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Form 990

Return of Organization Exempt From Income Tax

2009

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 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

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

C Name of organization
 LIMA MEMORIAL JOINT OPERATING COMPANY

D Employer identification number
 34-1883284

E Telephone number
 (419) 228-3335

F Name and address of principal officer
 MICHAEL SWICK
 1001 BELLEFONTAINE AVENUE
 Lima, OH 45804

G Gross receipts \$ 159,148,481

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

J Website: ► www.limamemorial.org

K Form of organization Corporation Trust Association Other ►

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

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

H(c) Group exemption number ►

L Year of formation 1999 **M** State of legal domicile OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities We are here to improve the quality of life in our communities through comprehensive health services	
2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets	
3 Number of voting members of the governing body (Part VI, line 1a)	3 12
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 12
5 Total number of employees (Part V, line 2a)	5 1,548
6 Total number of volunteers (estimate if necessary)	6 436
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 0
b Net unrelated business taxable income from Form 990-T, line 34	7b 0

8 Contributions and grants (Part VIII, line 1h)	Prior Year 740,060	Current Year 550,878
9 Program service revenue (Part VIII, line 2g)	154,586,990	150,869,236
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,456,754	-77,145
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,035,820	7,601,411
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	154,906,116	158,944,380

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	336,082	372,591
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)	71,693,055	69,819,628
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ► 193,319		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	82,098,005	73,387,348
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	154,127,142	143,579,567
19 Revenue less expenses Subtract line 18 from line 12	778,974	15,364,813

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	202,975,457	205,236,935
21 Total liabilities (Part X, line 26)	90,887,778	77,802,572
22 Net assets or fund balances Subtract line 21 from line 20	112,087,679	127,434,363

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
***** Signature of officer ERIC D POHJALA VICE PRESIDENT OF FINANCE Type or print name and title	2010-11-01 Date	
Preparer's signature ► Bernie Ostrowski	Date	Check if self-employed ► <input type="checkbox"/>

Firm's name (or yours if self-employed), address, and ZIP + 4 ► PLANTE & MORAN PLLC 65 EAST STATE ST STE 600 COLUMBUS, OH 43215	EIN ►
	Phone no ► (614) 849-3000

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

WE ARE HERE TO IMPROVE THE QUALITY OF LIFE IN OUR COMMUNITIES THROUGH COMPREHENSIVE HEALTH SERVICES

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and 501(c)(4) organizations and section 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 \$ 114,532,598 including grants of \$ 372,591) (Revenue \$ 158,204,072

As one of the largest not-for-profit health care organizations in West Central Ohio, Lima Memorial Health System is committed to improving the quality of life in our communities through comprehensive health services. Lima Memorial is continually improving its services and facilities by keeping up with the latest technologies, providing continuing education to our health care team and updating our facilities. In 2009, Lima Memorial completed the addition of a new interventional radiology lab and began construction on a \$5 million project to upgrade the hospital's electrical system. Lima Memorial also continues to provide exceptional care to patients. Our patient satisfaction numbers continue to improve and we continually achieve quality scores that are better than the state and national averages. The Health System provides comprehensive health care that allow us to care for our patients from birth through elder years. These services include, but are not limited to: * 24-hour Emergency Services including Level II Trauma* Chest Pain Center with PCI* The Heart and Vascular Institute* Orthopedics* Obstetrics and Pediatrics* Women's Health Center* Radiology* Laboratory* Inpatient and Outpatient Rehabilitation Services* Neurology* Renal Services. In 2009, Lima Memorial contributed an estimated \$26 million in community value in terms of community benefit expenditures, charity care and government-sponsored health care. This number not only indicates our commitment to our communities, but also fulfills our purpose as a not-for-profit organization by positively impacting the members of our communities. Thousands of people have benefited from the compassion, care and expertise of our physicians, nurses, associates and volunteers. Examples of programs benefiting the broader community include, but are not limited to: -Community Wellness Day-Go Red - Heart Health Awareness for Women Events-Journey to Remember Women's Health Benefit-Meals on Wheels -Kids Clinic-Children's Developmental Center-Baby Fair-Chest Pain Center-Bone Density Screenings-Audiology Screenings-Cardiac Risk Assessment Screenings-Prostate Screenings-Skin Cancer Screenings-Cancer Resource Center-Medicare Eligibility Program-Breast Cancer Survivor Support Group-Family Birth Clinics-Women's Resource Center-TV and Radio PSAs-Breast Feeding Class and Clinic-Smoking Session-Tm Special Program-Blood Drives. As health care continues to change, Lima Memorial will continue to provide the highest quality of care in a family atmosphere to our patients by continually advancing our services and facilities. In addition, the Health System will support our communities, not only through comprehensive health care, but also through outreach activities such as health care awareness and prevention programs, free public health screenings, financial support for many community organizations, and outreach to the underserved. Community Benefit Definitions-Lima Memorial Health System's 2009 community benefit report was prepared in accordance with the reporting guidelines published by the Catholic Health Association. Community benefits reported by the Health System respond to an identified community need and meet at least one of the following criteria: -Generate a low or negative margin, -Respond to the needs of special populations, such as minorities, frail, elderly, poor persons with disabilities, the chronically mentally ill, and persons with AIDS, and -Supply services or programs that would likely be discontinued if the decision were made on a purely financial basis. Theses services include: -Community health services, -Health professions education, -Subsidized health services, -Research activities, -Financial contributions, -Community building activities, -Community benefit operations, -Cost of charity care, and -Government sponsored health care.

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

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

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

4e Total program service expenses  \$ 114,532,598

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4 Yes	
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	5	
6 Did the organization maintain any donor advised funds or any similar funds or 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	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. <ul style="list-style-type: none"> • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. • Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. • Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. 	11 Yes	
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	No
12a Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
14b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	No
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 U.S.? If "Yes," complete Schedule F, Part II	15	No
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 U.S.? If "Yes," complete Schedule F, Part III	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20 Yes	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No	
26	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	26	No	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	No	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a	No	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	No	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	No	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	29	No	
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	No	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
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	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		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 238	
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?	1c 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 1,548	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a No	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b No	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a No	
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	4b No	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a No	
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b No	
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c No	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a No	
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b No	
7	Organizations that may receive deductible contributions under section 170(c).	7a No	
7b		7b No	
7c		7c No	
7d		7d No	
7e		7e No	
7f		7f No	
7g		7g No	
7h		7h No	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8 No	
9	Sponsoring organizations maintaining donor advised funds.	9a No	
9b		9b No	
10	Section 501(c)(7) organizations. Enter	10a No	
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b No	
11	Section 501(c)(12) organizations. Enter	11a No	
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b No	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a No	
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b No	

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	12
b	Enter the number of voting members that are independent . . .	1b	12
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its 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	No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	8a	Yes
a	The governing body?	8b	Yes
b	Each committee with authority to act on behalf of the governing body?	9	No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	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?	10b	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes
11a	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
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?	15a	Yes
a	The organization's CEO, Executive Director, or top management official	15b	Yes
b	Other officers or key employees of the organization		
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
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 ► OH

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 ►
 STACEY DEITERING
 121 W HIGH ST
 LIMA, OH 45801
 (419) 998-4733

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. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

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

1b Total	1,943,197	0	534,132
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **►33**

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	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? If "Yes," complete Schedule J for such individual	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
TUTTLE CONSTRUCTION INC 880 SHAWNEE RD PO BOX 1153 LIMA, OH 45802	NONEMPLOYEE COMPENSATION	4,044,124
HEALTH PERFORMANCE MANAGEMENT 1001 BELLEFONTAINE AVE LIMA, OH 45804	MEDICAL SERVICES	1,156,372
ANESTHESIA ASSOC OF LIMA INC 1103 BANK ONE BUILDING LIMA, OH 45801	MEDICAL SERVICES	938,000
MAYO COLLABORATIVE SERVICES INC 200 FIRST ST SW ROCHESTER, MN 55905	MEDICAL SERVICES	676,899
CARDIOTHORACIC AND VASCULAR SURGEONS 2261 SALEM AVE SUITE 225 DAYTON, OH 45406	MEDICAL SERVICES	675,340
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►31		

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
						Contributions, gifts, grants and other similar amounts
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				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	550,878			
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f ►		550,878			
Program Service Revenue	2a PATIENT SERVICE REVENUE		Business Code			
			621,110	150,869,236	150,869,236	
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f ►		150,869,236			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts) ►				101,322	
	4 Income from investment of tax-exempt bond proceeds . . . ►					
	5 Royalties ►					
	6a Gross Rents	(i) Real	(ii) Personal			
		294,703				
		b Less rental expenses	25,169			
		c Rental income or (loss)	269,534			
	d Net rental income or (loss) ►		269,534		269,534	
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		465				
	b Less cost or other basis and sales expenses	175,344	3,588			
	c Gain or (loss)	-175,344	-3,123			
d Net gain or (loss) ►		-178,467		-178,467		
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events ►					
9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities ►					
10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory ►					
Miscellaneous Revenue		Business Code				
11a INTEREST RATE SWAP		525,990	6,783,942	6,783,942		
b DIETARY REVENUE		621,110	68,275	68,275		
c EDUCATIONAL SERVICES		621,110	62,020	62,020		
d All other revenue		417,640	417,640	417,640		
e Total. Add lines 11a-11d ►		7,331,877				
12 Total revenue. See Instructions ►		158,944,380	158,204,760	0	192,389	

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	360,091	360,091		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	12,500	12,500		
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	1,282,373		1,282,373	
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	50,871,950	41,314,493	9,401,799	155,658
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,505,510	1,204,408	301,102	
9 Other employee benefits	12,398,563	9,918,850	2,479,713	
10 Payroll taxes	3,761,232	3,008,986	752,246	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising See Part IV, line 17				
f Investment management fees				
g Other	19,994,042	15,985,048	3,996,262	12,732
12 Advertising and promotion	473,023	366,276	91,569	15,178
13 Office expenses	31,599,052	25,272,625	6,318,156	8,271
14 Information technology	12,684	10,147	2,537	
15 Royalties				
16 Occupancy	2,272,920	1,818,336	454,584	
17 Travel	189,599	151,534	37,884	181
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	2,531,002	2,024,802	506,200	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,158,020	7,326,416	1,831,604	
23 Insurance	1,260,295	1,008,236	252,059	
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 EXPENSE	4,596,497	3,677,198	919,299	
b Recruiting	670,411	569,849	100,562	
c EDUCATION & REWARDS	344,563	274,642	68,661	1,260
d				
e				
f All other expenses	285,240	228,161	57,040	39
25 Total functional expenses. Add lines 1 through 24f	143,579,567	114,532,598	28,853,650	193,319
26 Joint costs. Check here <input checked="" 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	14,092,179	1 13,282,087
	2 Savings and temporary cash investments	23,234,877	2 23,809,111
	3 Pledges and grants receivable, net	3	
	4 Accounts receivable, net	25,172,368	4 20,845,019
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L	6	
	7 Notes and loans receivable, net	1,205,945	7 1,074,644
	8 Inventories for sale or use	4,234,732	8 4,978,054
	9 Prepaid expenses and deferred charges	1,603,794	9 1,159,701
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	190,529,061	
	10a	190,529,061	
	10b Less accumulated depreciation	99,514,178	
		90,806,473	10c 91,014,883
	11 Investments—publicly traded securities	11	
	12 Investments—other securities See Part IV, line 11	623,731	12 3,297,637
	13 Investments—program-related See Part IV, line 11	13	
	14 Intangible assets	14	
	15 Other assets See Part IV, line 11	42,001,358	15 45,775,799
	16 Total assets. Add lines 1 through 15 (must equal line 34)	202,975,457	16 205,236,935
Liabilities	17 Accounts payable and accrued expenses	13,025,270	17 10,374,936
	18 Grants payable	18	
	19 Deferred revenue	19	
	20 Tax-exempt bond liabilities	29,777,500	20 45,945,000
	21 Escrow or custodial account liability Complete Part IV of Schedule D	21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	22	
	23 Secured mortgages and notes payable to unrelated third parties	27,045,446	23 6,697,319
	24 Unsecured notes and loans payable to unrelated third parties	24	
	25 Other liabilities Complete Part X of Schedule D	21,039,562	25 14,785,317
	26 Total liabilities. Add lines 17 through 25	90,887,778	26 77,802,572
Net Assets or Fund Balances	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	111,928,403	27 127,429,265
	28 Temporarily restricted net assets	159,276	28 5,098
	29 Permanently restricted net assets	29	
	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	112,087,679	33 127,434,363
	34 Total liabilities and net assets/fund balances	202,975,457	34 205,236,935

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both
 Separate basis Consolidated basis Both consolidated and separated basis

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?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

SCHEDULE A
(Form 990 or 990EZ)**Public Charity Status and Public Support****2009****Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceComplete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust.

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

Name of the organization
LIMA MEMORIAL JOINT OPERATING COMPANY

Employer identification number

34-1883284

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 supported organization(s)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						►

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		►
b 33 1/3% support test—2008. 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—2009. 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—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		►

Part III Support Schedule for Organizations Described in 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16 Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18
19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	
b 33 1/3% support tests—2008. 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 34-1883284
Name: LIMA MEMORIAL JOINT OPERATING COMPANY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Q director	Individual trustee	Institutional Trustee	Officer	Key employee	Employee benefits compensated			
MIKE SWICK PRESIDENT & CEO	40 00	X		X				416,757	0	211,556
JOHN H JOHNSON CHAIRPERSON	1 00	X		X				0	0	0
BARBARA STEELE VICE-CHAIR	1 00	X		X				0	0	0
ARTURO POLIZZI SECRETARY	1 00	X		X				0	0	0
KERMIT STROH TREASURER	1 00	X		X				0	0	0
FRED BARRINGTON BOARD MEMBER	1 00	X						0	0	0
JAMES BLAIR BOARD MEMBER	1 00	X						0	0	0
PRAVEEN MALHOTRA MD BOARD MEMBER	1 00	X						0	0	0
BARRETT RYDELL BOARD MEMBER	1 00	X						0	0	0
NEERAJ KANWAL MD BOARD MEMBER	1 00	X						0	0	0
GARY AKENBERGER BOARD MEMBER	1 00	X						0	0	0
JACK RANDOLPH BOARD MEMBER	1 00	X						0	0	0
SUSAN PAYDEN BOARD MEMBER	1 00	X						0	0	0
ROBERT E ARMSTRONG JR SENIOR VP & COO	40 00			X				263,031	0	73,875
ERIC D POHJALA VP OF FINANCE & CFO	40 00			X				247,037	0	70,117
CHARLES LYNN THOMPSON M VICE PRESIDENT & CMO	40 00				X			281,042	0	64,102
LYNN CARPENTER LMPC EXECUTIVE DIRECTOR	40 00				X			142,710	0	25,501
ANITA GOOD ADMINISTRATIVE DIRECTOR	40 00				X			134,318	0	20,913
JULIE NEU VICE PRESIDENT & CNO	40 00				X			129,544	0	19,203
SUE ANN FICKEL VP OF NURSING	40 00				X			198,070	0	44,944
THERESA BOWEN ADMINISTRATIVE DIRECTOR	40 00					X		130,688	0	3,921

SCHEDULE C
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****2009****Open to Public
Inspection****For Organizations Exempt From Income Tax Under section 501(c) and section 527**

► Complete if the organization is described below.

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

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

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

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

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

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

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

Name of the organization LIMA MEMORIAL JOINT OPERATING COMPANY	Employer identification number 34-1883284
---	--

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	►	\$	9,005
2	Political expenditures	►	\$	
3	Volunteer hours	►	\$	

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

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

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	►	\$	
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	►	\$	
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	►	\$	
4	Did the filing organization file Form 1120-POL for this year?	►	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	►	\$	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

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

A Check if the filing organization belongs to an affiliated group
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.)

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

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

g Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a If zero or less, enter -0-**i** Subtract line 1f from line 1c If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No**4-Year Averaging Period Under Section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	
	Amount		
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?	Yes		9,005
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities? If "Yes," describe in Part IV		No	
j Total lines 1c through 1i			9,005
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

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).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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 II-B, Line 1i	Explanation of Other Lobbying Activities	LOBBYING EXPENSES ARE INCURRED IN CONNECTION WITH THE DUES PAID TO THE OHIO HOSPITAL ASSOCIATION AND THE AMERICAN HOSPITAL ASSOCIATION

2009

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

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

Department of the Treasury
Internal Revenue Service**Name of the organization**

LIMA MEMORIAL JOINT OPERATING COMPANY

Employer identification number

34-1883284

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

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

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

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

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

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

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

Protection of natural habitat Preservation of a 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, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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 d Loan or exchange programs
 b Scholarly research e Other
 c Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain the arrangement in Part 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					
1b Contributions					
1c Investment earnings or losses					
1d Grants or scholarships					
1e Other expenditures for facilities and programs					
1f Administrative expenses					
1g 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 No3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No

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) Accumulated depreciation	(d) Book value
1a Land	4,445,290			4,445,290
1b Buildings	126,046,375	79,993,222		46,053,153
1c Leasehold improvements				
1d Equipment	58,683,883	19,204,207		39,479,676
1e Other	1,353,513	316,749		1,036,764
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				91,014,883

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		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		

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

Total. (Column (b) should equal Form 990, Part X, col (B), line 13)

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

Total (Column (b) should equal Form 920, Part X, col (B), line 15)

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

1	(a) Description of Liability	(b) Amount
Federal Income Taxes		
Accrued Pension Liability		1,401,74
Professional Liability Reserve		545,00
FIN 47 Asbestos Liability		2,742,67
Third Party Payor Settlements		3,061,16
Minority Interest in consolidated subs		912,23
Fair value of interest rate swap ag		6,122,49

Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ► **14,785,317**

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	158,944,380
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	143,579,567
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	15,364,813
4	Net unrealized gains (losses) on investments	4	45,786
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-63,915
9	Total adjustments (net) Add lines 4 - 8	9	-18,129
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	15,346,684

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	Other losses	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 IV, 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. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		IMPLEMENTATION OF NEW ACCOUNTING PRONOUNCEMENT 84477 PRIOR PERIOD ADJUSTMENT - 148392

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
 ► Attach to Form 990.
 ► See separate instructions.

Name of the organization
LIMA MEMORIAL JOINT OPERATING COMPANY

Employer identification number

34-1883284

Part I Charity Care and Certain Other Community Benefits at Cost

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?

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

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

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)			5,328,007	2,290,366	3,037,641	2 120 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			16,294,021	9,948,688	6,345,333	4 420 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			21,622,028	12,239,054	9,382,974	6 540 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	93	25,288	5,720,269	68,392	5,651,877	3 940 %
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	93	25,288	5,720,269	68,392	5,651,877	3 940 %
k Total. Add lines 7d and 7j	93	25,288	27,342,297	12,307,446	15,034,851	0

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

	(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, & Collection Practices
Section A. Bad Debt Expense

		Yes	No
1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1		No
2 Enter the amount of the organization's bad debt expense (at cost)	2	1,638,651	
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	3	311,344	
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, and rationale for including other bad debt amounts in community benefit			
Section B. Medicare			
5 Enter total revenue received from Medicare (including DSH and IME)	5	41,457,311	
6 Enter Medicare allowable costs of care relating to payments on line 5	6	52,579,873	
7 Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-11,122,562	
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used			
<input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			
Section C. Collection Practices			
9a Does the organization have a written debt collection policy?	9a	Yes	
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	9b	Yes	

Part IV Management Companies and Joint Ventures

(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 CARDINAL HEALTH PARTNERS LTD	PHYSICIAN PPO	50 000 %		
2 NORTH CENTRAL OHIO PHYSICIAN SERVICES	EMPLOYMENT OF NEUROSURGEONS	50 000 %		
3 HEALTH PERFORMANCE MANAGEMENT COMPANY LLC	CARDIOLOGY CO-MANAGEMENT	25 000 %		75 000 %
4 ADA MEDICAL & DIAGNOSTIC CENTER LLC	PHYSICIAN OFFICE BUILDING	50 000 %		
5 LMHS WOMEN'S HEALTH CO-MANAGEMENT COMPANY LLC	CO-MANAGEMENT	50 000 %		50 000 %
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V Facility Information

Name and address

Other
(Describe)

LIMA MEMORIAL HEALTH SYSTEM
1001 BELLEFONTAINE AVE
LIMA, OH 45804

X X X

ER-other
ER-24 hours
Research facility
Critical access hospital
Teaching hospital
Children's hospital
General medical & surgical
Licensed hospital

Part VI Supplemental Information

1. Provide the description required for Part I, line 3c.

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

based on a
Hospital's a

period they are determined to be uncollectible. An allowance for contractual adjustments and interim payment advances is based on expected payment rates from payors based on current reimbursement methodologies. This amount also includes amounts received as interim payments against unpaid claims by certain payors.

responsibility Primary self-pay accounts are referred to an outside agency as an extension of the Business Office at day 45. Accounts remain with the agency until it is at a zero balance or 150 days. At 150 days the account is closed back and given to the subsequent agency for regular collection follow up. Balance after insurance accounts are referred to an outside agency once any money is moved into self-pay.

assessment survey during 2009. The findings are based on self-administered surveys using a structured questionnaire modeled after the survey instruments used by the Centers for Disease Control and Prevention for their national

modeled after the survey instruments used by the Centers for Disease Control and Prevention for their National and State Behavioral Risk Factor Surveillance System and Youth Risk Behavior Surveillance System. The survey assessed the following areas: community concerns and services, physical health issues and behavioral health issues. For areas outside of Allen County, Lima Memorial utilizes data from additional county-based needs assessment when available. The results of this survey are being used to shape the Lima Memorial community outreach efforts. **Assessment Summary** When asked to rank community problems from a prepared list, 43% of respondents noted unemployment as the single most important problem facing local families. Residents identify job training & employment services as the single most important service need in the county in 2009. Crime prevention services was ranked the second most important/most needed service in 2009. Other important and emerging community problems are family issues of domestic violence, quality of life, and parenting. Other important services included health care services, youth programs and care of the elderly. Almost one-quarter (24%) of Allen County adults reported in 2009 that they had attempted to get assistance from a social service agency. 58% of those adults did receive assistance and only 1% of adults reported they did not know where to look for assistance. Previous assessments brought to light some of the physical health challenges Allen County residents faced and high rates of chronic disease. Although Allen County death rates for heart disease, cancer, stroke, and diabetes have decreased, the number of adults who report having clinical indicators and lifestyle characteristics associated with them has increased in several areas. Two areas that have increased since a 2002 survey are considerably above state and national rates: high blood pressure and excessive body weight. About 3 out of 4 Allen County adults are considered overweight or obese by Body Mass Index standards (BMI). Some positive changes were noted - fewer adults report no leisure time activity, indicating they are more active than previous assessments found, and cigarette smoking is down in Allen County, though still slightly higher than state and national rates. Health care was identified as one of the top three most important services in Allen County and the majority of adults (86%) report having health care coverage. Despite this, fewer women are participating in screenings for early detection of cancer. A notable improvement from 2002 was the percentage of adults who have visited a dentist in the past year, though reported dental visits within the past year are still lower in Allen County compared to state and national rates. Lifestyle characteristics that correspond with reduced risk for chronic disease include a healthy body weight, adequate fruit and vegetable consumption, regular leisure-time physical activity, and not smoking, yet only 0.8% of Allen County adults engage in all four healthy lifestyle characteristics. Some of the health issues facing Allen County youth include early sexual activity and teen pregnancy, bullying, and lack of safety habits such as wearing helmets when riding bicycles and ATVs, and lack of regular seatbelt use.

via wall-posted statements, hospital personnel inquiries, etc. Information regarding the hospital's charity care is also found on Lima Memorial Hospital's website. Statements going to patients also identify this program.

Part VI, Line 4 Lima Memorial Health System serves a 10 county area that includes more than 475,000 people. The counties include Allen, Auglaize, Putnam, Hancock, Mercer, Harding, Logan, Shelby, Paulding, and Van Wert. The medium household income for the region is \$44,300. 24% of residents are under 18 years-old, while 14.5% of residents are 65 years-old or older. 95.4% of our entire service area is Caucasian, while 2.75% are African American. In our primary service area of Allen County 85.6% are Caucasian, while 11.7% are African American.

American The region is primarily rural with small communities. The largest city in the region is Lima with a population of more than 38,

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

Part VI, Line 5 Beyond the Numbers Key Community Benefits Activities of 2009Lima Memorial develops programs and services to address community health needs and makes investments in initiatives that align with the Health System's mission, vision, and values The majority of Lima Memorial's community benefit investment was in the area of charitable care to ensure that those without insurance or with limited insurance have access to needed medical care Beyond that focus are programs and services that benefit every resident and support the fa

reaching goal of a healthier west central Ohio Lima Memorial Health System cannot meet all of the healthcare needs without the engagement and support of key stakeholders including our Medical Staff, as well as other community organizations. Community Health Services In 2009, Lima Memorial Health System provided and/or participated in more than 100 community health service programs. Included in this category

are including health and wellness education, health screenings, community development, and services to help people adopt healthy life-style changes. Also included are the myriad of support group activities that help patients and their families manage chronic health conditions. Key initiatives this past year include diagnostic heart and vascular screenings for at-risk adults, childhood diabetes education in area schools, injury prevention and awareness, and healthy eating events. A third subset of this category includes Health Care Support Services, or those services that are provided to assist community members in accessing both information and the medical care that they need. Chief among the Health System's support initiatives are the Financial Counselors that ensure that patients who are struggling financially and/or lack medical insurance are afforded the care that they need. Health Professions Education. Lima Memorial Health System believes that having highly trained medical personnel benefits everyone in the community. Beyond on-going education for physicians, nurses, technicians, and other clinicians, the Health System supported numerous special initiatives in 2009 to further the capabilities of area medical personnel. As part of the partnerships with numerous colleges and universities, Lima Memorial served as a training site for nearly 300 nursing students in 2009. Lima Memorial provides education outreach beyond the walls of the Hospital to support medical education in the community by providing hundreds of hours of training for area EMTs and paramedics. Financial Contributions. Lima Memorial provides both cash and in-kind support to individuals and other community organizations. The Sponsorship Fund provides funding support to west-central Ohio programs that address identified community needs and serve vulnerable populations. In 2009, Lima Memorial contributed to more than 50 organizations including the Equestrian Therapy Program, YMCA of Lima, American Cancer Society, the Allen County Sheriffs Department, the United Way, and the American Red Cross. Community Benefit Operations. For 2009, the only Community Benefits expense recorded is the staff expense to track and report on the Health System's community benefit investment. The applicable costs for staff engaging in actual community benefit services and programming are reported within specific initiatives and activities. Last year's expense of \$11,787 represents the functional allocation of staff time and may be underreported. Charity Care. In accordance with reporting requirements, Lima Memorial's charity care expense is based upon costs versus charges. Charity Care includes Lima Memorial's traditional inpatient and emergency services. When a patient is approved to receive financial assistance, that approval is for a six-month period and includes all hospital care. This approach ensures that assistance is portable and that patients have access to needed medical services by making a single application. A key goal is to identify community members in need sooner. The result is more charity care and fewer bad debts. Government Sponsored Healthcare Payments. Shortfalls for public insurance programs, including Medicaid and Medicare, were \$17,467,895 in 2009, an increase of 2 percent over 2008.

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.

promoting the health of the communities served

**Schedule I
(Form 990)****2009****Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

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

► Attach to Form 990

**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceName of the organization
LIMA MEMORIAL JOINT OPERATING COMPANYEmployer identification number
34-1883284**Part I General Information on Grants and Assistance**

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIMA AREA CHAMBER OF COMMERCE 144 S MAIN ST LIMA, OH 45801	344179070	501(C)6	6,000				COMMUNITY DEVELOPMENT
EQUESTRIAN THERAPY PROGRAM 22532 BOWSHER RD CRIDERSVILLE, OH 45806	341376159	501(C)3	17,500				THERAPY PROGRAM FOR CHILDREN WITH DISABILITIES
LIMA AREA FAMILY YMCA 345 S ELIZABETH ST LIMA, OH 45801	344431173	501(C)3	263,494				COMMUNITY DEVELOPMENT/HEALTH AND WELLNESS
LIMA SYMPHONY ORCHESTRA 133 N ELIZABETH ST LIMA, OH 45807	344465022	501(C)3	6,800				COMMUNITY DEVELOPMENT SUPPORTING ARTS
LIMA NEWS 3515 ELIDA RD LIMA, OH 45807	344466918		10,000				NEWSPAPERS IN EDUCATION/COMMUNITY HEALTH EDUCATION
LIMA MEMORIAL FOUNDATION 1001 BELLEFONTAINE AVE LIMA, OH 45804	341707570	501(C)3	10,000				WOMEN'S HEALTH INITIATIVE

2 Enter total number of section 501(c)(3) and government organizations ► 4

3 Enter total number of other organizations ► 2

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
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
EDUCATIONAL LOAN	6	8,150			
See Additional Data Table					

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

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 IN MOST CASES THE EFFECTIVE USE OF FUNDS IS EVIDENT THROUGH THE POSITIVE RESULTS OF THE PROGRAMS WE FUND IN ADDITION, LIMA MEMORIAL HAS BOARD REPRESENTATION ON MOST OF THE ORGANIZATIONS WE SUPPORT IF THIS IS NOT THE CASE WE DO ASK FOR THEIR BUSINESS PLAN AND A LIST OF EXPENDITURES

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

OMB No 1545-0047

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Inspection**Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
► Attach to Form 990. ► See separate instructions.

Name of the organization

LIMA MEMORIAL JOINT OPERATING COMPANY

Employer identification number

34-1883284

Part I Questions Regarding Compensation

Yes No

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 checked="" 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 any of the boxes in line 1a are 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

1b Yes

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?

2 Yes

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 with respect to the filing organization or a related organization

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

4a Yes

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

4b Yes

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

4c No

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

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

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

5a No

a The organization?

5b No

b Any related organization?

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

6a No

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

6b No

a The organization?

7 No

b Any related organization?

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

8 No

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

9 No

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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.

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
	Part I, Line 1a	LIMA MEMORIAL JOINT OPERATING COMPANY PROVIDES SOCIAL CLUB DUES TO THE CEO, THEY ARE TREATED AS TAXABLE COMPENSATION
	Part I, Line 4a	Part I, Line 4a THERESA BOWEN - \$94,286 SUE FICKEL - \$16,550, SUE FICKEL - \$11,141 MIKE SWICK - \$69,175 ROBERT E ARMSTRONG, JR - \$30,400 ERIC D POHJALA - \$27,647 C LYNN THOMPSON, M D - \$20,636

**Schedule K
(Form 990)**

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
 ► Attach to Form 990. ► See separate instructions.

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Inspection**Department of the Treasury
Internal Revenue Service

Name of the organization

LIMA MEMORIAL JOINT OPERATING COMPANY

Employer identification number

34-1883284

Part I Bond Issues

	(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
A	CITY OF LIMA-2007 BONDS	34-6400789	532567DH4	07-18-2007	25,000,000	SPIRIT OF CARING CAPITAL PROJECT	X	X
B	CITY OF LIMA-2003 BONDS	34-6400789	532567DG6	04-10-2003	10,000,000	EMERGENCY CENTER CAPITAL PROJECT	X	X

Part II Proceeds

	A	B	C	D	E
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	317,693	178,783		
6	Working capital expenditures from proceeds				
7	Capital expenditures from proceeds	25,000,000	10,000,000		
8	Year of substantial completion	2008	2004		
9	Were the bonds issued as part of a current refunding issue?	X	X		
10	Were the bonds issued as part of an advance refunding issue?	X	X		
11	Has the final allocation of proceeds been made?	X	X		
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X	X		

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

SCHEDULE O
(Form 990)**Supplemental Information to Form 990****2009****Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
► Attach to Form 990.****Name of the organization**

LIMA MEMORIAL JOINT OPERATING COMPANY

Employer identification number

34-1883284

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		THE AUDIT COMMITTEE OF THE BOARD REVIEWS AND APPROVES THE FORM 990
Form 990, Part VI, Section B, line 12c		EACH TRUSTEE, PRINCIPAL OFFICER, AND MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON 1) HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, 2) HAS READ AND UNDERSTANDS THE POLICY, 3) HAS AGREED TO COMPLY WITH THE POLICY, AND 4) UNDERSTANDS THAT THE CORPORATION IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. IF THE BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE THAT A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING THE RESPONSE OF THE MEMBER AND MAKING SUCH FURTHER INVESTIGATION AS MAY BE WARRANTED IN THE CIRCUMSTANCES, THE BOARD OR COMMITTEE DETERMINES THAT THE MEMBER HAS IN FACT FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION
Form 990, Part VI, Section B, line 15		THE PROCESS FOR DETERMINING THE ORGANIZATION'S CEO, OTHER OFFICERS AND KEY EMPLOYEES' COMPENSATION INCLUDES 1) REVIEW AND APPROVAL BY THE COMPENSATION COMMITTEE, 2) THE UTILIZATION OF AN INDEPENDENT COMPENSATION CONSULTANT, 3) COMPARABLE DATA, AND 4) CONTEMPORANEOUS DOCUMENTATION
Form 990, Part VI, Section C, line 18		FORM 990 IS AVAILABLE UPON REQUEST
Form 990, Part VI, Section C, line 19		THESE DOCUMENTS ARE CURRENTLY NOT AVAILABLE TO THE PUBLIC
FORM 990, PART XI, LINE 2C EXPLANATION		THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND THE SELECTION OF THE INDEPENDENT ACCOUNTANT
FORM 990, PART VI, LINE 16B		LIMA MEMORIAL JOINT OPERATING COMPANY DRAFTED A JOINT VENTURE POLICY IN 2010. THIS POLICY WAS BOARD-APPROVED AND IN PLACE DURING 2010

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
► Attach to Form 990. ► See separate instructions.

Name of the organization

LIMA MEMORIAL JOINT OPERATING COMPANY

Employer identification number

34-1883284

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
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Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
LIMA MEMORIAL HOSPITAL 1001 BELLEVILLE AVENUE LIMA, OH 45804 34-4434676	HEALTHCARE	OH	501(C)(3)	170(B)(1)(A)(III)	LIMA MEMORIAL HEALTH SYSTEM
LIMA MEMORIAL HOSPITAL FOUNDATION 1001 BELLEVILLE AVENUE LIMA, OH 45804 34-1707570	SUPPORTING ORGANIZATION FOR LIMA MEMORIAL HOSPITAL	OH	501(C)(3)	509(a)(3)	LIMA MEMORIAL HEALTH SYSTEM
LIMA MEMORIAL HOSPITAL AUXILIARY 1001 BELLEVILLE AVENUE LIMA, OH 45804 34-1694632	SUPPORTING ORGANIZATION FOR LIMA MEMORIAL HOSPITAL	OH	501(C)(3)	509(a)(3)	LIMA MEMORIAL HEALTH SYSTEM
LIMA MEMORIAL PROFESSIONAL CORPORATION 1001 BELLEVILLE AVENUE LIMA, OH 45804 34-1935236	HEALTHCARE	OH	501(C)(3)	170(B)(1)(A)(III)	LIMA MEMORIAL HEALTH SYSTEM

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
ELM TREE FOUNDATION 1220 EAST ELM STREET LIMA, OH45804 34-1417720	RENTAL REAL ESTATE	OH	LIMA MEMORIAL HEALTH SYSTEM	C	695,523	8,130,913	100 000 %

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)**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	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i	Yes	
1j	Yes	
1k		No
1l		No
1m	Yes	
1n	Yes	
1o	Yes	
1p	Yes	
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	(b) Transaction type(a-r)	(c) Amount involved
(1)	LIMA MEMORIAL HOSPITAL FOUNDATION	C	672,684
(2)	LIMA MEMORIAL PROFESSIONAL CORPORATION	B	4,338,431
(3)	LIMA MEMORIAL PROFESSIONAL CORPORATION	I	169,730
(4)	ELM TREE FOUNDATION	J	96,142
(5)	LIMA MEMORIAL PROFESSIONAL CORPORATION	O	202,872
(6)	ELM TREE FOUNDATION	P	150,000

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?	(e) Share of end-of-year assets	(f) Disproportionate allocations?	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?
Yes	No	Yes	No	Yes	No	Yes	No

Software ID:**Software Version:****EIN:** 34-1883284**Name:** LIMA MEMORIAL JOINT OPERATING COMPANY**Form 990, Schedule R, Part V - Transactions With Related Organizations**

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	LIMA MEMORIAL HOSPITAL FOUNDATION	C	672,684
(2)	LIMA MEMORIAL PROFESSIONAL CORPORATION	B	4,338,431
(3)	LIMA MEMORIAL PROFESSIONAL CORPORATION	I	169,730
(4)	ELM TREE FOUNDATION	J	96,142
(5)	LIMA MEMORIAL PROFESSIONAL CORPORATION	O	202,872
(6)	ELM TREE FOUNDATION	P	150,000