOSPITAL AREA. A WIDE RANGE OF ORGANIZED EDUCATIONAL AND HEALTH PROMOTION OPPORTUNITIES, INCLUDING A COMPREHENSIVE DIABETIC EDUCATION PROGRAM, ARE PROVIDED FOR PATIENTS, RESIDENTS, EMPLOYEES AND MEMBERS OF THE SURROUNDING COMMUNITIES. IN 2019 FULTON COUNTY HEALTH CENTER RECEIVED A PERFORMANCE LEADERSHIP AWARD FOR OVERALL EXCELLENCE IN OUTCOMES FROM THE CHARTIS CENTER FOR RURAL HEALTH AND NATIONAL ORGANIZATION OF STATE OFFICES OF RURAL HEALTH. IN 2019 FULTON COUNTY HEALTH CENTER CELEBRATED 40 YEARS OF OFFERING H.O.P.E (HELPING OTHER PARENTS EXPERIENCE GRIEF). H.O.P.E SUPPORT GROUP OFFERS SUPPORT FOR PARENTS WHO HAVE EXPERIENCED MISSCARIAGE, STILLBIRTH, OR DEATH OF INFANTS, YOUNG CHILDREN, TEENAGERS, OR ADULTS DUE TO ILLNESS, AN ACCIDENT OR SUICIDE. IN 2019 FULTON COUNTY HEALTH CENTER WAS RECOGNIZED BY THE WOMEN'S CHOICE AWARD FOR THE 3RD YEAR IN A ROW. IN 2019 FULTON COUNTY HEALTH CENTER RECEIVED GOLD RECOGNITION FOR PROMOTING ORGAN DONATION. FCHC CONDUCTED AWARENESS AND REGISTRY CAMPAIGNS TO EDUCATE STAFF, PATIENTS, VISITORS AND COMMUNITY MEMBERS ABOUT THE CRITICAL NEED FOR ORGAN, EYE AND TISSUE DONATION. LIMITATIONS: PATIENTS IN NEED OF TERTIARY CARE ARE REFERRED TO AREA SPECIALTY CENTERS. POPULATION SERVED: THE FULTON COUNTY HEALTH CENTER SERVES THE POPULATION IN FULTON COUNTY AND PATIENTS IN THE IMMEDIATE BORDER AREAS OF ADJACENT COUNTIES. TOTAL POPULATION OF OUR SERVICE AREA IS ESTIMATED BETWEEN 42,000 - 45,000. OUR BEHAVIOR HEALTH SERVICES UNIT PRIMARILY SERVES A FOUR COUNTY AREA INCLUDING FULTON, DEFIANCE, HENRY AND WILLIAMS COUNTIES AS WELL AS FROM OUTSIDE OUR IMMEDIATE GEOGRAPHIC AREA. INSTITUTIONAL RELATIONSHIPS: THE HEALTH CENTER MAINTAINS RELATIONSHIPS WITH AREA NURSING HOMES, CITY AND COUNTY ORGANIZATIONS, AND REGIONAL TERTIARY CARE CENTERS. THE HEALTH CENTER IS A CLINIC-TRAINING SITE FOR A WIDE RANGE OF HEALTH CARE DISCIPLINES. EDUCATION: THE HEALTH CENTER MAINTAINS AN ACTIVE AND ONGOING IN-SERVICE AND CONTINUING EDUCATION PROGRAM FOR OUR STAFF TO KEEP THEM KNOWLEDGEABLE AND CURRENT ON DEVELOPMENTS IN HEALTH CARE DELIVERY. THE HEALTH CENTER ALSO ENCOURAGES EMPLOYEES TO PURSUE HIGHER EDUCATION.

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
FULTON COUNTY HEALTH CENTER

Employer identification number
34-4428214

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

The organization is not a private foundation because it is: (For lines 1 through 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 ☐ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 VI.). . .						
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 section 501(c)(3) organization, check this box and stop here ▶ ☐						
Section C. Computation of Public Support Percentage							
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15	Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a	33 1/3% support test—2019. 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—2018. 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—2019. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐						
b	10%-facts-and-circumstances test—2018. 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 VI 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 10 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 VI.) . .						
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 section 501(c)(3) organization, check this box and stop here. ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1		☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)			
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes			
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purposes of supported organizations			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014. 			
b From 2015. 			
c From 2016. 			
d From 2017. 			
e From 2018. 			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015. 			
b Excess from 2016. 			
c Excess from 2017. 			
d Excess from 2018. 			
e Excess from 2019. 			

Additional Data

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

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

Name of the organization FULTON COUNTY HEALTH CENTER	Employer identification number 34-4428214
---	--

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	\$
3	Volunteer hours for political campaign activities (see instructions)	

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-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000	\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	☐ 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		7,511
j	Total. Add lines 1c through 1i			7,511
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, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1:	TOTAL DUES PAYMENTS TO OHA AND AHA THAT WERE USED BY THE ORGANIZATIONS FOR LOBBY PURPOSES: -OHIO HOSPITAL ASSOCIATION: 5.9% OF \$33,975; \$2,005, -AMERICAN HOSPITAL ASSOCIATION: 23.32% OF \$19,903; \$4,641, -OCHA DUES: 21.08% OF \$4,105; \$865

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
FULTON COUNTY HEALTH CENTER

Employer identification number
34-4428214

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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" on 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 7/25/06, 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, handling of violations, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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)

Revenue included on 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

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D

Schedule D (Form 990) 2019

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" on 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:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ 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" on 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	399,448	397,597	335,521	320,976	320,517
b Contributions	985	460	61,123	14,440	360
c Net investment earnings, gains, and losses	5,076	1,391	953	105	99
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	405,509	399,448	397,597	335,521	320,976

2

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

a

Board designated or quasi-endowment ▶ 86.630 %

b

Permanent endowment ▶ 13.370 %

c

Temporarily restricted endowment ▶ 0 %

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

3a

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

(i) unrelated organizations

3a(i)

☐ Yes

☐ No

(ii) related organizations

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No

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" on 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		2,587,651		2,587,651
b Buildings		58,138,945	26,728,507	31,410,438
c Leasehold improvements				
d Equipment		39,792,895	27,151,485	12,641,410
e Other		10,094,651	6,204,563	3,890,088
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				50,529,587

Schedule D (Form 990) 2019

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on 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		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	

Part X

Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	495,971

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' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) 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		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
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		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

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
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	ENDOWMENT FUNDS WILL BE USED AS DIRECTED BY THE DONOR. BOARD DESIGNATED FUNDS ARE A MEMORI AL ACCOUNT AND FUNDS WILL BE SPENT AS DIRECTED BY THE BOARD OF DIRECTORS.

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" on 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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
FULTON COUNTY HEALTH CENTER

Employer identification number
34-4428214

Part I Fundraising Activities. Complete if the organization answered "Yes" on 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

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 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 10 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?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

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

Part II Fundraising Events. Complete if the organization answered "Yes" on 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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GOLF OUTING (event type)	GERANIUM SALES (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	58,293	5,354	8,382	72,029
	2 Less: Contributions	41,899		3,211	45,110
	3 Gross income (line 1 minus line 2)	16,394	5,354	5,171	26,919
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	8,321			8,321
	6 Rent/facility costs	4,671			4,671
	7 Food and beverages	1,768			1,768
	8 Entertainment				
	9 Other direct expenses	13	4,065	4,987	9,065
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				23,825
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				3,094

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

Revenue		(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				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
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 conducts gaming activities: _____

a Is the organization licensed to conduct 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 conduct 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 conducted 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 provide any additional information. See instructions.

Return Reference	Explanation
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SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2019

Open to Public Inspection

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
FULTON COUNTY HEALTH CENTER

Employer identification number
34-4428214

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 _____ % b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care. 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? 6a Did the organization prepare a community benefit report during the tax year? b If "Yes," did the organization make it available to the public? Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	3a	Yes
		3b	Yes
		4	Yes
		5a	Yes
		5b	No
		5c	
		6a	Yes
		6b	Yes

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)			3,774,185	2,371,621	1,402,564	1.620 %
b Medicaid (from Worksheet 3, column a)			9,390,288	3,942,764	5,447,524	6.290 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			443,379	234,789	208,590	0.240 %
d Total Financial Assistance and Means-Tested Government Programs			13,607,852	6,549,174	7,058,678	8.150 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			818,472	119,937	698,535	0.810 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			4,209,916	2,727,740	1,482,176	1.710 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			29,698	2,946	26,752	0.030 %
j Total. Other Benefits			5,058,086	2,850,623	2,207,463	2.550 %
k Total. Add lines 7d and 7j			18,665,938	9,399,797	9,266,141	10.700 %

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			9,500		9,500	0.010 %
7 Community health improvement advocacy						
8 Workforce development			50,677		50,677	0.060 %
9 Other						
10 Total			60,177		60,177	0.070 %

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 Healthcare Financial Management Association Statement No. 15?	1		No
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		
	2,866,514		
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		
	85,995		
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	18,530,081
6 Enter Medicare allowable costs of care relating to payments on line 5	6	19,728,297
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-1,198,216
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

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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 (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	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)
FULTON COUNTY HEALTH CENTER**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____**1****Community Health Needs Assessment**

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 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 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
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 significant 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 ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>17</u>		
5 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 Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a ☒ Hospital facility's website (list url): <u>HTTPS://TINYURL.COM/YYUREGUZ</u>		
b ☐ Other website (list url): _____		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☒ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>17</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>HTTPS://TINYURL.COM/Y28EJ29Z</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a 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)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, 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 (FAP)

FULTON COUNTY HEALTH CENTER

Name of hospital facility or letter of facility reporting group		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes	
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.000000000000 % and FPG family income limit for eligibility for discounted care of 400.000000000000 %			
b ☐ Income level other than FPG (describe in Section C)			
c ☐ Asset level			
d ☒ Medical indigency			
e ☐ Insurance status			
f ☐ Underinsurance discount			
g ☒ Residency			
h ☐ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15	Yes	
a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes	
a ☒ The FAP was widely available on a website (list url): HTTPS://TINYURL.COM/Y2A4K7Q3			
b ☒ The FAP application form was widely available on a website (list url): HTTPS://TINYURL.COM/Y2A4K7Q3			
c ☒ A plain language summary of the FAP was widely available on a website (list url): HTTPS://TINYURL.COM/Y2A4K7Q3			
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☒ Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

FULTON COUNTY HEALTH CENTER

Name of hospital facility or letter of facility reporting group

	Yes	No
17 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 all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 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(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized 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?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C) d ☒ Made presumptive eligibility determinations (if not, describe in Section C) e ☐ Other (describe in Section C) f ☐ None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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?	21 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 Section C) d ☐ Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

FULTON COUNTY HEALTH CENTER

Name of hospital facility or letter of facility reporting group _____**22** 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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☒ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 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?

If "Yes," explain in Section C.

24 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?

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

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? **3**

Name and address	Type of Facility (describe)
1 1 - FULTON MANOR 725 SOUTH SHOOP AVENUE WAUSEON, OH 43567	SKILLED NURSING HOME
2 2 - FCHC MEDICAL CARE LLC 725 SOUTH SHOOP AVENUE WAUSEON, OH 43567	PHYSICIAN PRACTICES
3 3 - FCHC PHARM LLC 725 SOUTH SHOOP AVENUE WAUSEON, OH 43567	RETAIL PHARMACY
4	
5	
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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7:	COST OF CHARITY CARE IS CALCULATED USING COST-TO-CHARGE RATIO FROM WORKSHEET 2. COST OF MEDICAID IS PER THE MEDICAID COST REPORT. THE REMAINING ITEMS ARE CALCULATED BASED ON ACTUAL COSTS OF SPECIFIC PROGRAMS WITHOUT THE USE OF A COST ACCOUNTING SYSTEM.
PART I, LN 7 COL(F):	THE AMOUNT OF BAD DEBT THAT WAS REMOVED FROM THE CALCULATION IN PART I COLUMN (F) TOTALED \$2,866,514

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	FCHC INCURRED \$50,677 EXPENSES RELATED TO RECRUITING AND MAINTAINING QUALIFIED PHYSICIANS AND SPECIALISTS TO THE HOSPITAL. THESE PHYSICIANS AND SPECIALISTS ARE CRITICAL TO ENHANCING THE HEALTH AND LEVEL OF CARE PROVIDED TO THE COMMUNITY. WITHOUT FCHC RECRUITING AND MAINTAINING THESE PHYSICIANS, THE COMMUNITY WOULD NOT HAVE ACCESS TO THESE DOCTORS. FCHC ALSO INCURRED EXPENSES OF \$9,500 TO THE COALITION OF MEMBERS PREPARING THE COMMUNITY BENEFIT RESEARCH AND REPORTING.
PART III, LINE 2:	FCHC CALCULATES BAD DEBT EXPENSE PER THE FINANCIAL STATEMENTS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3:	FCHC USED A 3% CALCULATION OF TOTAL BAD DEBT PER THE FINANCIAL STATEMENTS IN ORDER TO ESTIMATE THE AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS WHO WOULD HAVE BEEN ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY. THE PERCENTAGE IS ESTIMATED BASED ON PRIOR HISTORY AND REVIEW OF CHARITY LOGS.ANY BAD DEBT EXPENSE THAT IS ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY FINANCIAL ASSISTANCE POLICY WOULD BE RECLASSIFIED FROM BAD DEBT TO CHARITY CARE ONCE IT IS IDENTIFIED. THE ENTIRE AMOUNT OF THE BAD DEBT EXPENSE IS REVERSED AND ASSIGNED TO CHARITY CARE.THE MEDICARE SHORTFALL IS A COMMUNITY BENEFIT. BECAUSE PROVIDING SERVICES TO THE ELDERLY IS A TAX EXEMPT PURPOSE CONSISTENT WITH FULTON'S OVERALL EXEMPT STATUS, AND THE HOSPITAL ACCEPTS THESE PATIENTS REGARDLESS OF ITS IMPACT ON OVERALL PROFITABILITY.
PART III, LINE 4:	FINANCIAL STATEMENT FOOTNOTE REGARDING BAD DEBT: ACCOUNTS RECEIVABLE FOR PATIENTS, INSURANCE COMPANIES, AND GOVERNMENTAL AGENCIES ARE BASED ON GROSS CHARGES. AN ALLOWANCE FOR CONTRACTUAL ADJUSTMENTS AND INTERIM PAYMENT ADVANCES IS BASED ON EXPECTED PAYMENT RATES FROM PAYORS BASED ON CURRENT REIMBURSEMENT METHODOLOGIES. THIS AMOUNT ALSO INCLUDES AMOUNTS RECEIVED AS INTERIM PAYMENTS UNPAID CLAIMS BY CERTAIN PAYORS. ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS.IN EVALUATING THE COLLECTIBILITY OF ACCOUNTS RECEIVABLE, THE HOSPITAL ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR BAD DEBTS. MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYOR SOURCES OR 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 BAD DEBTS, IF NECESSARY (FOR EXAMPLE, FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID, OR FOR PAYORS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY). FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), THE HOSPITAL RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS 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) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IN THE PERIOD THEY ARE DETERMINED TO BE UNCOLLECTIBLE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8:	MEDICARE ALLOWABLE COSTS TAKEN FROM THE FILED MEDICARE COST REPORT WERE CALCULATED USING A COST TO CHARGE RATIO.
PART III, LINE 9B:	THE PRACTICES FULTON COUNTY HEALTH CENTER UTILIZES TO COLLECT FROM PATIENTS INCLUDES: PATIENTS ARE SENT STATEMENTS FOR OUTSTANDING BALANCES FOR A PERIOD OF TIME NOT LESS THAN 120 DAYS, AFTER AN EFFORT HAS BEEN MADE TO COLLECT THE BALANCE OR PLAN A PATIENT-PAY ACCOUNT PAYMENT PLAN THROUGH A SERIES OF 4 LETTERS AND 2 TELEPHONE CONTACTS DURING THE AFTERMENTIONED 120 DAY PERIOD, THE ACCOUNT IS TURNED OVER TO A COLLECTION AGENCY FOR FURTHER COLLECTION EFFORTS OR LEGAL ACTION. COLLECTION EFFORTS ARE NOT ENFORCED FOR BALANCES KNOWN TO QUALIFY UNDER CHARITY CARE OR OTHER FINANCIAL ASSISTANCE CRITERIA.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2:	EVERY THREE YEARS, THE ORGANIZATION PERFORMS A COMMUNITY HEALTH NEEDS ASSESSMENT TO DETERMINE THE CURRENT HEALTH NEEDS WITHIN THE COMMUNITY. IN ADDITION, THE MEDICAL STAFF PROVIDES THE HOSPITAL WITH HEALTH CARE NEEDS WITHIN THE COMMUNITY BASED ON THEIR OWN PATIENT HEALTH CARE NEEDS.
PART VI, LINE 3:	FCHC HAS SIGNS POSTED AT EACH PLACE THAT REGISTERS PATIENTS TO INFORM THEM OF FINANCIAL ASSISTANCE AVAILABLE. ALSO, EACH BILLING STATEMENT SENT TO THE PATIENT PROVIDES INFORMATION ON WHO THE PATIENT MAY CONTACT FOR INFORMATION REGARDING FINANCIAL ASSISTANCE. IN ADDITION, FINANCIAL COUNSELORS VISIT CERTAIN PATIENTS IN THE EMERGENCY DEPARTMENT AND ON THE INPATIENT FLOORS TO DISCUSSS THE FINANCIAL ASSISTANCE AVAILABLE TO THEM. FINALLY, FCHC PUBLICIZED THEIR POLICY THROUGH THE FOLLOWING WAYS: POSTED ON THE HOSPITAL FACILITY'S WEBSITE, ATTACHED TO BILLING INVOICES, POSTED IN THE HOSPITAL FACILITY'S EMERGENCY ROOMS AND WAITING ROOMS, POSTED IN THE HOSPITAL FACILITY'S ADMISSIONS OFFICES, PROVIDED IN WRITING TO PATIENTS ON ADMISSION TO THE HOSPITAL FACILITY, AND MADE AVAILABLE UPON REQUEST

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4:	FCHC SERVES FULTON COUNTY , OHIO AS THE PRIMARY SERVICE AREA, AS WELL AS PORTIONS OF HENRY AND WILLIAMS COUNTIES IN OHIO AND MORENCI, MICHIGAN AS THE SECONDARY SERVICE AREA. THE ORGANIZATION IS A RURAL COMMUNITY. THE HOSPITAL SERVES ALL RESIDENTS WITH VARIOUS DEMOGRAPHIC CHARACTERISTICS. THE POPULATION THAT THE HOSPITAL SERVICES RANGES FROM 40,000 TO 45,000. THERE ARE NO OTHER HOSPITALS IN FULTON COUNTY. THE PERCENTAGE OF PERSONS BELOW THE POVERTY LEVEL IS APPROXIMATELY 8-10%. THE AVERAGE MEDIAN HOUSEHOLD INCOME IS APPROXIMATELY \$60,231. APPROXIMATELY 7.2% OF FULTON COUNTY RESIDENTS ARE UNINSURED. ALMOST 77% OF RESIDENTS ARE ADULTS OVER THE AGE OF 18, 6% ARE UNDER THE AGE OF 5 AND 18.4% ARE OVER THE AGE OF 65. THE MAJORITY (88.8%) OF THE POPULATION ARE CAUCASIAN. HISPANICS (8.8%), AFRICAN AMERICANS (<1%), ASIAN (<1%) AND TWO OR MORE RACES (1.4%) COMPRISE THE REST OF THE POLULATION.
PART VI, LINE 5:	ALL OF THE ORGANIZATION'S BOARD MEMBERS RESIDE IN THE SERVICE AREA OF THE HOSPITAL. BOARD MEMBERS REPRESENT THE INDIVIDUALS WHO LIVE IN THE CITIES AND VILLAGES OF FULTON COUNTY AND ARE NOT INDEPENDENT CONTRACTORS OF THE ORGANIZATION. IN ADDITION, IN 2019, OUR BOARD HAD ONE EMPLOYED FCHC DOCTOR WHO IS REPRESENTING THE MEDICAL STAFF. THE ORGANIZATION EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY THAT MEET THE MEDICAL STAFF BYLAW REQUIREMENTS. THE ORGANIZATION REINVESTS SURPLUS FUNDS INTO THE ORGANIZATION IN THE FORM OF NEW EQUIPMENT, RENOVATIONS, AND ADDITIONAL SERVICES. THE ORGANIZATION HAD 13% OF ITS REVENUE SOURCED FROM MEDICAID AND UNINSURED PATIENTS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6:	N/A

Additional Data

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

Form 990 Schedule H, Part V Section A. Hospital Facilities

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		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
1	FULTON COUNTY HEALTH CENTER 725 S SHOOP AVE WAUSEON, OH 43567 WWW.FULTONCOUNTYHEALTHCENTER.ORG/ 1177AHR	X	X			X		X			

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
FULTON COUNTY HEALTH CENTER	PART V, SECTION B, LINE 5: FULTON COUNTY CONTRACTED WITH THE HOSPITAL COUNCIL OF NORTHWEST OHIO, A NON-PROFIT HOSPITAL ASSOCIATION, LOCATED IN TOLEDO, OHIO, TO COORDINATE AND MANAGE THE HEALTH ASSESSMENT PROCESS. THE HOSPITAL COUNCIL HAS BEEN COMPLETING COMPREHENSIVE HEALTH ASSESSMENTS SINCE 1999. THE PROJECT COORDINATOR FROM THE HOSPITAL COUNCIL OF NW OHIO HOLDS A MASTER'S DEGREE IN PUBLIC HEALTH AND CONDUCTED A SERIES OF MEETINGS WITH THE PLANNING COMMITTEE FROM FULTON COUNTY. DURING THESE MEETINGS, BANKS OF POTENTIAL SURVEY QUESTIONS FROM THE BEHAVIORAL RISK FACTOR SURVEILLANCE, YOUTH RISK BEHAVIOR SURVEILLANCE, AND NATIONAL SURVEY OF CHILDREN'S HEALTH SURVEYS WERE REVIEWED AND DISCUSSED. BASED ON INPUT FROM THE FULTON COUNTY PLANNING COMMITTEE, THE PROJECT COORDINATOR COMPOSED DRAFTS OF SURVEYS CONTAINING 149 ITEMS FOR THE ADULT SURVEY AND 81 ITEMS FOR THE ADOLESCENT SURVEY. THE DRAFTS WERE REVIEWED AND APPROVED BY HEALTH RESEARCHERS AT THE UNIVERSITY OF TOLEDO. THE NEEDS OF THE POPULATION, ESPECIALLY THOSE WHO ARE MEDICALLY UNDERSERVED, LOW-INCOME, MINORITY POPULATIONS AND POPULATIONS WITH CHRONIC DISEASE NEEDS, WERE TAKEN INTO ACCOUNT THROUGH THE SAMPLE METHODOLOGY THAT SURVEYED THESE POPULATIONS AND OVER-SAMPLED MINORITY POPULATIONS. IN ADDITION, THE ORGANIZATIONS THAT SERVE THESE POPULATIONS PARTICIPATED IN THE HEALTH ASSESSMENT AND COMMUNITY PLANNING PROCESS, SUCH AS FULTON COUNTY HEALTH DEPARTMENT, THE FULTON COUNTY HEALTH CENTER, AND JOB AND FAMILY SERVICES. THE PARTICIPANTS INCLUDED: A (PH) AFTER THEIR NAME INDICATES THEY WORK IN THE PUBLIC HEALTH FIELD OR TEACH PUBLIC HEALTH. FOUR COUNTY ADAMHS BOARD: LES MCCASLIN, CHIEF EXECUTIVE OFFICER FULTON COUNTY BOARD OF DEVELOPMENTAL DISABILITIES: BETH FRIESS, SUPERINTENDENT FULTON COUNTY HEALTH CENTER: PATRICIA FINN, CHIEF EXECUTIVE OFFICER STEVE MCCOY, DIRECTOR OF MARKETING AND PLANNING: SHARON MORR, DIRECTOR OF CORPORATE AND COMMUNITY HEALTH PROMOTION FULTON COUNTY HEALTH DEPARTMENT: MICHAEL P. ORICKO, M.S.E.P.H, HEALTH COMMISSIONER (PH) CINDY ROSE, RN, BSN, DIRECTOR OF NURSING (PH) KIM CUPP, RS, MPH HEALTH COMMISSIONER (PH) RACHEL KINSMAN, HEALTH EDUCATION COORDINATOR (PH) FULTON COUNTY FAMILY & CHILDREN FIRST COUNCIL: KAREN PENNINGTON, COORDINATOR LOU MOODY, MSN, PROJECT DIRECTOR, HEALTHY CHOICES CARING COMMUNITIES

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
FULTON COUNTY HEALTH CENTER	PART V, SECTION B, LINE 6B: FULTON COUNTY PARTNERED WITH THE FULTON COUNTY HEALTH DEPARTME NT. THE FULTON COUNTY STRATEGIC PLAN WAS WRITTEN BASED ON THE CONCLUSIONS AND RECOMMENDATI ONS OF A SERIES OF TEN MEETINGS WHICH: A. REVIEWED THE 2016 FULTON COUNTY COMMUNITY HEALTH ASSESSMENT INCLUDING CHILD, YOUTH AND ADULT DATA B. SELECTED PRIORITIES/TARGETED IMPACT A REAS C. RESOURCE ASSESSMENT: CREATED AN INVENTORY OF CURRENT PROGRAMS, SERVICES, AND ACTIV ITIES IN THE COMMUNITY THAT ARE SPECIFICALLY RELATED TO THE SELECTED PRIORITIES AND ASSOCI ATED SHORT-TERM GOALS. D. GAP ANALYSIS INCLUDING: I. IDENTIFIED ANY GAPS IN THE CONTINUUM OF CARE FOR THE POPULATIONS MOST AT RISK II. IDENTIFIED ANY SYSTEMS ISSUES THAT NEED TO BE ADDRESSED E. FORCES OF CHANGE AND COMMUNITY THEMES AND STRENGTHS: OPEN-ENDED QUESTIONS WE RE ASKED TO THE COMMITTEE ON COMMUNITY THEMES AND STRENGTHSF. LOCAL PUBLIC HEALTH ASSESSME NT: REVIEW THE LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT WITH COMMITTEE G. QUALITY OF LIFE SURV EY- REVIEW RESULTS OF THE QUALITY OF LIFE SURVEY WITH COMMITTEE H. SELECTED STRATEGIES TO IMPACT A PRIORITY AREA BASED ON ONE OR MORE OF THE FOLLOWING: I. ENHANCING EXISTING EFFORT S II. IMPLEMENTING NEW PROGRAMS OR SERVICES III. BUILDING INFRASTRUCTURE IV. IMPLEMENTING EVIDENCE BASED PRACTICES V. FEASIBILITY OF IMPLEMENTATION I. DETERMINED ACTION STEPS THE P ARTICIPANTS FOR THE FULTON COUNTY STRATEGIC PLANNING WERE:AJA BEHAVIORAL - CONRADO JENSEN AMERICAN CANCER SOCIETY - JESSICA WESTBIG BROTHERS/BIG SISTERS - CAROL MERRILOTBOARD OF COM MISSIONERSBOARD OF DEVELOPMENTAL DISABILITIES - BETH FRIESSCOMMUNITY HEALTH PROFESSIONALS - PAMELA SHIPLEYDELTA POLICE DEPARTMENT - COLLEEN LEUFAYETTE UNITED METHODIST CHURCH - KRI S KEISER, JEANNE JOHNSONFOUR COUNTY ADAMHS BOARD - LES MCCASLIN, PAM PFLUM FOUR COUNTY FAMIL Y CENTER - KATHY HELMKE, TONIE LONGFREE CLINIC OF FULTON COUNTY - MARY APODACA, RANDALL BOWMANFULTON COUNTY HEALTH CENTER - PATTI FINN, STEVE MCCOY, SHARON MORR, KRISTY SNYDER, N IKI THOUROT, JENEE SEIBERTFULTON COUNTY HEALTH DEPARTMENT -MARY APODACA, KIM CUPP, RACHEL KINSMAN, MIKE ORICKO, KAREN PENNINGTON, CINDY ROSE, ANDREA SCHWIEBERT, DEB WEIRAUCHFULTON COUNTY SENIOR CENTER - SANDY GRIGGSFULTON COUNTY SHERIFF'S OFFICE - TRACY ZUVERHEALTHY CHO ICES CARING COMMUNITIES - BETH THOMASHELP ME GROW - KRISTIE HUMBERTMAUMEE VALLEY GUIDANCE CENTER - DAWN MILLERJOBS AND FAMILY SERVICES - ARIC BIDWELL, AMY METZ- SIMONNORTHWEST STATE COMMUNITY COLLEGE - DEB MIGNINOSU EXTENSION - JILL STECHSCHULTE, MELISSA WELKERPIKE-DELTA -YORK SCHOOLS - JAY LEFEVRE, COLLEEN LEURECOVERY SERVICES OF NORTHWEST OHIO - KEN BOND SAU DERS - MARC FRUTH UNITED WAY FULTON COUNTY - GINA SAAFWAUSEON CHAMBER OF COMMERCE, FULTON COUNTY AGING CONSORTIUM - TIM SEPESYWAUSEON POLICE DEPARTMENT - KEVIN CHITTENDEN, KEITH TO RBETYMCA OF NORTHWEST OHIO - SALLY BRINKMANFULTON COUNTY HEALTH CENTER HOSTED ALL OF THE S TRATEGIC PLANNING MEETINGS AND CONTINUES TO HOST QUARTERLY PROGRESS MEETINGS. THE IMPLEMEN TATION PLAN DETAILS EACH MEMBE

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
FULTON COUNTY HEALTH CENTER	R OF THE FULTON COUNTY PARTNERS FOR HEALTH'S ACTIONS STEPS.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
FULTON COUNTY HEALTH CENTER	PART V, SECTION B, LINE 7D: THE ASSESSMENT IS AVAILABLE ON THE FOLLOWING ADDITIONAL WEBSITES: FULTON COUNTY HEALTH DEPARTMENT HTTP://FULTONCOUNTYHEALTHDEPT.COM/DATA-RESOURCES/HEALTH-ASSESSMENTS HOSPITAL COUNCIL OF NORTHWEST OHIO HTTP://WWW.HCNO.ORG/COMMUNITY-SERVICES/COMMUNITY-HEALTH-ASSESSMENTS/HEALTHY CHOICES CARING COMMUNITIES - HC3 HTTP://WWW.HC3PARTNERSHIP.ORG/ABOUT/HEALTH-STATUS-REPORT ALSO, HARD COPIES OF THE FULL REPORT WERE GIVEN TO ALL KEY LEADERS AT THE COMMUNITY EVENT.

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
FULTON COUNTY HEALTH CENTER	PART V, SECTION B, LINE 11: THE FULL COPY OF THE IMPLEMENTATION PLAN CAN BE FOUND ON THE FOLLOWING WEBSITE: HTTPS://WWW.FULTONCOUNTYHEALTHCENTER.ORG. THE HOSPITAL IMPLEMENTATION PLAN WAS FINALIZED IN SEPTEMBER 2017 AND APPROVED BY THE HOSPITAL BOARD ON SEPTEMBER 27, 2017. AT EACH MEETING, THE MEMBERS OF THE FULTON COUNTY PARTNERS FOR HEALTH MEET TO DISCUSS GOALS AND PROGRESS. FULTON COUNTY HEALTH CENTER IS A MEMBER OF THE FULTON COUNTY PARTNERS FOR HEALTH. THIS GROUP HAS COLLABORATED TO ADDRESS SPECIFIC HEALTH NEEDS IN THE COMMUNITY. EACH AGENCY HAS BEEN ASSIGNED SPECIFIC GOALS AND RESPONSIBILITIES. THE PRIMARY ISSUES THE FULTON COUNTY PARTNERS FOR HEALTH GROUP CHOSE TO ADDRESS ARE AS FOLLOWS:YOUTH AND ADULT OBESITY-RELATED BEHAVIORS - INCREASE CONSUMPTION OF FRUITS AND VEGETABLES, AND OTHER HEALTHY FOODS - INCREASE EXERCISE - INCREASE BREASTFEEDINGCARDIOVASCULAR HEALTH - INCREASE AWARENESS OF CVD RISK FACTORS - EMPOWER THE COMMUNITY BY SUPPORTING HIGH QUALITY HEALTH CARE, MANAGING CONDITIONS EFFECTIVELY, GETTING ACTIVE, EATING HEALTHY, STAYING SMOKE FREE, AND REDUCING SODIUM AND TRANS-FATS.YOUTH AND ADULT DEPRESSIONS AND SUICIDE - INCREASE AWARENESS AND SCREENING - EXPAND CURRENT PROGRAMMINGYOUTH BULLYING - INCREASE EVIDENCE BASED PROGRAMMING WITH YOUTH - EDUCATE PARENTSTHE HOSPITAL IS FOCUSING ON THE FOLLOWING HEALTH NEEDS: - ADULT AND YOUTH WEIGHT CONTROL - THE FULTON COUNTY HEALTH CENTER WILL INCREASE THE NUMBER OF BUSINESSES PROVIDING WELLNESS PROGRAMS AND INSURANCE INCENTIVE PROGRAMS TO THEIR EMPLOYEES. THEY WILL ALSO IMPLEMENT THE OHA HEALTHY HOSPITALS INITIATIVE.ADULT CARDIOVASCULAR HEALTH - THE FULTON COUNTY HEALTH CENTER WILL WORK WITH THE HEALTH DEPARTMENT AND HELP ME GROW TO IMPLEMENT THE GO, SLOW, WHOA PROGRAM. THEY WILL ALSO DISTRIBUTE THE RESOURCE ASSESSMENT TO THE COMMUNITY.IN ADDITION, TO THE ABOVE, THE HOSPITAL IS CONTINUES TO SUPPORT THESE HEALTH INITIATIVES WITH THE FOLLOWING FREE AND/OR LOW COSTS HEALTH SCREENINGS TO THE COMMUNITY: - CHOLESTEROL/B/P SCREENINGS AT COMMUNITY LIBRARIES AND COUNTY HIGH SCHOOLS- BLOOD GLUCOSE AND B/P SCREENINGS AT VARIOUS COMMUNITY EVENTS- HEALTH FAIRS OPEN TO THE COMMUNITY & SPECIAL HEALTH SCREENING EVENTS FOR THE FARM COMMUNITY. TESTS/SCREENINGS OFFERED INCLUDE: COMPREHENSIVE METABOLIC PROFILE, BMI AND BODY COMPOSITION TESTING, BONE DENSITY SCREENINGS, HEMOCULT TESTS, SUN EXPOSURE SCREENINGSTHE HOSPITAL CONTINUES TO PROVIDE A VARIETY OF HEALTH AND FITNESS CLASSES THROUGHOUT THE COUNTY AND SURROUNDINGS. THESE CLASSES ARE AS FOLLOWS: - LOW CHOLESTEROL LIVING - SALT SENSE - HEALTHY EATING IN THE REAL WORLD - WEIGHT & NUTRITION MANAGEMENT - LIFESTYLE MANAGEMENT - DIABETIC EDUCATION - VARIOUS FITNESS CLASSES FOR ALL AGES THE FULTON COUNTY HEALTH CENTER WILL PROVIDE SUPPORT TO OTHER HEALTH IMPROVEMENT INITIATIVES THROUGH THEIR REPRESENTATION ON VARIOUS COMMUNITY BOARDS AND COALITIONS . (SEE LIST)BOARDS - DELTA CHAMBER OF COMMERCE - HANDS OF GRACE, FAITH IN ACTION - SERVING ELDERLY & DISABLED IN FULTON

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
FULTON COUNTY HEALTH CENTER	N COUNTY - FULTON COUNTY HEART RADIOTHON - AMERICAN CANCER SOCIETY - VOLUNTEER LEADERSHIP COUNCIL COALITIONS- - FULTON COUNTY AGING CONSORTIUM - NORTHWEST OHIO TOBACCO PREVENTION COALITION - HEALTHY CHOICES CARING COMMUNITIES (HC3) (DRUG FREE COMMUNITIES) - AMERICAN CANCER SOCIETY - RELAY FOR LIFE - FULTON COUNTY EMPLOYEES - WELLNESS COMMITTEE - NORTH STAR STEEL WELLNESS COMMITTEE - HEALTHY OHIO BUSINESS COUNCIL - LINKING EMPLOYEES ASSISTANCE PROGRAMS (LEAP) - FULTON COUNTY SAFE COMMUNITIES COALITION - FULTON/HENRY NETWORKING - SUICIDE PREVENTION COALITIONRESOURCE RESTRICTIONS DO NOT ALLOW THE HOSPITAL TO ADDRESS ALL OF THE NEEDS IDENTIFIED THROUGH THE HEALTH ASSESSMENT. OF THE PRIORITY NEEDS IDENTIFIED BY THE COMMUNITY PLANNING PROCESS, THE HOSPITAL IS NOT DIRECTLY ADDRESSING ALL OF THE ISSUES OF YOUTH AND ADULT OBESITY RELATED BEHAVIORS, CARDIOVASCULAR HEALTH, YOUTH AND ADULT DEPRESSION AND SUICIDE, AND YOUTH BULLYING. THIS IS BECAUSE MANY COMMUNITY AGENCIES ACROSS FULTON COUNTY ARE ADDRESSING THESE ISSUES THROUGH THE FOLLOWING ACTION STEPS: -THE FULTON COUNTY HEALTH DEPARTMENT WILL WORK TO EXPAND THE GROW IT, TRY IT, LIKE IT! PROGRAM TO PRESCHOOLS AND THE C.A.T.C.H. PROGRAM IN SCHOOLS. THEY WILL INITIATE FORMALIZED BREASTFEEDING POLICIES FOR EMPLOYEES. ALONG WITH FULTON COUNTY HEALTH CENTER AND HELP ME GROW THEY WILL IMPLEMENT GO, SLOW, WHOA PROGRAM. LASTLY, THEY ARE GOING TO IMPLEMENT MILLION HEARTS INITIATIVE.-HELP ME GROW WILL IMPLEMENT GO, SLOW, WHOA PROGRAM ALONG WITH THE FULTON COUNTY HEALTH DEPARTMENT AND FULTON COUNTY HEALTH CENTER. -FULTON COUNTY PARTNERS FOR HEALTH WILL CREATE A BRANDED LOGO WITH A CONSISTENT MESSAGE TO INCREASE ADULT CARDIOVASCULAR HEALTH.-FOUR COUNTY ADAMHS BOARD WILL CREATE A MENTAL HEALTH DETOXIFICATION UNIT, AND WILL EXPAND EVIDENCE-BASED PROGRAMS TARGETING YOUTH. THEY WILL ALSO, INCREASE THE NUMBER OF PRIMARY CARE PHYSICIANS SCREENING FOR DEPRESSION DURING OFFICE VISITS (PQH2 AND PQH9).-FOUR COUNTY FAMILY CENTER WILL ASSIST FOUR COUNTY ADAMHS BOARD IN EXPANDING EVIDENCE-BASED PROGRAMS TARGETING YOUTH, AND INCREASE THE NUMBER OF PRIMARY CARE PHYSICIANS SCREENING FOR DEPRESSION DURING OFFICE VISITS (PQH2 AND PQH9). -PIKE DELTA YORK SCHOOLS WILL IMPLEMENT THE OLWEUS PREVENTION PROGRAM IN FULTON COUNTY SCHOOLS.-CENTER FOR CHILD AND FAMILY ADVOCACY WILL WORK WITH PIKE DELTA YORK SCHOOLS TO IMPLEMENT THE OLWEUS PREVENTION PROGRAM IN FULTON COUNTY SCHOOLS.-THE BOARD OF COMMISSIONERS, AGING CONSORTIUM, AND JOB AND FAMILY SERVICES ARE GOING TO IMPLEMENT A TRANSPORTATION SYSTEM.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
FULTON COUNTY HEALTH CENTER	PART V, SECTION B, LINE 16J: FCHC HAS SIGNS POSTED AT EACH PLACE THAT REGISTERS PATIENTS TO INFORM THEM OF FINANCIAL ASSISTANCE AVAILABLE. ALSO, EACH BILLING STATEMENT SENT TO THE PATIENT PROVIDES INFORMATION ON WHO THE PATIENT MAY CONTACT FOR INFORMATION REGARDING FINANCIAL ASSISTANCE. IN ADDITION, FINANCIAL COUNSELORS VISIT CERTAIN PATIENTS IN THE EMERGENCY DEPARTMENT AND ON THE INPATIENT FLOORS TO DISCUSS THE FINANCIAL ASSISTANCE AVAILABLE TO THEM. FINALLY, FCHC PUBLICIZED THEIR POLICY THROUGH THE FOLLOWING WAYS: POSTED ON THE HOSPITAL FACILITY'S WEBSITE, ATTACHED TO BILLING INVOICES, POSTED IN THE HOSPITAL FACILITY'S EMERGENCY ROOMS AND WAITING ROOMS, POSTED IN THE HOSPITAL FACILITY'S ADMISSIONS OFFICES, PROVIDED IN WRITING TO PATIENTS ON ADMISSION TO THE HOSPITAL FACILITY, AND MADE AVAILABLE UPON REQUEST.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
FULTON COUNTY HEALTH CENTER

Employer identification number
34-4428214

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 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 noncash assistance	(h) Purpose of grant or assistance
(1) FULTON COUNTY HISTORICAL SOCIETY PO BOX 104 WAUSEON, OH 43567	34-1413958	501(C)(3)	10,000				CAPITAL FUND FOR MUSEUM & WELCOME CENTER OF FULTON COUNTY
(2) WOOD COUNTY HOSPITAL 950 W WOOSTER STREET BOWLING GREEN, OH 43402	34-4440884	501(C)(3)		23,222	INVOICE/ACTUAL	INVENTORY SUPPLIES	EXTRA LAB SUPPLIES FCHC COULDN'T USE

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

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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
PART I, LINE 2:	FCHC REVIEWS MANY GRANT REQUESTS THROUGHOUT THE YEAR. ALL GRANTS ARE AT THE DISCRETION OF THE EXECUTIVE DIRECTOR AND BOARD MEMBERS WHO DETERMINE THE AMOUNT OF GRANTS BASED ON THE NEEDS OF THE COMMUNITY. FCHC ROUTINELY ISSUES DONATIONS TO LOCAL NONPROFIT ORGANIZATIONS AND CHARITIES. EMPLOYEES AND BOARD MEMBERS OF FCHC ARE ABLE TO INDIRECTLY MONITOR THE NONPROFITS IN WHICH THEY DONATE TO DUE TO THE NATURE OF THE SMALL COMMUNITY WHERE THE HOSPITAL RESIDES. IN 2019, THERE WERE TWO ORGANIZATIONAL GRANTS GREATER THAN \$5,000.

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization FULTON COUNTY HEALTH CENTER		Employer identification number 34-4428214

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 on 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 on 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 on 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on 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," on line 5a or 5b, describe in Part III.			
6 For persons listed on 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," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

For each individual whose compensation must be reported on 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.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
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Schedule J (Form 990) 2019

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
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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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
FULTON COUNTY HEALTH CENTER

Employer identification number
34-4428214

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) 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 the organization managers or disqualified persons during the year under section 4958. ▶ \$

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting 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) DAWN M KOLB	EMPLOYEE OF FCHC/WIFE TO BRETT KOLB (BOARD MEMBER)	49,687	W-2 WAGES		No
(2) JANET M BUEHRER	EMPLOYEE OF FCHC/SISTER TO SHARON GILLEPSIE (BOARD MEMBER)	48,683	W-2 WAGES		No
(3) CLAIRE KOLB	EMPLOYEE OF FCHC/DAUGHTER TO BRETT KOLB (BOARD MEMBER)	19,428	W-2 WAGES		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

Name of the organization
FULTON COUNTY HEALTH CENTER

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

34-4428214

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 2	FCHC OPENED A RETAIL PHARMACY OPENED TO THE PUBLIC AS WELL AS THOSE WHO USE THE HEALTH CENTER'S SERVICES OR SEE A PROVIDER ON CAMPUS AND NEED PRESCRIPTIONS FILLED. THIS WILL BE ESPECIALLY CONVENIENT FOR THOSE WHO REQUIRE PRESCRIPTIONS AFTER OUTPATIENT PROCEDURES OR SURGERY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	A COPY OF THE FORM 990 IS PROVIDED TO AND REVIEWED BY EACH OF THE ORGANIZATION'S BOARD OF DIRECTORS, DIRECTOR OF FINANCE - JENEE SEIBERT, AND CHIEF EXECUTIVE OFFICER - PATRICIA A. FINN, BEFORE THE FORM IS FILED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST QUESTIONNAIRES ARE DISTRIBUTED ANNUALLY TO THE BOARD OF DIRECTORS AND DEPARTMENT HEADS. NEW BOARD MEMBERS ARE INTERVIEWED BY THE ADMINISTRATOR AND AT THAT TIME , DISCUSS WHETHER ANY CONFLICTS OF INTEREST EXIST. THE BOARD MEMBER IS PRESENTED TO THE EXECUTIVE COMMITTEE WHO REVIEWS ALL PERTINENT INFORMATION TO DETERMINE IF THERE IS A CONFLICT OF INTEREST AND WHETHER THAT PERSON CAN SERVE AS A BOARD MEMBER. VENDORS ARE REVIEWED REGULARLY BY DEPARTMENT HEADS TO DETERMINE IF ANY RELATIONSHIPS EXIST PER THE CONFLICT OF INTEREST QUESTIONNAIRES. AN OFFICER, DIRECTOR, OR KEY EMPLOYEE WHO HAS A CONFLICT OF INTEREST SHALL DISCLOSE THE CONFLICT OF INTEREST WHEN IT ARISES, AND BEFORE ACTION ON THE TRANSACTION OR CLAIM IN QUESTION. DISCLOSURE IS REQUIRED EVEN IF A DECISION CONCERNING THE TRANSACTION OR CLAIM IS NOT SUBJECT TO APPROVAL BY THE OFFICER, DIRECTOR, OR KEY EMPLOYEE OR THE BOARD OR COMMITTEE ON WHICH THE OFFICER, DIRECTOR, OR KEY EMPLOYEE SERVES. THE POLICY PROVIDES A PROCEDURE FOR REPORTING POTENTIAL CONFLICTS WHEN THEY ARISE AND BEFORE ACTION TO APPROVE OR AUTHORIZE THE TRANSACTION IS TAKEN. THE POLICY COVERS DIRECTORS, OFFICERS, EMPLOYEES OR AGENTS OF FULTON COUNTY HEALTH CENTER AND MEMBERS OF COMMITTEES AUTHORIZED TO APPROVE TRANSACTIONS OR ASSERT CLAIMS ON BEHALF OF THE FULTON COUNTY HEALTH CENTER. THE BOARD OF DIRECTORS, OTHER THAN ANY BOARD MEMBER DIRECTLY INVOLVED WITH THE CONFLICT, DETERMINES WHETHER A CONFLICT OF INTEREST INVOLVING AN INDIVIDUAL COVERED BY THE POLICY EXISTS AND REVIEWS ACTUAL CONFLICTS. INDIVIDUALS WITH CONFLICTS ARE NOT PERMITTED TO PARTICIPATE IN DELIBERATIONS OR VOTE TO AUTHORIZE A TRANSACTION OR ASSERTION OF A CLAIM.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION OF THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER, PATRICIA A. FINN, IS APPROVED BY THE BOARD OF DIRECTORS. THE ORGANIZATION PARTICIPATES WITH THE OHA AND USES THEIR WAGE SURVEYS TO HELP DETERMINE THE CEO'S COMPENSATION. THE CEO'S COMPENSATION IS REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS AND DECISIONS ARE DOCUMENTED IN THE BOARD OF DIRECTOR MEETING MINUTES. THE COMPENSATION OF OFFICERS AND KEY EMPLOYEES ARE REVIEWED BY THE BOARD OF DIRECTORS. THE ORGANIZATION PARTICIPATES WITH THE OHA AND USES THEIR WAGE SURVEYS TO HELP DETERMINE OFFICER COMPENSATION. THE BOARD APPROVES THE COMPENSATION OF EMPLOYEES IN THE AGGREGATE. OFFICER COMPENSATION IS REVIEWED ANNUALLY AND DECISIONS ARE DOCUMENTED IN THE BOARD OF DIRECTOR MEETING MINUTES. THE COMPENSATION REVIEW PROCESS FOR THE CEO, OFFICERS, AND KEY EMPLOYEES WAS LAST PERFORMED IN FEBRUARY 2019. A COST OF LIVING RAISE WAS LAST RECEIVED AT THE BEGINNING OF 2018. THIS WAGE INCREASE WAS CONSISTENT WITH THE WAGE INCREASE FOR ALL FCHC PERSONNEL. NO COST OF LIVING RAISE WAS GIVEN IN 2019.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. GOVERNIN G DOCUMENTS, CONFLICT OF INTEREST POLICY, AND THE FINANCIAL STATEMENTS ARE NOT AVAILABLE T O THE PUBLIC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PROFESSIONAL SERVICES: PROGRAM SERVICE EXPENSES 9,917,115. MANAGEMENT AND GENERAL EXPENSES 16. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 9,917,131. HUMAN RESOURCES: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 292,786. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 292,786. CONSULTING: PROGRAM SERVICE EXPENSES 4,824. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 4,824. DIRECTORSHIP/HOUSEKEEPING/OTHER SERVICES: PROGRAM SERVICE EXPENSES 265,271. MANAGEMENT AND GENERAL EXPENSES 172,062. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 437,333. BILLING & COLLECTIONS: PROGRAM SERVICE EXPENSES 693,319. MANAGEMENT AND GENERAL EXPENSES 39,042. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 732,361.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	MEDICAL STAFF & AUXILIARY TRIAL BALANCE ADJUSTMENT 112.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C:	THE OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS HAS NOT CHANGED SINCE THE PRIOR YEAR.

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.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
FULTON COUNTY HEALTH CENTER

Employer identification number
34-4428214

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

(a) Name, address, and EIN (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
(1) FCHC MEDICAL CARE LLC 725 S SHOOP AVE WAUSEON, OH 435671702 01-0877201	PHYSICIAN BILLING AND PHYSICIAN PRACTICES	OH	7,125,543	2,203,841	FULTON COUNTY HEALTH CENTER
(2) FCHC MEDICAL SERVICES LLC 725 S SHOOP AVE WAUSEON, OH 435671702 01-0877202	HOLD LAND	OH	0	236,772	FULTON COUNTY HEALTH CENTER
(3) FULTON COUNTY HOLDINGS LLC 725 S SHOOP AVE WAUSEON, OH 435671702 85-2814768	HOLD LAND	OH	0	1,757,917	FULTON COUNTY HEALTH CENTER
(4) FCHC PHARM LLC 725 S SHOOP AVE WAUSEON, OH 435671702 83-3101408	RETAIL PHARMACY	OH	314,008	308,036	FULTON COUNTY HEALTH CENTER

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

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

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

1

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

a

Receipt of (i) interest, (ii)annuities, (iii) royalties, or (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

Lease of facilities, equipment, or other assets to related organization(s)

k

Lease of facilities, equipment, or other assets from related organization(s)

l

Performance of services or membership or fundraising solicitations for related organization(s)

m

Performance of services or membership or fundraising solicitations by related organization(s)

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

Other transfer of cash or property from related organization(s)

Yes

No

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

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation