



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Return of Organization Exempt From Income Tax

2008

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009

Check if applicable
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization JOHN D ARCHBOLD MEMORIAL HOSPITAL INC	D Employer identification number 58-0566121
Doing Business As	
E Number and street (or P O box if mail is not delivered to street address) P O BOX 1018	F Room/suite
City or town, state or country, and ZIP + 4 THOMASVILLE, GA 317991018	

G Gross receipts \$ 342,480,742

I Tax-exempt status 501(c) (3) ► (Insert no) 4947(a)(1) or 527

J Web site: ► WWW ARCHBOLD.ORG

K Type of organization Corporation trust association other ►

L Year of Formation 1923

M State of legal domicile GA

Part I Summary

1 Briefly describe the organization's mission or most significant activities HEALTHCARE SERVICES		
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
3 Number of voting members of the governing body (Part VI, line 1a)	3	20
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5 Total number of employees (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	148
7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	375,822
b Net unrelated business taxable income from Form 990-T, line 34	7b	-129,154
8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g)	5,809,161	6,343,204
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	311,159,384	328,297,605
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,016,275	3,928,625
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,264,977	3,730,046
	326,249,797	342,299,480
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		690,665
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	120,833,267	125,353,451
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b (Total fundraising expenses, Part IX, column (D), line 25 0)		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	185,831,419	182,359,973
18 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A))	306,664,686	308,404,089
19 Revenue less expenses Subtract line 18 from line 12	19,585,111	33,895,391
20 Total assets (Part X, line 16)	Beginning of Year	End of Year
21 Total liabilities (Part X, line 26)	322,929,345	376,821,980
22 Net assets or fund balances Subtract line 21 from line 20	86,072,901	105,779,107
	236,856,444	271,042,873

Part II Signature Block

Please Sign Here	<p>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</p> <p>***** Signature of officer J PERRY MUSTIAN PRESIDENT Type or print name and title</p>		
------------------	--	--	--

Paid Preparer's Use Only	Preparer's signature ► WILSON E JOINER III	Date 2010-08-12	Check if self-employed ► <input type="checkbox"/>	Preparer's PTIN (See Gen Inst)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► DRAFFIN & TUCKER LLP PO BOX 6 ALBANY, GA 317020006			EIN ►
				Phone no ► (229) 883-7878

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

Part III Statement of Program Service Accomplishments (See the instructions.)**1** Briefly describe the organization's mission

HEALTHCARE 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If "Yes," describe these changes on Schedule O	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ 271,838,155 including grants of \$ 690,665) (Revenue \$ 330,251,913)	
	JOHN D ARCHBOLD MEMORIAL HOSPITAL (JDAMH) IN THOMASVILLE GEORGIA OPERATES WITH 264 LICENSED BEDS, OF WHICH 204 ARE MED/SURG, 40 BEDS ARE DESIGNATED TO A PSYCH UNIT, 20 BEDS ARE REHAB IN ADDITION, THEY OPERATE A 64 BED SKILLED NURSING FACILITY. JDAMH IS A RURAL REFERRAL CENTER COVERING THOMAS COUNTY AND SURROUNDING COUNTIES IN SOUTHERN GEORGIA AND NORTHERN FLORIDA. 49% OF PATIENTS WERE COVERED BY MEDICARE AND MEDICAID, AND 20% OF PATIENT REVENUE WAS PROVIDED AS INDIGENT CARE. IN 2009, JDAMH PROVIDED OVER 10.6 MILLION IN INDIGENT CARE. JDAMH TREATS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. IN ADDITIONAL JDAMH PROVIDED OVER 42.8 MILLION IN ADDITIONAL UNCOMPENSATED CARE THROUGHOUT THE YEAR. JDAMH PRODUCES OR SPONSORS MANY SPECIAL PROGRAMS FOR THE COMMUNITY TO EDUCATE THEM ON IMPORTANT HEALTH NEEDS. JDAMH, INC. ALSO MAINTAINS HOSPITALS IN GRADY COUNTY, BROOKS COUNTY, MITCHELL COUNTY AND EARLY COUNTY, EIN 58-0566121. BROOKS COUNTY HOSPITAL OPERATES IN QUITMAN, GEORGIA AS A CRITICAL ACCESS HOSPITAL WITH 25 ACUTE CARE BEDS. IT SERVES BROOKS COUNTY AND OVER 74% OF ITS PATIENTS WERE MEDICARE/MEDICAID. IN 2009, OVER 2 MILLION OF INDIGENT CARE WAS PROVIDED TO THE COMMUNITY. IN ADDITION, BROOKS COUNTY HOSPITAL PROVIDED OVER 3.3 MILLION IN ADDITIONAL UNCOMPENSATED CARE. EIN 58-6002830 FILED UNDER EIN 58-0566121. GRADY GENERAL HOSPITAL (GGH) IN CAIRO, GEORGIA OPERATES A 46 BED ACUTE CARE FACILITY. TEN BEDS CAN BE USED AS SWING BEDS. IT SERVES GRADY COUNTY AND 49% OF ITS PATIENTS WERE MEDICARE/MEDICAID. IN 2009, GGH PROVIDED OVER 1 MILLION IN INDIGENT CARE. IN ADDITION, GRADY GENERAL HOSPITAL PROVIDED OVER 7.9 MILLION IN ADDITIONAL UNCOMPENSATED CARE. EIN 58-1646537 FILED UNDER EIN 58-0566121. MITCHELL COUNTY HOSPITAL AND NURSING HOMES OPERATE IN CAMILLA, GEORGIA AS A CRITICAL ACCESS HOSPITAL WITH 25 ACUTE CARE BEDS AND 156 NURSING HOME BEDS. IT SERVES MITCHELL COUNTY AND 59% OF ITS PATIENTS WERE MEDICARE/ MEDICAID. IN 2009, OVER 3.8 MILLION OF INDIGENT CARE WAS PROVIDED TO THE COMMUNITY. IN ADDITION, MITCHELL COUNTY HOSPITAL PROVIDED OVER 4.6 MILLION ADDITIONAL UNCOMPENSATED CARE. EIN 58-6001207 FILED UNDER EIN 58-0566121. EARLY MEMORIAL HOSPITAL AND NURSING HOME OPERATES IN BLAKELY, GEORGIA AS A CRITICAL ACCESS HOSPITAL WITH 25 ACUTE CARE BEDS AND 127 NURSING HOME BEDS. IT SERVES EARLY COUNTY AND 65% OF ITS PATIENTS WERE MEDICARE/ MEDICAID. IN 2009, OVER 985 THOUSAND OF INDIGENT CARE WAS PROVIDED TO THE EARLY COMMUNITY. IN ADDITION, EARLY MEMORIAL HOSPITAL PROVIDED OVER 3.3 MILLION IN ADDITIONAL UNCOMPENSATED CARE. EIN 58-0910406 FILED UNDER EIN 58-0566121	
4b	(Code) (Expenses \$) (Revenue \$)	
4c	(Code) (Expenses \$) (Revenue \$)	
4d	Other program services (Describe in Schedule O) (Expenses \$) (Revenue \$)	
4e	Total program service expenses \$ 271,838,155 Must equal Part IX, Line 25, column (B).	

Part IV Checklist of Required Schedules

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

2 Is the organization required to complete Schedule B, Schedule of Contributors?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II

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

9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII

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

14a Did the organization maintain an office, employees, or agents outside of the U.S.?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I

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

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

17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

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

21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

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?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I

26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

	Yes	No
1	Yes	
2	Yes	
3		No
4	Yes	
5		
6		No
7		No
8		No
9		No
10		No
11	Yes	
12		No
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20	Yes	
21		No
22	Yes	
23	Yes	
24a	Yes	
24b		No
24c		No
24d		No
25a		No
25b		No
26		No
27		No

Part IV Checklist of Required Schedules (Continued)

28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee

- a** Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV
- b** Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV
- c** Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

36 501(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

37 Did the organization conduct more than 5 percent 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

	Yes	No
28a	Yes	
28b	Yes	
28c	Yes	
29		No
30		No
31		No
32		No
33		No
34	Yes	
35		No
36		No
37		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a 180	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a 0	
2b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		
4b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		
5c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?		
6a	Did the organization solicit any contributions that were not tax deductible?		
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<i>Organizations that may receive deductible contributions under section 170(c).</i>		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<i>Section 501(c)(7) organizations.</i> Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<i>Section 501(c)(12) organizations.</i> Enter		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)
Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body . . .	1a	20
b Enter the number of voting members that are independent . . .	1b	11
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	No
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	No
6 Does the organization have members or stockholders?	6	No
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes
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
9a Does the organization have local chapters, branches, or affiliates?	9a	No
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	No
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes
11 Is there any officer, director or 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	11	No

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes
13 Does the organization have a written whistleblower policy?	13	Yes
14 Does 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
Describe the process in Schedule O		
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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	No

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply
 own website another's website upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 CHARLES D HIGHTOWER JR
 PO BOX 1018
 THOMASVILLE, GA 31799
 (229) 228-2853

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any officer, director, trustee or key employee.

Part VII Continued

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 82

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)	Name and business address	(B)	Description of services	(C)	Compensation
RED HILLS RADIOLOGY	714 N DAWSON STREET	THOMASVILLE, GA 31792	RADIOLOGY SVC	6,224,298	
CHILDERS CONSTRUCTION CO	3472 WEEMS ROAD UNIT 1	TALLAHASSEE, FL 32317	CONSTRUCTION	6,216,251	
BE&K BUILDING GROUP	10 CADILLAC DR SUITE 460	BRENTWOOD, TN 37027	CONSTRUCTION	4,188,815	
GRESHAM SMITH & PARTNERS	P O BOX 440029	NASHVILLE, TN 372440029	ARCHITECHS	3,784,295	
SOUTH GEORGIA EMERGENCY MEDICAL ASSO	924 GORDON AVENUE	THOMASVILLE, GA 31792	PHYSICIAN SERVI	3,388,460	
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation					52

Part
VIII

Statement of Revenue

		(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . . 1a _____					
	b Membership dues 1b _____					
	c Fundraising events 1c _____					
	d Related organizations . . . 1d _____					
	e Government grants (contributions) 1e _____ 5,121,623					
	f All other contributions, gifts, grants, and similar amounts not included above 1f _____ 1,221,581					
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total (Add lines 1a-1f) 1f 6,343,204					
Program Service Revenue	2a PATIENT SERVICE REVENUE 2b LAB SERVICES c _____ d _____ e _____ f All other program service revenue 2f _____	Business Code	327,921,783	327,921,783		
		900,099	375,822	375,822		
Other Revenue	3 Investment income (including dividends, interest other similar amounts) 3 3,918,233				3,918,233	
	4 Income from investment of tax-exempt bond proceeds 4					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross Rents 6a 1,298,980					
	b Less rental expenses					
	c Rental income or (loss) 6c 1,298,980					
	d Net rental income or (loss) 6d 1,298,980				1,298,980	
7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) 7c 10,392	(i) Securities	(ii) Other	10,392			
d Net gain or (loss) 7d 10,392			10,392		10,392	
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 a						
b Less direct expenses . . . b						
c Net income or (loss) from fundraising events c						
9a Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 a						
b Less direct expenses . . . b						
c Net income or (loss) from gaming activities c						
10a Gross sales of inventory, less returns and allowances a 282,198						
b Less cost of goods sold . . . b 181,262						
c Net income or (loss) from sales of inventory c 100,936					100,936	
Miscellaneous Revenue		Business Code				
11a DRUG SALES			1,068,932	1,068,932		
b CAFETERIA SALES			718,577	718,577		
c MISCELLANEOUS REVENUE			390,998	390,998		
d All other revenue _____			151,623	151,623		
e Total. Add lines 11a-11d 11e \$ 2,330,130						
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 12		342,299,480	330,251,913	375,822	5,328,541	

Part IX Statement of Functional Expenses**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22	690,665	690,665		
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,324,348		1,324,348	
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	99,906,562	85,774,974		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,309,767	1,983,255	326,512	
9 Other employee benefits	13,404,397	11,437,197	1,967,200	
10 Payroll taxes	8,408,377	7,132,180	1,276,197	
11 Fees for services (non-employees)				
a Management				
b Legal	8,011		8,011	
c Accounting	133,800		133,800	
d Lobbying	10,568		10,568	
e Professional fundraising See Part IV, line 17				
f Investment management fees				
g Other	32,476,263	27,568,805	4,907,458	
12 Advertising and promotion	189,435	58,767	130,668	
13 Office expenses	57,290,441	48,623,129	8,667,312	
14 Information technology	1,233,661	1,196,663	36,998	
15 Royalties				
16 Occupancy	5,296,272	4,736,456	559,816	
17 Travel	1,251,507	1,052,545	198,962	
18 Payments of travel or entertainment expenses for any Federal, state or local public officials				
19 Conferences, conventions and meetings	25,660	25,660		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,314,102	14,589,701	1,724,401	
23 Insurance	1,679,928	1,679,928		
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a BAD DEBT	62,099,954	62,099,954		
b REPAIRS & MAINTENANCE	3,002,290	2,689,912	312,378	
c MISCELLANEOUS	779,196	218,647	560,549	
d DUES & SUBSCRIPTIONS	510,078	265,197	244,881	
e AUXILIARY	44,287		44,287	
f All other expenses	14,520	14,520		
25 Total functional expenses. Add lines 1 through 24f	308,404,089	271,838,155	36,565,934	0
26 Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year	(B) End of year
Assets			
1	Cash—non-interest-bearing	1,820,706	1 11,331,738
2	Savings and temporary cash investments	2	
3	Pledges and grants receivable, net	3	
4	Accounts receivable, net	47,147,779	4 47,670,184
5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>	5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>	6	
7	Notes and loans receivable, net	7	
8	Inventories for sale or use	2,524,633	8 2,861,071
9	Prepaid expenses and deferred charges	1,524,953	9 1,875,511
10a	Land, buildings, and equipment cost basis	10a 301,906,746	
b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b 154,279,006	129,540,635 10c 147,627,740
11	Investments—publicly traded securities	133,008,316	11 155,071,323
12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>	185,683	12 86,210
13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>	13	
14	Intangible assets	14	
15	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	7,176,640	15 10,298,203
16	Total assets. Add lines 1 through 15 (must equal line 34)	322,929,345	16 376,821,980
17	Accounts payable and accrued expenses	50,883,492	17 43,242,527
18	Grants payable	18	
19	Deferred revenue	1,774,359	19 700,268
20	Tax-exempt bond liabilities	29,000,000	20 56,440,000
21	Escrow account liability <i>Complete Part IV of Schedule D</i>	21	
22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>	22	
23	Secured mortgages and notes payable to unrelated third parties	23	
24	Unsecured notes and loans payable	24	
25	Other liabilities <i>Complete Part X of Schedule D</i>	4,415,050	25 5,396,312
26	Total liabilities. Add lines 17 through 25	86,072,901	26 105,779,107
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	234,611,290	27 268,877,119
28	Temporarily restricted net assets	28	
29	Permanently restricted net assets	2,245,154	29 2,165,754
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds	30	
31	Paid-in or capital surplus, or land, building or equipment fund	31	
32	Retained earnings, endowment, accumulated income, or other funds	32	
33	Total net assets or fund balances	236,856,444	33 271,042,873
34	Total liabilities and net assets/fund balances	322,929,345	34 376,821,980
Net Assets or Fund Balances			

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a Yes	
b	Were the organization's financial statements audited by an independent accountant?	2b	No
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
b	If "Yes," did the organization undergo the required audit or audits?	3b	

SCHEDULE A
(Form 990 or 990EZ)**Public Charity Status and Public Support****2008**Department of the Treasury
Internal Revenue Service**To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.****Attach to Form 990 or Form 990-EZ. See separate instructions.****Open to Public
Inspection****Name of the organization**
JOHN D ARCHBOLD MEMORIAL
HOSPITAL INC**Employer identification number**

58-0566121

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only one organization)

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

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

3 A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii)**. (Attach Schedule H)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

h Provide the following information about the organizations the organization supports

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

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)
Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total Support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	

13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

**Computation of Public Support Percentage**

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. 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% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part III Support Schedule for Organizations Described in IRC 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Total of lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total Support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17
18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	18
19a 33 1/3% Tests - 2008. 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% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	►
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	►

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 58-0566121
Name: JOHN D ARCHBOLD MEMORIAL HOSPITAL INC

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(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	Employer or Agent compensated	Former			
KEN B BEVERLY , TRUSTEE	1	X						0	6,168,445	60,653
J PERRY MUSTIAN , PRES/CEO	1	X		X				0	451,034	50,090
EDWARD L HALL MD , TRUSTEE	1	X						0	113,482	28,516
JAMES E SMITH MD , TRUSTEE	1	X						60,749	0	0
JAMES A THOMAS JR , VICE CHAIR	1	X		X				46,200	0	0
PAUL L STEINBERG MD , TRUSTEE	1	X						3,310	0	0
BENJAMIN WILDS MD , TRUSTEE	1	X						0	0	0
CHRIS CHUBB , TRUSTEE	1	X						0	0	0
GARY BONVILLIAN PHD , TRUSTEE	1	X						0	0	0
HOLLY FOSKEY , TRUSTEE	1	X						0	0	0
J MERRILL HICKS JR MD , TRUSTEE	1	X						0	0	0
MARTA TURNER , TRUSTEE	1	X						0	0	0
ROBERT W BALFOUR , TRUSTEE	1	X						0	0	0
STEPHEN CHENEY , TRUSTEE	1	X						0	0	0
TIMOTHY GRAYSON MD , TRUSTEE	1	X						0	0	0
TOM CALLAWAY , TRUSTEE	1	X						0	0	0
VICTOR MCMILLAN MD , TRUSTEE	1	X						0	0	0
WALLACE GOODMAN , TRUSTEE	1	X						0	0	0
RICHARD VANLANDINGHAM , TREASURER	1	X		X				0	0	0
BRYANT BEADLES , VICE CHAIR	1	X		X				0	0	0
DANIEL E AUTRY , CHAIRMAN	1	X		X				0	0	0
NATHANIEL H ABRAMS , SECRETARY	1	X		X				0	0	0
RICHARD L SINGLETARY JR , CHAIRMAN	1	X		X				0	0	0
CHARLES TOMLINSON MD , VP MEDIC AFF	1			X				278,741	0	5,486
CHARLES D HIGHTOWER JR , CFO	1			X				0	257,579	27,164
KEVIN TAYLOR , COO	1			X				219,857	0	14,740
ROBERT GARRISON , ADMIN PSYCH	40			X				212,512	0	33,168
LINDA W SMITH , VP NURSING	1			X				198,266	0	19,841
KEN BROOKER , VP CLINICAL	1			X				172,485	0	16,252
JIM BUE , VP FACILITY	1			X				134,743	0	18,123

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099MISC)	(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			
MARK KIMBALL , ADMIN MCH	40		X				118,008	0	19,305
LADON TOOLE , ADMIN GGH	40		X				116,972	0	17,319
JON DIXON , ADMIN EMH	40		X				69,058	0	6,095
MICHAEL PURVIS , ADMIN BCH	40		X				43,284	0	8,639
AYMAN AL-HAKIM , PHYSICIAN	40				X		481,102	0	4,680
BRIAN E GAUPP , PHYSICIAN	40				X		395,397	0	38,232
JAMES HOLLAND , PHYSICIAN	40				X		344,329	0	49,993
JULIE WEEKS , PHYSICIAN	40				X		271,775	0	35,528
GARRETT BENNETT , PHYSICIAN	40				X		238,779	0	0
J WILLIAM SELLERS , SR VP						X	0	551,310	52,982

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

A Check if the filing organization belongs to an affiliated group
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)		10,568	
c Total lobbying expenditures (add lines 1a and 1b)		10,568	
d Other exempt purpose expenditures		309,084,186	
e Total exempt purpose expenditures (add lines 1c and 1d)		309,094,754	
f Lobbying nontaxable amount Enter the amount from the following table in both columns—		1,000,000	
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)		250,000	
h Subtract line 1g from line 1a Enter -0- if line g is more than line a			
i Subtract line 1f from line 1c Enter -0- if line f is more than line c			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	14,679	186,884	16,974	10,568	229,105
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line d, column (e))					1,500,000
f Grassroots lobbying expenditures	14,679	7,100			21,779

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

	(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 c through i)?			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 other means?			No	
i Other activities If "Yes," describe in Part IV			No	
j Total lines 1c through 1i				
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?			No	

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	No
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	No
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	No

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

1 Dues, assessments and similar amounts from members	1 \$
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current Year	2a \$
b Carryover from last year	2b \$
c Total	2c \$
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 \$
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information

Identifier	Return Reference	Explanation

Part IV Supplemental Information

SCHEDULE D

(Form 990)

OMB No 1545-0047

Supplemental Financial Statements**2008****Open to Public Inspection**Department of the Treasury
Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organizationJOHN D ARCHBOLD MEMORIAL
HOSPITAL INC**Employer identification number**

58-0566121

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate Contributions to (during year)		
3 Aggregate Grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

Protection of natural habitat Preservation of certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

 Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

 Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

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

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

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

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

a Public exhibition
b Scholarly research
c Preservation for future generations

d Loan or exchange programs
e Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain why in Part XIV and complete the following table

Amount	
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ►

b Permanent endowment ►

c Term endowment ►

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

(i) unrelated organizations Yes No

(ii) related organizations Yes No

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

Yes	No
3a(i)	
3a(ii)	
3b	

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		7,811,882		7,811,882
b Buildings		73,543,164	65,852,334	7,690,830
c Leasehold improvements		15,786,493	5,409,499	10,376,994
d Equipment		184,679,152	83,017,173	101,661,979
e Other		20,086,055		20,086,055
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				147,627,740

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12.) ►		

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

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

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

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

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO RELATED PARTIES	4,886,026
BOND INTEREST SWAP AGREEMENT	510,286
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ►	5,396,312

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10

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

1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV)	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 XIV)	4b
c	Add lines 4a and 4b	4c
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5

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

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	Losses reported on Form 990, Part IX, line 25	2c
d	Other (Describe in Part XIV)	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 XIV)	4b
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation

SCHEDULE H
(Form 990)Department of the Treasury
Internal Revenue Service

Hospitals

► To be completed by organizations that answer "Yes" to Form 990,
Part IV, line 20.
► Attach to Form 990.

Name of the organization
JOHN D ARCHBOLD MEMORIAL
HOSPITAL INC

Employer identification number

58-0566121

Part I Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

1a Does the organization have a charity care policy? If "No," skip to question 6a

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

2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals

Applied uniformly to all hospitals Applied uniformly to most hospitals
 Generally tailored to individual hospitals

3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients

a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care

100% 150% 200% Other _____ %

b Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care

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

c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care

4 Does the organization's policy provide free or discounted care to the "medically indigent"?

5a Does the organization budget amounts for free or discounted care provided under its charity care policy?

b If "Yes," did the organization's charity care 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 Does the organization prepare an annual community benefit report?

6b If "Yes," does the organization make it available to the public?

	Yes	No
1a		
1b		
3a		
3b		
4		
5a		
5b		
5c		
6a		
6b		

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from worksheets 1 and 2)						
b Unreimbursed Medicaid (from worksheet 3, column a)						
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from worksheet 4)						
f Health professions education (from worksheet 5)						
g Subsidized health services (from worksheet 6)						
h Research (from worksheet 7)						
i Cash and in-kind contributions to community groups (from worksheet 8)						
j Total Other Benefits						
k Total (line 7d and 7j)						

Part II Community Building Activities (Complete this table if the organization conducted any community building activities) (Optional for 2008)

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, and Collection Practices (Optional for 2008)

Section A—Bad Debt Expense

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

2 Enter the amount of the organization's bad debt expense (at cost)

3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy

4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit

	Yes	No
1		
2		
3		
4		

Section B—Medicare

5 Enter total revenue received from Medicare (including DSH and IME)

6 Enter Medicare allowable costs of care relating to payments on line 5

7 Enter line 5 less line 6—surplus or (shortfall)

8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit, and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used

Cost accounting system

Cost to charge ratio

Other

9a		
9b		

Section C—Collection Practices

9a Does the organization have a written debt collection policy?

9b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information (Required for 2008)

Part VI Supplemental Information (Optional for 2008)

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

2 Needs Assessment. Describe how the organization assesses the health care needs of the communities it serves

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 charity care policy.

4 Community Information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 Community Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals 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.)

7 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

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

Open to Public
Inspection

Name of the organization

JOHN D ARCHBOLD MEMORIAL
HOSPITAL INC

Employer identification number

58-0566121

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed.

2 Enter total number of section 501(c)(3) and government organizations.

3 Enter total number of other organizations

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIP PROGRAM	145	328,440			
TUITION REIMBURSEMENT	78	283,377			
MED STUDENT HOUSING	86		78,848	FMV	HOUSING/UTIL

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	THE ORGANIZATION OFFERS A TUITION/SCHOLARSHIP REIMBURSEMENT PROGRAM FOR QUALIFIED EMPLOYEES ON SATISFACTORY COMPLETION OF APPROVED COURSES THE PURPOSE IS TO ENCOURAGE AND ENABLE EMPLOYEES TO ACQUIRE ADDITIONAL EDUCATION IN A HEALTH CARE OR JOB RELATED FIELD WHICH WILL PROMOTE CAREER ADVANCEMENT AND/OR PROVIDE ADVANCED CREDENTIALING OF EMPLOYEES IN AREAS OF NEED CONDITIONS OF ELIGIBILITY FULL-TIME EMPLOYMENT OF AT LEAST SIX MONTHS WITH SATISFACTORY WORK RECORD AND PERFORMANCE EVALUATION COMPLETION OF THE RELEVANT EDUCATION PROGRAM REQUIRES THE APPLICANT TO COMMIT TO OBTAIN STATUS AS A FULL-TIME EMPLOYEE EQUAL TO THE AMOUNT OF TIME SPENT IN EDUCATION FAILURE TO COMPLY WITH THE REQUIREMENTS OF ELIGIBILITY WOULD SUBJECT THE EMPLOYEE TO FULL OR PARTIAL REIMBURSEMENT OF THE FUNDS RECEIVED TO THE ORGANIZATION FOR REIMBURSEMENT THE EMPLOYEE MUST PROVIDE A COPY OF A RECEIPT SHOWING ACTUAL PAYMENT OF TUITION FEES APPLICANT MUST MAINTAIN A C OR HIGHER GRADE AND AN OFFICIAL RECORD OF GRADES AND HOURS CREDIT MAILED DIRECTLY TO THE ORGANIZATION

2008

Open to Public
Inspection**Schedule J**
(Form 990)**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Department of the Treasury
Internal Revenue Service**Name of the organization**JOHN D ARCHBOLD MEMORIAL
HOSPITAL INC**Employer identification number**

58-0566121

Part I Questions Regarding Compensation

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

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

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a

a Receive a severance payment or change of control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

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

501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b	Yes	
2	Yes	
4a	Yes	
4b	Yes	
4c		No
5a		No
5b		No
6a	Yes	
6b	Yes	
7		No
8		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
KEN B BEVERLY	(i) 148,246 (ii)	320,160	5,700,039	36,000	24,653	6,229,098	5,698,130
J PERRY MUSTIAN	(i) 326,952 (ii)	112,125	11,957	28,360	21,730	501,124	
CHARLES TOMLINSON MD	(i) 238,386 (ii)	27,000	13,355		5,486	284,227	
CHARLES D HIGHTOWER JR	(i) 202,109 (ii)	52,500	2,970	12,036	15,128	284,743	
KEVIN TAYLOR	(i) 170,563 (ii)	43,919	5,375		14,740	234,597	
ROBERT GARRISON	(i) 110,577 (ii)		101,935	18,135	15,033	245,680	
LINDA W SMITH	(i) 172,664 (ii)	24,360	1,242		19,841	218,107	
KEN BROOKER	(i) 150,823 (ii)	20,420	1,242		16,252	188,737	
JIM BUE	(i) 123,196 (ii)	11,230	317	11,590	6,533	152,866	
AYMAN AL-HAKIM	(i) 445,085 (ii)	34,532	1,485		4,680	485,782	
BRIAN E GAUPP	(i) 394,984 (ii)		413	15,500	22,732	433,629	
JAMES HOLLAND	(i) 313,696 (ii)	30,000	633	31,000	18,993	394,322	
JULIE WEEKS	(i) 271,244 (ii)		531	15,218	20,310	307,303	
GARRETT BENNETT	(i) 238,779 (ii)					238,779	
J WILLIAM SELLERS	(i) 51,546 (ii)		499,764	30,827	22,155	604,292	

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
SEVERANCE, NONQUALIFIED, AND EQUITY- BASED PAYMENTS	SCHEDULE J, PAGE 1, PART I, LINE 4	KEN B BEVERLY 0 5,698,130 0 ROBERT GARRISON 100,000 0 0 J WILLIAM SELLERS 500,000 0 0
COMPENSATION CONTINGENT UPON NET EARNINGS OF ORGANIZATION	SCHEDULE J, PAGE 1, PART I, LINE 6A	CONTINGENT IN PART ON MEETING MANAGEMENT BY OBJECTIVE INCENTIVE PLAN GOALS AND EXCESS OF REVENUE OVER EXPENSES
COMPENSATION CONTINGENT UPON NET EARNINGS OF RELATED ORG	SCHEDULE J, PAGE 1, PART I, LINE 6B	CONTINGENT IN PART ON MEETING MANAGEMENT BY OBJECTIVE INCENTIVE PLAN GOALS AND EXCESS OF REVENUE OVER EXPENSES
OTHER ADDITIONAL INFORMATION	SCHEDULE J, PART III	THE IRS RULES & REGULATIONS REQUIRE THAT CERTAIN NON-CURRENT, NON-CASH ITEMS ARE REPORTED IN PART VII OF FORM 990 REGARDLESS OF THE CURRENT BENEFIT TO THE EMPLOYEE THESE SAME RULES, IN SOME CASES, REQUIRE THE COMPENSATION AND BENEFITS TO BE REPORTED TWICE IN PART VII, ONCE WHEN THE ENTITY ACCRUES FOR A FUTURE PAYMENT AND ONCE WHEN THE PAYMENT IS ACTUALLY MADE TO THE EMPLOYEE THEREFORE, AN EMPLOYEE'S STATED TOTAL COMPENSATION AND BENEFITS REPORTED ON PART VII ARE SUBSTANTIALLY HIGHER THAN THE ACTUAL CASH COMPENSATION RECEIVED IN THE CURRENT YEAR AMOUNTS REPORTED AS BENEFITS INCLUDE AMOUNTS FOR LIFE INSURANCE, HEALTH INSURANCE, THRIFT PLAN CONTRIBUTIONS, AND PENSION CONTRIBUTIONS BENEFITS RELATED TO PENSION AND RETIREMENT PLANS REFLECT AMOUNTS ACCUMULATED, BUT NOT PAID, TO THE INDIVIDUAL IN RECOGNITION OF TOTAL YEARS OF EMPLOYMENT, NOT JUST THE CURRENT YEAR

Software ID:
Software Version:
EIN: 58-0566121
Name: JOHN D ARCHBOLD MEMORIAL
 HOSPITAL INC

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
KEN B BEVERLY	(i) 148,246 (ii)	320,160	5,700,039	36,000	24,653	6,229,098	5,698,130
J PERRY MUSTIAN	(i) 326,952 (ii)	112,125	11,957	28,360	21,730	501,124	
CHARLES TOMLINSON MD	(i) 238,386 (ii)	27,000	13,355		5,486	284,227	
CHARLES D HIGHTOWER JR	(i) 202,109 (ii)	52,500	2,970	12,036	15,128	284,743	
KEVIN TAYLOR	(i) 170,563 (ii)	43,919	5,375		14,740	234,597	
ROBERT GARRISON	(i) 110,577 (ii)		101,935	18,135	15,033	245,680	
LINDA W SMITH	(i) 172,664 (ii)	24,360	1,242		19,841	218,107	
KEN BROOKER	(i) 150,823 (ii)	20,420	1,242		16,252	188,737	
JIM BUE	(i) 123,196 (ii)	11,230	317	11,590	6,533	152,866	
AYMAN AL-HAKIM	(i) 445,085 (ii)	34,532	1,485		4,680	485,782	
BRIAN E GAUPP	(i) 394,984 (ii)		413	15,500	22,732	433,629	
JAMES HOLLAND	(i) 313,696 (ii)	30,000	633	31,000	18,993	394,322	
JULIE WEEKS	(i) 271,244 (ii)		531	15,218	20,310	307,303	
GARRETT BENNETT	(i) 238,779 (ii)					238,779	
J WILLIAM SELLERS	(i) 51,546 (ii)		499,764	30,827	22,155	604,292	

Schedule K
(Form 990)

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

2008

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceTo be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

Name of the organization

JOHN D ARCHBOLD MEMORIAL
HOSPITAL INC

Employer identification number

58-0566121

Part I Bond Issues (Required for 2008)

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	HOSP AUTHOR OF CITY OF THOMASVILLE	58-1719301	884633ADO	07-15-2009	27,840,000	BLDG CONSTRUCTION		X		X
B	HOSP AUTH OF THE CITY OF THOMASVILL	58-1719301	884633AE8	07-15-2009	28,600,000	DEFEASE 1997/2003 BO		X		X

Part II Proceeds (Optional for 2008)

		A	B	C	D	E										
							Yes	No								
1	Total Proceeds of Issue															
2	Gross Proceeds in Reserve Funds															
3	Proceeds in Refunding or Defeasance Escrows															
4	Other Unspent Proceeds															
5	Issuance Costs from Proceeds															
6	Working Capital Expenditures from Proceeds															
7	Capital Expenditures from Proceeds															
8	Year of Substantial Completion															
9	Were the bonds issued as part of a current refunding issue?															
10	Were the bonds issued as part of an advance refunding issue?															
11	Has the final allocation of proceeds been made?															
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?															

Part III Private Business Use (Optional for 2008)

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

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No								
3a Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b Are there any research agreements with respect to the financed property which may result in private business use?										
3c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4 Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6 Total of lines 4 and 5										
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage (Optional for 2008)

	A		B		C		D		E	
	Yes	No								
1 Has a Form 8038-T been filed with respect to the bond issue?										
2 Is the bond issue a variable rate issue?										
3a Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?										
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?										
6 Did the bond issue qualify for an exception to rebate?										

Schedule L

Transactions with Interested Persons

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- Attach to Form 990 or Form 990-EZ.
- To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Name of the organization
JOHN D ARCHBOLD MEMORIAL
HOSPITAL INC.

Employer identification number

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

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 22.

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Additional Data

Software ID:
Software Version:
EIN: 58-0566121
Name: JOHN D ARCHBOLD MEMORIAL HOSPITAL INC

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
TIMOTHY GRAYSON MD	BOARD TRUSTEE	104,029	RENTAL, PT SVCS		No
TIMOTHY GRAYSON MD	BOARD TRUSTEE	6,136,384	SPOUSE PROF CORP		No
EDWARD HALL MD	BOARD TRUSTEE	478,037	PURCH PRACTICE, ETC		No
W MERRILL HICKS MD	BOARD TRUSTEE	447,777	RENTAL, PT SVC		No
VICTOR MCMILLAN MD	BOARD TRUSTEE	648,971	RENTAL, PT SVC		No
JAMES E SMITH MD	BOARD TRUSTEE	24,060	FAMILY MBR COMPENSAT		No
JAMES E SMITH MD	BOARD TRUSTEE	478,037	PURCH PRACTICE, ETC		No
JAMES A THOMAS JR MD	VICE CHAIR BD	55,896	FAMILY MBR COMPENS		No
JAMES A THOMAS JR MD	VICE CHAIR BD	648,971	RENTAL, PT SVC		No
MARTA TURNER	BOARD TRUSTEE	103,263	BREAD PRODUCTS PURCH		No
BENJAMIN WILDS MD	BOARD TRUSTEE	107,907	PT SVC		No

2008

Open to Public Inspection

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

► **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

Department of the Treasury
Internal Revenue Service

Employer identification number

58-0566121

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	ABILITY TO PAY IN ADDITIONAL JDAMH PROVIDED OVER 42.8 MILLION IN ADDITIONAL UNCOMPENSATED CARE THROUGHOUT THE YEAR. JDAMH PRODUCES OR SPONSORS MANY SPECIAL PROGRAMS FOR THE COMMUNITY TO EDUCATE THEM ON IMPORTANT HEALTH NEEDS. JDAMH, INC ALSO MAINTAINS HOSPITALS IN GRADY COUNTY, BROOKS COUNTY, MITCHELL COUNTY AND EARLY COUNTY, EIN 58-0566121. BROOKS COUNTY HOSPITAL OPERATES IN QUITMAN, GEORGIA AS A CRITICAL ACCESS HOSPITAL WITH 25 ACUTE CARE BEDS. IT SERVES BROOKS COUNTY AND OVER 74% OF ITS PATIENTS WERE MEDICARE/MEDICAID IN 2009, OVER 2 MILLION OF INDIGENT CARE WAS PROVIDED TO THE COMMUNITY. IN ADDITION, BROOKS COUNTY HOSPITAL PROVIDED OVER 3.3 MILLION IN ADDITIONAL UNCOMPENSATED CARE. EIN 58-6002830 FILED UNDER EIN 58-0566121. GRADY GENERAL HOSPITAL (GGH) IN CAIRO, GEORGIA OPERATES A 46 BED ACUTE CARE FACILITY. TEN BEDS CAN BE USED AS SWING BEDS. IT SERVES GRADY COUNTY AND 49% OF ITS PATIENTS WERE MEDICARE/MEDICAID. IN 2009, GGH PROVIDED OVER 1 MILLION IN INDIGENT CARE. IN ADDITION, GRADY GENERAL HOSPITAL PROVIDED OVER 7.9 MILLION IN ADDITIONAL UNCOMPENSATED CARE. EIN 58-1646537 FILED UNDER EIN 58-0566121. MITCHELL COUNTY HOSPITAL AND NURSING HOMES OPERATE IN CAMILLA, GEORGIA AS A CRITICAL ACCESS HOSPITAL WITH 25 ACUTE CARE BEDS AND 156 NURSING HOME BEDS. IT SERVES MITCHELL COUNTY AND 59% OF ITS PATIENTS WERE MEDICARE/MEDICAID. IN 2009, OVER 3.8 MILLION OF INDIGENT CARE WAS PROVIDED TO THE COMMUNITY. IN ADDITION, MITCHELL COUNTY HOSPITAL PROVIDED OVER 4.6 MILLION ADDITIONAL UNCOMPENSATED CARE. EIN 58-6001207 FILED UNDER EIN 58-0566121. EARLY MEMORIAL HOSPITAL AND NURSING HOME OPERATES IN BLAKELY, GEORGIA AS A CRITICAL ACCESS HOSPITAL WITH 25 ACUTE CARE BEDS AND 127 NURSING HOME BEDS. IT SERVES EARLY COUNTY AND 65% OF ITS PATIENTS WERE MEDICARE/MEDICAID. IN 2009, OVER 985 THOUSAND OF INDIGENT CARE WAS PROVIDED TO THE EARLY COMMUNITY. IN ADDITION, EARLY MEMORIAL HOSPITAL PROVIDED OVER 3.3 MILLION IN ADDITIONAL UNCOMPENSATED CARE. EIN 58-0910406 FILED UNDER EIN 58-0566121.

Identifier	Return Reference	Explanation
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE 2	EDWARD HALL, M.D. JAMES E. SMITH, M.D. BOARD MEMBER BOARD MEMBER BUSINESS RELATIONSHIP VICTOR MCMILLAN, M.D. JAMES A. THOMAS, JR., M.D. BOARD MEMBER BOARD MEMBER BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	THE BOARD OF TRUSTEES OF THE FILING ENTITY ARE ELECTED ANNUALLY BY THE SOLE MEMBER, ARCHBOLD MEDICAL CENTER, INC ("AMC"). IN ADDITION, AMC HAS THE POWER TO SELECT OR REPLACE AND TO REMOVE THE TRUSTEES OF THE GOVERNING BODY. THE CEO OF AMC SHALL BE A MEMBER OF THE BOARD WITH THE POWER TO VOTE.

Identifier	Return Reference	Explanation
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, LINE 7B	THE SOLE MEMBER, ARCHBOLD MEDICAL CENTER, INC ("AMC"), HAS THE AUTHORITY TO APPROVE THE DECISIONS OF THE GOVERNING BODY, INCLUDING BUT NOT LIMITED TO, CAPITAL AND OPERATING BUDGETS, MERGERS OR ACQUISITIONS, CONTRACTS AND TRANSACTIONS OVER A CERTAIN AMOUNT, DISSOLUTION, ETC.

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 10	EACH TRUSTEE WHO ATTENDED EITHER OF TWO EDUCATIONAL SESSIONS, CONDUCTED BY THE ORGANIZATION'S CFO AND GENERAL COUNSEL PRIOR TO FILING THE FORM ELECTRONICALLY WITH THE IRS, RECEIVED A COPY AND HAD AN OPPORTUNITY TO ASK QUESTIONS AND MAKE COMMENTS. TRUSTEES WHO DID NOT ATTEND WERE INVITED TO REVIEW THE FORM AT THEIR CONVENIENCE ALTHOUGH ALL DID NOT DO SO PRIOR TO FILING.

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	ON AN ANNUAL BASIS, THE ORGANIZATION DISTRIBUTES A CONFLICT OF INTEREST QUESTIONNAIRE AND DISCLOSURE STATEMENT TO EACH TRUSTEE. THIS QUESTIONNAIRE INCLUDES QUESTIONS RELATED TO FINANCIAL INTERESTS, OUTSIDE INTERESTS OR ACTIVITIES, AND GIFTS, MEALS, AND ENTERTAINMENT. IN ADDITION TO DISCLOSING ANY APPLICABLE INFORMATION ON THE QUESTIONNAIRE, THE TRUSTEE SIGNS AN ACKNOWLEDGMENT STATEMENT THAT (S)HE HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAS READ, UNDERSTANDS, AND AGREES TO COMPLY WITH IT, AND UNDERSTANDS THAT THE ORGANIZATION IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION STATUS IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. RESPONSES ARE SUMMARIZED AND COLLECTIVELY REVIEWED BY THE AUDIT & COMPLIANCE COMMITTEE OF ARCHBOLD MEDICAL CENTER, INC. DURING EACH BOARD MEETING, THE CHAIRMAN INQUIRES IF ANY TRUSTEE HAS AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST RELATED TO ANY AGENDA ITEM. IF THE TRUSTEE DISCLOSES ANY SUCH INTEREST, THE TRUSTEE IS EXCUSED FROM THE MEETING WHILE THE DETERMINATION AS TO WHETHER AN ACTUAL CONFLICT OF INTEREST EXISTS IS DISCUSSED AND VOTED UPON BY DISINTERESTED MEMBERS OF THE BOARD AND COMMITTEE. IF INVITE TO DO SO, THE TRUSTEE WITH A POTENTIAL CONFLICT MAY RESPOND TO QUESTIONS PUT FORTH BY FELLOW DISINTERESTED TRUSTEES REGARDING ANY PROPOSED TRANSACTION OR ARRANGEMENT. THE MINUTES OF THE BOARD AND ALL COMMITTEES WITH BOARD-DELEGATED POWERS WILL CONTAIN THE NAME OF ANY INTERESTED PERSON/TRUSTEE WHO DISCLOSED OR WAS FOUND TO HAVE A FINANCIAL INTEREST IN CONNECTION WITH A TRANSACTION OR ARRANGEMENT RESULTING IN AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, THE NATURE OF THE FINANCIAL INTEREST, ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRESENT, AND THE BOARD'S OR COMMITTEE'S DECISION AS TO WHETHER A CONFLICT OF INTEREST IN FACT EXISTED, AND THE NAMES OF THE PERSONS WHO WERE PRESENT FOR DISCUSSIONS AND VOTES RELATED TO THE TRANSACTION OR ARRANGEMENT, THE CONTENT OF THE DISCUSSIONS, AND A RECORD OF ANY VOTES TAKEN IN CONNECTION THEREWITH.

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE COMPENSATION COMMITTEE MAKES RECOMMENDATIONS TO THE FULL BOARD ON THE FOLLOWING POSITIONS: THE PRESIDENT OF ARCHBOLD MEDICAL CENTER, THE PRESIDENT OF THE ARCHBOLD FOUNDATION, AND THE PRESIDENT OF ARCHBOLD HEALTH SERVICES. THE PRESIDENT OF ARCHBOLD MEDICAL CENTER ALSO PRESENTS RECOMMENDATIONS FOR ALL SENIOR VICE PRESIDENTS AND HOSPITAL VICE PRESIDENTS TO THE COMPENSATION COMMITTEE. IN 2008, INTEGRATED HEALTHCARE SOLUTIONS (IHS) WAS ENGAGED BY THE BOARD TO REVIEW THE EXECUTIVE COMPENSATION PROGRAM AND MAKE RECOMMENDATIONS REGARDING PLAN DESIGN AND ACTUAL COMPENSATION TO INCLUDE BENEFITS. IN 2009, IHS PROVIDED UPDATED RECOMMENDATIONS ON COMPENSATION TO THE COMPENSATION COMMITTEE. IN 2010, THE COMPENSATION COMMITTEE ENGAGED IHS TO PROVIDE A COMPLETE REPORT AND RECOMMENDATIONS.

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	THE COMPENSATION COMMITTEE MAKES RECOMMENDATIONS TO THE FULL BOARD ON THE FOLLOWING POSITIONS: THE PRESIDENT OF ARCHBOLD MEDICAL CENTER, THE PRESIDENT OF THE ARCHBOLD FOUNDATION, AND THE PRESIDENT OF ARCHBOLD HEALTH SERVICES. THE PRESIDENT OF ARCHBOLD MEDICAL CENTER ALSO PRESENTS RECOMMENDATIONS FOR ALL SENIOR VICE PRESIDENTS AND HOSPITAL VICE PRESIDENTS TO THE COMPENSATION COMMITTEE. IN 2008, INTEGRATED HEALTHCARE SOLUTIONS (IHS) WAS ENGAGED BY THE BOARD TO REVIEW THE EXECUTIVE COMPENSATION PROGRAM AND MAKE RECOMMENDATIONS REGARDING PLAN DESIGN AND ACTUAL COMPENSATION TO INCLUDE BENEFITS. IN 2009, IHS PROVIDED UPDATED RECOMMENDATIONS ON COMPENSATION TO THE COMPENSATION COMMITTEE. IN 2010, THE COMPENSATION COMMITTEE ENGAGED IHS TO PROVIDE A COMPLETE REPORT AND RECOMMENDATIONS.

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	NO DOCUMENTS ARE OR WILL BE MADE AVAILABLE TO THE PUBLIC.

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE O	FORM 990, PART XI, LINE 2 - AUDITED FINANCIAL STATEMENTS THE ORGANIZATION RECEIVES COMPILED FINANCIAL STATEMENTS SEPARATELY, BUT THEIR FINANCIAL STATEMENTS ARE ALSO AUDITED ON A CONSOLIDATED BASIS

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

Cat No 51056K

Schedule O (Form 990) 2008

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
JOHN D ARCHBOLD MEMORIAL
HOSPITAL INC

Employer identification number

58-056612

► **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**

► **See separate instructions**

Part I Identification of Disregarded Entities

Part II Identification of Related Tax-Exempt Organizations

(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
ARCHBOLD FOUNDATION	FOUNDATION	GA	501	11A	NA
PO BOX 620 THOMASVILLE, GA317990620 58-1559677					
ARCHBOLD HEALTH SERVICES INC	HEALTHCARE	GA	501	9	NA
PO BOX 620 THOMASVILLE, GA317990620 58-1376434					
ARCHBOLD MEDICAL CENTER	HEALTHCARE	GA	501	3	NA
PO BOX 1018 THOMASVILLE, GA317991018 58-0566121					
ARCHBOLD MEDICAL GROUP	PHYSICIANS	GA	501	3	NA
P O BOX 620 THOMASVILLE, GA317990620 26-2988454					

Part III Identification of Related Organizations Taxable as a Partnership

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

Part V Transactions with Related Organizations**Note.** Complete line 1 if any entity is listed in Parts II, III or IV

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 (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b	Yes	
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l	Yes	
1m		No
1n	Yes	
1o	Yes	
1p		No
1q		No
1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

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.