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Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**

# 2013

**Open to Public Inspection**

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

## A For the 2013 calendar year, or tax year beginning 10-01-2013, 2013, and ending 09-30-2014

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization JOHN D ARCHBOLD MEMORIAL HOSPITAL INC Doing Business As		<b>D</b> Employer identification number 58-0566121
	Number and street (or P O box if mail is not delivered to street address) Room/suite P O BOX 1018	<b>E</b> Telephone number (229) 228-2853	
	City or town, state or province, country, and ZIP or foreign postal code THOMASVILLE, GA 317991018		<b>G</b> Gross receipts \$ 306,551,139
	<b>F</b> Name and address of principal officer J PERRY MUSTIAN PRESIDENT CEO P O BOX 1018 THOMASVILLE, GA 317991018		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: WWW ARCHBOLD ORG			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation 1923	<b>M</b> State of legal domicile GA

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities HEALTHCARE SERVICES		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	20
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	8
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	0
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	127
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	920,671	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	-80,487	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	5,274,509	7,657,280
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	291,695,936	292,282,469
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,190,227	1,660,285
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,181,819	3,622,002
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	301,342,491	305,222,036
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	523,790	503,862
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	130,190,789	124,783,721
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) $\rightarrow$ 0		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	146,582,647	152,551,358
	<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	277,297,226	277,838,941
<b>19</b> Revenue less expenses Subtract line 18 from line 12	24,045,265	27,383,095	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	554,712,746	579,473,377
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	163,126,173	158,785,630
		391,586,573	420,687,747

## 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.

<b>Sign Here</b>	***** Signature of officer	2015-08-17 Date
	J PERRY MUSTIAN PRESIDENT Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name JACQUELINE G ATKINS	Preparer's signature	Date 2015-08-04	Check <input type="checkbox"/> if self-employed	PTIN P00861721
	Firm's name $\rightarrow$ DRAFFIN & TUCKER LLP			Firm's EIN $\rightarrow$ 58-0914992	
	Firm's address $\rightarrow$ PO BOX 71309 ALBANY, GA 317081309			Phone no (229) 883-7878	

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

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission  
HEALTHCARE SERVICES

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 231,195,374 including grants of \$ 503,862 ) (Revenue \$ 291,694,682 )

JOHN D ARCHBOLD MEMORIAL HOSPITAL (JDAMH) IN THOMASVILLE GEORGIA OPERATES WITH 264 LICENSED BEDS, OF WHICH 226 ARE MED/SURG, 18 BEDS ARE DESIGNATED TO A PSYCH UNIT, 20 BEDS ARE REHAB IN ADDITION, THEY OPERATE A 64 BED SKILLED NURSING FACILITY JDAMH IS A RURAL REFERRAL CENTER COVERING THOMAS COUNTY AND SURROUNDING COUNTIES IN SOUTHERN GEORGIA AND NORTHERN FLORIDA 70% OF PATIENTS WERE COVERED BY MEDICARE AND MEDICAID, AND 3 0% OF PATIENT REVENUE WAS PROVIDED AS INDIGENT CARE IN 2014, JDAMH PROVIDED OVER 23 5 MILLION IN INDIGENT CARE CHARGES JDAMH TREATS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY IN ADDITION JDAMH PROVIDED APPROXIMATELY 50 1 MILLION IN ADDITIONAL UNCOMPENSATED CARE THROUGHOUT THE YEAR, JDAMH PRODUCES OR SPONSORS MANY SPECIAL PROGRAMS FOR THE COMMUNITY TO EDUCATE THEM ON IMPORTANT HEALTH NEEDS JDAMH, INC ALSO MAINTAINS HOSPITALS IN GRADY COUNTY, BROOKS COUNTY, AND MITCHELL COUNTY, FILING UNDER EIN 58-0566121 BROOKS COUNTY HOSPITAL OPERATES IN QUITMAN, GEORGIA AS A CRITICAL ACCESS HOSPITAL WITH 25 ACUTE CARE BEDS IT SERVES BROOKS COUNTY AND 73% OF ITS PATIENTS WERE MEDICARE/MEDICAID IN 2014, OVER 4 6 MILLION OF INDIGENT CARE WAS PROVIDED TO THE COMMUNITY IN ADDITION, BROOKS COUNTY HOSPITAL PROVIDED OVER 879,000 IN ADDITIONAL UNCOMPENSATED CARE EIN 58-6002830 FILED UNDER EIN 58-0566121 GRADY GENERAL HOSPITAL (GGH) IN CAIRO, GEORGIA OPERATES A 46 BED ACUTE CARE FACILITY TEN BEDS CAN BE USED AS SWING BEDS IT SERVES GRADY COUNTY AND 61% OF ITS PATIENTS WERE MEDICARE/MEDICAID IN 2014, GGH PROVIDED OVER 3 1 MILLION IN INDIGENT CARE IN ADDITION, GRADY GENERAL HOSPITAL PROVIDED OVER 6 8 MILLION IN ADDITIONAL UNCOMPENSATED CARE EIN 58-1646537 FILED UNDER EIN 58-0566121 MITCHELL COUNTY HOSPITAL AND NURSING HOMES OPERATE IN CAMILLA, GEORGIA AS A CRITICAL ACCESS HOSPITAL WITH 25 ACUTE CARE BEDS AND 156 NURSING HOME BEDS IT SERVES MITCHELL COUNTY AND 62% OF ITS PATIENTS WERE MEDICARE/MEDICAID IN 2014, OVER 6 5 MILLION OF INDIGENT CARE WAS PROVIDED TO THE COMMUNITY IN ADDITION, MITCHELL COUNTY HOSPITAL PROVIDED OVER 1 5 MILLION ADDITIONAL UNCOMPENSATED CARE EIN 58-6001207 FILED UNDER EIN 58-0566121

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

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

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

**4e Total program service expenses** 231,195,374

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		No
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>		No
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>	Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		No
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	

**Part IV Checklist of Required Schedules** *(continued)*

<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . . 	<b>21</b>	Yes	
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . . 	<b>22</b>	Yes	
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . . 	<b>23</b>	Yes	
<b>24a</b>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . . 	<b>24a</b>	Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		No
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . . 	<b>25a</b>		No
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . . 	<b>25b</b>		No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i> . . . . . 	<b>26</b>		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . . 	<b>27</b>		No
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . 	<b>28a</b>	Yes	
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . 	<b>28b</b>	Yes	
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . 	<b>28c</b>	Yes	
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . . 	<b>33</b>		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . . 	<b>34</b>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>		No
<b>b</b>	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . 	<b>36</b>		No
<b>37</b>	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? <i>If "Yes," complete Schedule R, Part VI</i> 	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <b>1a</b> 211		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <b>1b</b> 0		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <b>2a</b> 0		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
<b>4a</b>	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)?		No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year. <b>7d</b>		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10 Section 501(c)(7) organizations.</b>	Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12. <b>10a</b>		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b>	Enter		
<b>11a</b>	Gross income from members or shareholders. <b>11a</b>		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O. <b>13a</b>		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. <b>13b</b>		
<b>13c</b>	Enter the amount of reserves on hand. <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		No
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<b>2</b>	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? . . . . .	Yes	
<b>3</b>	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? . . . . .		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		No
<b>6</b>	Did the organization have members or stockholders? . . . . .	Yes	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	Yes	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	Yes	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	The governing body? . . . . .	Yes	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	Yes	
<b>9</b>	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 . . . . .		No

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		No
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	Yes	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	Yes	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	Yes	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	Yes	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .		No
<b>15b</b>	Other officers or key employees of the organization . . . . .		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		No
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the States with which a copy of this Form 990 is required to be filed  GA
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization  
 CHARLES D HIGHTOWER JR PO BOX 1018  
 THOMASVILLE, GA 317991018 (229) 228-2853





**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>					
	<b>b</b>	Membership dues . . . . . <b>1b</b>					
	<b>c</b>	Fundraising events . . . . . <b>1c</b>					
	<b>d</b>	Related organizations . . . . . <b>1d</b>	3,299,040				
	<b>e</b>	Government grants (contributions) <b>1e</b>	4,358,240				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>					
	<b>g</b>	Noncash contributions included in lines 1a-1f \$					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .	7,657,280				
<b>Program Service Revenue</b>	<b>2a</b>	PATIENT SERVICE REVENUE					
		Business Code 623000	291,361,798	291,361,798			
	<b>b</b>	LAB SERVICES	920,671		920,671		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .	292,282,469				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .	2,551,281			2,551,281	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b>	Royalties . . . . .					
	<b>6a</b>	Gross rents	(i) Real				
			(ii) Personal				
			1,059,025				
			182,286				
	<b>b</b>	Less rental expenses	876,739				
	<b>c</b>	Rental income or (loss)					
	<b>d</b>	Net rental income or (loss) . . . . .	876,739			876,739	
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			890,996				
			-890,996				
	<b>b</b>	Less cost or other basis and sales expenses					
	<b>c</b>	Gain or (loss)					
	<b>d</b>	Net gain or (loss) . . . . .	-890,996			-890,996	
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .					
<b>a</b>							
<b>b</b>	Less direct expenses . . . . . <b>b</b>						
<b>c</b>	Net income or (loss) from fundraising events . . . . .						
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . .						
<b>a</b>							
<b>b</b>	Less direct expenses . . . . . <b>b</b>						
<b>c</b>	Net income or (loss) from gaming activities . . . . .						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .						
		398,073					
		255,821					
<b>b</b>	Less cost of goods sold . . . . . <b>b</b>						
<b>c</b>	Net income or (loss) from sales of inventory . . . . .	142,252			142,252		
	Miscellaneous Revenue	Business Code					
<b>11a</b>	DRUG SALES	621990	1,393,685			1,393,685	
<b>b</b>	CAFETERIA SALES	722210	876,442			876,442	
<b>c</b>	MEDICAL RECORD TRANSCRIPT FEE	623000	155,624	155,624			
<b>d</b>	All other revenue . . . . .		177,260	177,260			
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		2,603,011				
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . .		305,222,036	291,694,682	920,671	4,949,403	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	111,000	111,000		
<b>2</b>	Grants and other assistance to individuals in the United States. See Part IV, line 22	392,862	392,862		
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees	1,154,275		1,154,275	
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b>	Other salaries and wages	98,413,184	84,917,999	13,495,185	
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,817,976	1,603,507	214,469	
<b>9</b>	Other employee benefits	14,668,756	12,575,862	2,092,894	
<b>10</b>	Payroll taxes	8,729,530	7,454,047	1,275,483	
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management	427,704		427,704	
<b>b</b>	Legal	148,329		148,329	
<b>c</b>	Accounting	89,071		89,071	
<b>d</b>	Lobbying	6,274	6,274		
<b>e</b>	Professional fundraising services. See Part IV, line 17				
<b>f</b>	Investment management fees				
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	37,209,148	30,563,267	6,645,881	
<b>12</b>	Advertising and promotion	201,747	33,971	167,776	
<b>13</b>	Office expenses	39,713,288	28,062,522	11,650,766	
<b>14</b>	Information technology	1,151,590	1,114,378	37,212	
<b>15</b>	Royalties				
<b>16</b>	Occupancy	9,858,322	8,743,346	1,114,976	
<b>17</b>	Travel	1,095,948	744,024	351,924	
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b>	Conferences, conventions, and meetings	66,220	66,220		
<b>20</b>	Interest				
<b>21</b>	Payments to affiliates				
<b>22</b>	Depreciation, depletion, and amortization	22,884,268	20,296,057	2,588,211	
<b>23</b>	Insurance	2,117,527	2,117,527		
<b>24</b>	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
<b>a</b>	MEDICAL SUPPLIES	29,303,968	29,303,968		
<b>b</b>	PROVIDER FEES	4,405,360		4,405,360	
<b>c</b>	REPAIRS & MAINTENANCE	2,738,780	2,512,233	226,547	
<b>d</b>	DUES & SUBSCRIPTIONS	451,366	201,233	250,133	
<b>e</b>	All other expenses	682,448	375,077	307,371	
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	277,838,941	231,195,374	46,643,567	0
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	8,262,636	<b>1</b>	5,402,919
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	48,061,079	<b>4</b>	50,849,220
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	3,247,754	<b>8</b>	3,169,225
	<b>9</b> Prepaid expenses and deferred charges . . . . .	2,815,554	<b>9</b>	2,958,671
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	<b>10a</b> 489,723,192		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b> 233,838,880	260,291,174	<b>10c</b> 255,884,312
	<b>11</b> Investments—publicly traded securities . . . . .	182,839,395	<b>11</b>	192,711,702
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	86,072	<b>12</b>	26,572
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	49,109,082	<b>15</b>	68,470,756
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	554,712,746	<b>16</b>	579,473,377	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	36,579,626	<b>17</b>	34,757,427
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	801,547	<b>19</b>	828,203
	<b>20</b> Tax-exempt bond liabilities . . . . .	125,745,000	<b>20</b>	123,200,000
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	163,126,173	<b>26</b>	158,785,630
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	388,520,369	<b>27</b>	417,171,944
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .	3,066,204	<b>29</b>	3,515,803
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	391,586,573	<b>33</b>	420,687,747	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	554,712,746	<b>34</b>	579,473,377	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	305,222,036
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	277,838,941
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	27,383,095
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	391,586,573
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,718,079
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	420,687,747

**Part XII Financial Statements and Reporting**

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

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

**Additional Data**

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

**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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
J PERRY MUSTIAN PRES/HOSP CE	1 00 48 00	X		X				0	832,691	799,117
GREGORY H PATTERSON MD TRUSTEE	1 00 1 00	X						0	551,530	42,016
EDWARD L HALL MD TRUSTEE	1 00 40 00	X						0	408,111	46,690
TIMOTHY GRAYSON MD TRUSTEE	1 00	X						22,900	0	0
JOHN B CARICO MD TRUSTEE	1 00 1 00	X						7,200	0	0
KAREN L BRAMBLETT MD FORMER TRUST	1 00 1 00	X						7,000	0	0
PAUL L STEINBERG MD TRUSTEE	1 00	X						2,644	0	0
BRYANT BEADLES TRUSTEE	1 00 1 00	X						0	0	0
NATHANIEL H ABRAMS JR CHAIRMAN	1 00 1 00	X		X				0	0	0
GREG HAMIL TRUSTEE	1 00	X						0	0	0
BENJAMIN WILDS MD SECRETARY	1 00 1 00	X		X				0	0	0
HAILE MCCOLLUM TRUSTEE	1 00 1 00	X						0	0	0
GARY BONVILLIAN PHD TREASURER	1 00 1 00	X		X				0	0	0
IMOGENE CONYERS TRUSTEE	1 00 1 00	X						0	0	0
RODNEY G DEESE FORMER TRUST	1 00 2 00	X						0	0	0
MARTA TURNER TRUSTEE	1 00 1 00	X						0	0	0
NELDA ROME TRUSTEE	1 00 1 00	X						0	0	0
THOMAS J CALLAWAY III TRUSTEE	1 00 1 00	X						0	0	0
WALLACE GOODMAN VICE CHAIRMA	1 00 2 00	X		X				0	0	0
CHARLES R SANDERS JR MD TRUSTEE	1 00	X						0	0	0
W POWELL JONES FORMER TRUST	1 00 1 00	X						0	0	0
JAMES S KARAS MD TRUSTEE	1 00 1 00	X						0	0	0
STEPHEN R AVERA TRUSTEE	1 00 1 00	X						0	0	0
CHARLES D HIGHTOWER JR ASST SEC/ HO	1 00 48 00			X				0	428,897	33,780
JOHN FISCHER COO	40 00			X				257,734	0	36,823

**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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
AMY GRIFFIN VP PATIENT C	40 00				X			207,685	0	15,195
KEN BROOKER VP CLINICAL	40 00				X			203,999	0	30,711
LADON TOOLE VP NETWORK O	40 00				X			163,247	0	17,137
JIM CARTER VP ADMIN SER	40 00				X			162,959	0	19,040
MEL HARTSFIELD MD VP MEDICAL A	40 00					X		351,742	0	31,857
JULIA WEEKS PHYSICIAN	40 00					X		306,979	0	24,985
DINESH B PATEL MD PHYSICIAN	40 00					X		278,285	0	27,533
STEPHEN RUBENDALL MD PHYSICIAN	40 00					X		250,847	0	21,004
MICHAEL K SOPT MD PHYSICIAN	40 00					X		236,532	0	22,793

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

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

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

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
JOHN D ARCHBOLD MEMORIAL  
HOSPITAL INC

**Employer identification number**  
58-0566121

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  
  - a  Type I b  Type II c  Type III - Functionally integrated d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

**g** Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
**(i)** A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

**(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)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>11 Total support</b> (Add lines 7 through 10)						
<b>12</b> Gross receipts from related activities, etc (see instructions)					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b> Public support percentage for 2012 Schedule A, Part II, line 14	<b>15</b>	
<b>16a 33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test—2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2013.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

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

- 19a 33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Return Reference

Explanation

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2013

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

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

Table with 2 columns: Name of the organization (JOHN D ARCHBOLD MEMORIAL HOSPITAL INC) and Employer identification number (58-0566121)

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures
3 Volunteer hours

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
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?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check  if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	6,274													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	6,274													
<b>d</b>	Other exempt purpose expenditures	277,832,667													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	277,838,941													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns	1,000,000													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		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		
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														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	11,124	10,085	10,308	6,274	37,791
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column(e))					1,500,000
<b>f</b> 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
<i>For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
<b>1</b> 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			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

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

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures <b>(do not include amounts of political expenses for which the section 527(f) tax was paid).</b>		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization JOHN D ARCHBOLD MEMORIAL HOSPITAL INC

Employer identification number 58-0566121

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Line number, Description, Held at the End of the Year (2a-2d). Includes questions 1-9 regarding 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.

Table with 3 columns: Line number, Description, Amount. Includes questions 1a-2 regarding collections of art and historical treasures.

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

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

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

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

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

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

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

b If "Yes," explain the arrangement in Part XIII and complete the following table

Table with 2 columns: Description (1c-1f) and Amount

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include 1a-1g.

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

- a Board designated or quasi-endowment, b Permanent endowment 100.000%, c Temporarily restricted endowment

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

Table with 2 columns: Yes, No. Rows for 3a(i) unrelated organizations, 3a(ii) related organizations.

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

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

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

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include 1a-1e and Total.



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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	ENDOWMENT FUNDS RESTRICTED BY DONORS ARE HELD IN A PERMANENT HEALTHCARE ENDOWMENT FUND WHICH WAS ESTABLISHED TO SUPPORT HEALTH CARE SERVICES
SCHEDULE D, PAGE 3, PART X	THE MEDICAL CENTER, WITH THE EXCEPTION OF ARCHBOLD MEDICAL ENTERPRISES, INC , IS A NOT-FOR-PROFIT CORPORATION THAT HAS BEEN RECOGNIZED AS TAX- EXEMPT PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THE MEDICAL CENTER APPLIES ACCOUNTING POLICIES THAT PRESCRIBE WHEN TO RECOGNIZE AND HOW TO MEASURE THE CONSOLIDATED FINANCIAL STATEMENT EFFECTS OF INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON ITS INCOME TAX RETURNS THESE RULES REQUIRE MANAGEMENT TO EVALUATE THE LIKELIHOOD THAT, UPON EXAMINATION BY THE RELEVANT TAXING JURISDICTIONS, THOSE INCOME TAX POSITIONS WOULD BE SUSTAINED BASED ON THAT EVALUATION, THE MEDICAL CENTER ONLY RECOGNIZES THE MAXIMUM BENEFIT OF EACH INCOME TAX POSITION THAT IS MORE THAN 50% LIKELY OF BEING SUSTAINED TO THE EXTENT THAT ALL OR A PORTION OF THE BENEFITS OF AN INCOME TAX POSITION ARE NOT RECOGNIZED, A LIABILITY WOULD BE RECOGNIZED FOR THE UNRECOGNIZED BENEFITS, ALONG WITH ANY INTEREST AND PENALTIES THAT WOULD RESULT FROM DISALLOWANCE OF THE POSITION SHOULD ANY SUCH PENALTIES AND INTEREST BE INCURRED, THEY WOULD BE RECOGNIZED AS OPERATING EXPENSES BASED ON THE RESULTS OF MANAGEMENT'S EVALUATION, NO LIABILITY IS RECOGNIZED IN THE ACCOMPANYING CONSOLIDATED BALANCE SHEETS FOR UNRECOGNIZED INCOME TAX POSITIONS FURTHER, NO INTEREST OR PENALTIES HAVE BEEN ACCRUED OR CHARGED TO EXPENSE AS OF SEPTEMBER 30, 2014 AND 2013 OR FOR THE YEARS THEN ENDED THE MEDICAL CENTER'S TAX RETURNS ARE SUBJECT TO POSSIBLE EXAMINATION BY THE TAXING AUTHORITIES FOR FEDERAL INCOME TAX PURPOSES, THE TAX RETURNS ESSENTIALLY REMAIN OPEN FOR POSSIBLE EXAMINATION FOR A PERIOD OF THREE YEARS AFTER THE RESPECTIVE FILING DEADLINES OF THOSE RETURNS



## Additional Data

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

### Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
(1) DUE FROM RELATED PARTIES	31,203,353
(2) OTHER RECEIVABLES	13,456,274
(3) DUE FROM SELF INSURANCE TRUST	8,668,466
(4) DUE FROM MEDICARE/MEDICAID	7,201,328
(5) PHYSICIAN RECEIVABLES	2,725,373
(6) DEFERRED BOND ISSUE COST - 2003	1,919,600
(7) SCHOLARSHIP/TUITION RECEIVABLE	1,882,586
(8) EHR RECEIVABLE	904,491
(9) INTEREST RECEIVABLE	509,285

SCHEDULE H (Form 990)

Hospitals

OMB No 1545-0047

2013

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization JOHN D ARCHBOLD MEMORIAL HOSPITAL INC

Employer identification number 58-0566121

Part I Financial Assistance and Certain Other Community Benefits at Cost

1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a. 1b If "Yes," was it a written policy? 2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. 3a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? 3b Did the organization use FPG as a factor in determining eligibility for providing discounted care? 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? 5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? 5c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? 6a Did the organization prepare a community benefit report during the tax year? 6b If "Yes," did the organization make it available to the public?

7 Financial Assistance and Certain Other Community Benefits at Cost

Table with 7 columns: (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. Rows include Financial Assistance and Means-Tested Government Programs (a-d) and Other Benefits (e-k).

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development			1,750		1,750	
<b>3</b> Community support			17		17	
<b>4</b> Environmental improvements			246,018		246,018	0.090 %
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building			308		308	
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development			1,915		1,915	
<b>9</b> Other						
<b>10 Total</b>			250,008		250,008	0.090 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b>	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	Yes	
<b>2</b>	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.		
<b>3</b>	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.		
<b>4</b>	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

**Section B. Medicare**

<b>5</b>	Enter total revenue received from Medicare (including DSH and IME)	82,519,237
<b>6</b>	Enter Medicare allowable costs of care relating to payments on line 5	87,667,940
<b>7</b>	Subtract line 6 from line 5. This is the surplus (or shortfall)	-5,148,703
<b>8</b>	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 type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other	

**Section C. Collection Practices**

<b>9a</b>	Did the organization have a written debt collection policy during the tax year?	Yes
<b>9b</b>	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	Yes

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

**Part V Facility Information**

**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

**4**

Name, address, primary website address, and state license number

(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>4</b>  Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
See Additional Data Table										

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

JOHN D ARCHBOLD MEM HOSP

Name of hospital facility or facility reporting group \_\_\_\_\_

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

		Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
<b>1</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Part VI)		
<b>2</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 13</u>		
<b>3</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	Yes	
<b>4</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	Yes	
<b>5</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW ARCHBOLD ORG</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Part VI)		
<b>6</b>	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
<b>a</b>	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
<b>b</b>	<input checked="" type="checkbox"/> Execution of the implementation strategy		
<b>c</b>	<input type="checkbox"/> Participation in the development of a community-wide plan		
<b>d</b>	<input type="checkbox"/> Participation in the execution of a community-wide plan		
<b>e</b>	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
<b>f</b>	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
<b>g</b>	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
<b>h</b>	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
<b>i</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>7</b>	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs . . . . .		No
<b>8a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		No
<b>8b</b>	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)

<b>Financial Assistance Policy</b>		<b>Yes</b>	<b>No</b>
<b>9</b>	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	<b>9</b> Yes	
<b>10</b>	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care <u>125 000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used	<b>10</b> Yes	
<b>11</b>	Used FPG to determine eligibility for providing <i>discounted</i> care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>325 000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used	<b>11</b> Yes	
<b>12</b>	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply)	<b>12</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Income level		
<b>b</b>	<input checked="" type="checkbox"/> Asset level		
<b>c</b>	<input type="checkbox"/> Medical indigency		
<b>d</b>	<input type="checkbox"/> Insurance status		
<b>e</b>	<input type="checkbox"/> Uninsured discount		
<b>f</b>	<input type="checkbox"/> Medicaid/Medicare		
<b>g</b>	<input type="checkbox"/> State regulation		
<b>h</b>	<input type="checkbox"/> Residency		
<b>i</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>13</b>	Explained the method for applying for financial assistance? . . . . .	<b>13</b> Yes	
<b>14</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>14</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
<b>b</b>	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
<b>c</b>	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
<b>d</b>	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
<b>e</b>	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
<b>f</b>	<input checked="" type="checkbox"/> The policy was available upon request		
<b>g</b>	<input checked="" type="checkbox"/> Other (describe in Part VI)		

<b>Billing and Collections</b>			
<b>15</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? . . . . .	<b>15</b> Yes	
<b>16</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency		
<b>b</b>	<input type="checkbox"/> Lawsuits		
<b>c</b>	<input type="checkbox"/> Liens on residences		
<b>d</b>	<input type="checkbox"/> Body attachments		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>17</b>	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	<b>17</b>	No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency		
<b>b</b>	<input type="checkbox"/> Lawsuits		
<b>c</b>	<input type="checkbox"/> Liens on residences		
<b>d</b>	<input type="checkbox"/> Body attachments		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		

**Part V Facility Information** *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a**  Notified individuals of the financial assistance policy on admission
  - b**  Notified individuals of the financial assistance policy prior to discharge
  - c**  Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
  - d**  Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
  - e**  Other (describe in Section C)

**Policy Relating to Emergency Medical Care**

**19** Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .

If "No," indicate why

- a**  The hospital facility did not provide care for any emergency medical conditions
- b**  The hospital facility's policy was not in writing
- c**  The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d**  Other (describe in Part VI)

	Yes	No
<b>19</b>	Yes	

**Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)**

**20** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a**  The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b**  The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c**  The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d**  Other (describe in Part VI)

**21** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Part VI

**22** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Part VI

<b>21</b>		No
<b>22</b>		No

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

GRADY GENERAL HOSPITAL

Name of hospital facility or facility reporting group \_\_\_\_\_

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 2

		Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
<b>1</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Part VI)		
<b>2</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 13</u>		
<b>3</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	Yes	
<b>4</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	Yes	
<b>5</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW ARCHBOLD ORG</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>6</b>	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
<b>a</b>	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
<b>b</b>	<input checked="" type="checkbox"/> Execution of the implementation strategy		
<b>c</b>	<input type="checkbox"/> Participation in the development of a community-wide plan		
<b>d</b>	<input type="checkbox"/> Participation in the execution of a community-wide plan		
<b>e</b>	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
<b>f</b>	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
<b>g</b>	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
<b>h</b>	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
<b>i</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>7</b>	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs . . . . .		No
<b>8a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		No
<b>8b</b>	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)

<b>Financial Assistance Policy</b>		<b>Yes</b>	<b>No</b>
<b>9</b>	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	<b>9</b> Yes	
<b>10</b>	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care <u>125 000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used	<b>10</b> Yes	
<b>11</b>	Used FPG to determine eligibility for providing <i>discounted</i> care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>325 000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used	<b>11</b> Yes	
<b>12</b>	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply)	<b>12</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Income level		
<b>b</b>	<input checked="" type="checkbox"/> Asset level		
<b>c</b>	<input type="checkbox"/> Medical indigency		
<b>d</b>	<input type="checkbox"/> Insurance status		
<b>e</b>	<input type="checkbox"/> Uninsured discount		
<b>f</b>	<input type="checkbox"/> Medicaid/Medicare		
<b>g</b>	<input type="checkbox"/> State regulation		
<b>h</b>	<input type="checkbox"/> Residency		
<b>i</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>13</b>	Explained the method for applying for financial assistance? . . . . .	<b>13</b> Yes	
<b>14</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>14</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
<b>b</b>	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
<b>c</b>	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
<b>d</b>	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
<b>e</b>	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
<b>f</b>	<input checked="" type="checkbox"/> The policy was available upon request		
<b>g</b>	<input checked="" type="checkbox"/> Other (describe in Part VI)		

<b>Billing and Collections</b>			
<b>15</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? . . . . .	<b>15</b> Yes	
<b>16</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency		
<b>b</b>	<input type="checkbox"/> Lawsuits		
<b>c</b>	<input type="checkbox"/> Liens on residences		
<b>d</b>	<input type="checkbox"/> Body attachments		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>17</b>	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	<b>17</b>	No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency		
<b>b</b>	<input type="checkbox"/> Lawsuits		
<b>c</b>	<input type="checkbox"/> Liens on residences		
<b>d</b>	<input type="checkbox"/> Body attachments		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		

**Part V Facility Information** *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a**  Notified individuals of the financial assistance policy on admission
  - b**  Notified individuals of the financial assistance policy prior to discharge
  - c**  Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
  - d**  Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
  - e**  Other (describe in Section C)

**Policy Relating to Emergency Medical Care**

**19** Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .

If "No," indicate why

- a**  The hospital facility did not provide care for any emergency medical conditions
- b**  The hospital facility's policy was not in writing
- c**  The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d**  Other (describe in Part VI)

	Yes	No
<b>19</b>	Yes	

**Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)**

**20** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a**  The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b**  The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c**  The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d**  Other (describe in Part VI)

**21** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Part VI

**22** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Part VI

<b>21</b>		No
<b>22</b>		No

**Part V Facility Information** *(continued)*

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

BROOKS COUNTY HOSPITAL

Name of hospital facility or facility reporting group \_\_\_\_\_

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 3

		Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
<b>1</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Part VI)		
<b>2</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 13</u>		
<b>3</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	Yes	
<b>4</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	Yes	
<b>5</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW ARCHBOLD ORG</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>6</b>	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
<b>a</b>	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
<b>b</b>	<input checked="" type="checkbox"/> Execution of the implementation strategy		
<b>c</b>	<input type="checkbox"/> Participation in the development of a community-wide plan		
<b>d</b>	<input type="checkbox"/> Participation in the execution of a community-wide plan		
<b>e</b>	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
<b>f</b>	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
<b>g</b>	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
<b>h</b>	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
<b>i</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>7</b>	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs . . . . .		No
<b>8a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		No
<b>8b</b>	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** *(continued)*

<b>Financial Assistance Policy</b>		<b>Yes</b>	<b>No</b>
<b>9</b>	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	<b>9</b> Yes	
<b>10</b>	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care <u>200 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used	<b>10</b> Yes	
<b>11</b>	Used FPG to determine eligibility for providing <i>discounted</i> care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>325 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used	<b>11</b> Yes	
<b>12</b>	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply)	<b>12</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Income level		
<b>b</b>	<input checked="" type="checkbox"/> Asset level		
<b>c</b>	<input type="checkbox"/> Medical indigency		
<b>d</b>	<input type="checkbox"/> Insurance status		
<b>e</b>	<input type="checkbox"/> Uninsured discount		
<b>f</b>	<input type="checkbox"/> Medicaid/Medicare		
<b>g</b>	<input type="checkbox"/> State regulation		
<b>h</b>	<input type="checkbox"/> Residency		
<b>i</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>13</b>	Explained the method for applying for financial assistance? . . . . .	<b>13</b> Yes	
<b>14</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>14</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
<b>b</b>	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
<b>c</b>	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
<b>d</b>	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
<b>e</b>	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
<b>f</b>	<input checked="" type="checkbox"/> The policy was available upon request		
<b>g</b>	<input checked="" type="checkbox"/> Other (describe in Part VI)		

<b>Billing and Collections</b>		<b>Yes</b>	<b>No</b>
<b>15</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? . . . . .	<b>15</b> Yes	
<b>16</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency		
<b>b</b>	<input type="checkbox"/> Lawsuits		
<b>c</b>	<input type="checkbox"/> Liens on residences		
<b>d</b>	<input type="checkbox"/> Body attachments		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>17</b>	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	<b>17</b>	No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency		
<b>b</b>	<input type="checkbox"/> Lawsuits		
<b>c</b>	<input type="checkbox"/> Liens on residences		
<b>d</b>	<input type="checkbox"/> Body attachments		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		

**Part V Facility Information** *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a**  Notified individuals of the financial assistance policy on admission
  - b**  Notified individuals of the financial assistance policy prior to discharge
  - c**  Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
  - d**  Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
  - e**  Other (describe in Section C)

**Policy Relating to Emergency Medical Care**

**19** Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .

If "No," indicate why

- a**  The hospital facility did not provide care for any emergency medical conditions
- b**  The hospital facility's policy was not in writing
- c**  The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d**  Other (describe in Part VI)

	Yes	No
<b>19</b>	Yes	

**Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)**

**20** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a**  The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b**  The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c**  The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d**  Other (describe in Part VI)

**21** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Part VI

**22** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Part VI

<b>21</b>		No
<b>22</b>		No

**Part V Facility Information** *(continued)*

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

MITCHELL COUNTY HOSPITAL

Name of hospital facility or facility reporting group \_\_\_\_\_

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 4

		Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
<b>1</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Part VI)		
<b>2</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 13</u>		
<b>3</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	Yes	
<b>4</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	Yes	
<b>5</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW ARCHBOLD ORG</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>6</b>	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
<b>a</b>	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
<b>b</b>	<input checked="" type="checkbox"/> Execution of the implementation strategy		
<b>c</b>	<input type="checkbox"/> Participation in the development of a community-wide plan		
<b>d</b>	<input type="checkbox"/> Participation in the execution of a community-wide plan		
<b>e</b>	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
<b>f</b>	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
<b>g</b>	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
<b>h</b>	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
<b>i</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>7</b>	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs . . . . .		No
<b>8a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		No
<b>8b</b>	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)

<b>Financial Assistance Policy</b>		<b>Yes</b>	<b>No</b>
<b>9</b>	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	Yes	
<b>10</b>	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care <u>200 000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used	Yes	
<b>11</b>	Used FPG to determine eligibility for providing <i>discounted</i> care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>325 000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used	Yes	
<b>12</b>	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Income level		
<b>b</b>	<input checked="" type="checkbox"/> Asset level		
<b>c</b>	<input type="checkbox"/> Medical indigency		
<b>d</b>	<input type="checkbox"/> Insurance status		
<b>e</b>	<input type="checkbox"/> Uninsured discount		
<b>f</b>	<input type="checkbox"/> Medicaid/Medicare		
<b>g</b>	<input type="checkbox"/> State regulation		
<b>h</b>	<input type="checkbox"/> Residency		
<b>i</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>13</b>	Explained the method for applying for financial assistance? . . . . .	Yes	
<b>14</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
<b>b</b>	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
<b>c</b>	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
<b>d</b>	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
<b>e</b>	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
<b>f</b>	<input checked="" type="checkbox"/> The policy was available upon request		
<b>g</b>	<input checked="" type="checkbox"/> Other (describe in Part VI)		

<b>Billing and Collections</b>			
<b>15</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? . . . . .	Yes	
<b>16</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency		
<b>b</b>	<input type="checkbox"/> Lawsuits		
<b>c</b>	<input type="checkbox"/> Liens on residences		
<b>d</b>	<input type="checkbox"/> Body attachments		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>17</b>	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged		No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency		
<b>b</b>	<input type="checkbox"/> Lawsuits		
<b>c</b>	<input type="checkbox"/> Liens on residences		
<b>d</b>	<input type="checkbox"/> Body attachments		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		

**Part V Facility Information** *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a**  Notified individuals of the financial assistance policy on admission
  - b**  Notified individuals of the financial assistance policy prior to discharge
  - c**  Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
  - d**  Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
  - e**  Other (describe in Section C)

**Policy Relating to Emergency Medical Care**

**19** Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .

If "No," indicate why

- a**  The hospital facility did not provide care for any emergency medical conditions
- b**  The hospital facility's policy was not in writing
- c**  The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d**  Other (describe in Part VI)

	Yes	No
<b>19</b>	Yes	

**Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)**

**20** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a**  The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b**  The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c**  The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d**  Other (describe in Part VI)

**21** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Part VI

**22** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Part VI

<b>21</b>		No
<b>22</b>		No

**Part V Facility Information** *(continued)*

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

Form and Line Reference	Explanation
See Additional Data Table	

**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 10

Name and address	Type of Facility (describe)
<b>1</b> GLENN-MOR NURSING HOME 10629 U S HIGHWAY 19 S THOMASVILLE,GA 31792	SKILLED NURSING HOME
<b>2</b> JDA PSYCHIATRIC UNIT P O BOX 1018 THOMASVILLE,GA 31792	PSYCHIATRIC UNIT
<b>3</b> JDA REHABILITATION UNIT P O BOX 1018 THOMASVILLE,GA 31792	REHABILITATION UNIT
<b>4</b> DECATUR COUNTY DIALYSIS FACILITY P O BOX 1018 THOMASVILLE,GA 31792	DIALYSIS FACILITY
<b>5</b> MITCHELL COUNTY DIALYSIS FACILITY P O BOX 1018 THOMASVILLE,GA 31792	DIALYSIS FACILITY
<b>6</b> BROOKS COUNTY DIALYSIS FACILITY P O BOX 1018 THOMASVILLE,GA 31792	DIALYSIS FACILITY
<b>7</b> GRADY COUNTY DIALYSIS FACILITY P O BOX 1018 THOMASVILLE,GA 31792	DIALYSIS FACILITY
<b>8</b> SOUTHWEST GA DIALYSIS FACILITY P O BOX 1018 THOMASVILLE,GA 31792	DIALYSIS FACILITY
<b>9</b> BROOKS MEDICAL ASSOCIATES P O BOX 5000 QUITMAN,GA 31643	RURAL HEALTH CLINIC
<b>10</b> MITCHELL CO CONVALESCENT CENTER 90 STEPHENS STREET CAMILLA,GA 31728	SKILLED NURSING HOME

**Part VI Supplemental Information**

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
PART I, LINE 7G - SUBSIDIZED HEALTH SERVICES EXPLANATION	SUBSIDIZED SERVICE COSTS INCLUDES THE UNREIMBURSED COST OF 166,665 FOR A FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN (F) - EXCLUSIONS FROM PERCENT OF TOTAL EXPENSE	IN DERIVING THE DENOMINATOR TO BE USED FOR COLUMN (F), THE FOLLOWING ADJUSTMENTS WERE MADE TO THE TOTAL EXPENSES REPORTED ON FORM 990, PART IX, LINE 25 FORM 990, PART IX, LINE 25 277,838,941 ADD EXPENSES REPORTED IN PART VIII 438,107 DENOMINATOR FOR COLUMN (F) 278,277,048

Form and Line Reference	Explanation
PART I, LINE 7 - COSTING METHODOLOGY EXPLANATION	THE ORGANIZATION USES THE COST TO CHARGE RATIO USING THE IRS' RECOMMENDED FORMAT IN WORKSHEET 2 OTHER COSTS IN PART I LINES 7E THROUGH 7I WERE OBTAINED FROM THE ORGANIZATION'S ACCOUNTING RECORDS

Form and Line Reference	Explanation
PART II - COMMUNITY BUILDING ACTIVITIES	PRIMARY FOCUS IS ON DISEASE PREVENTION AND EARLY IDENTIFICATION AS WELL AS WORKFORCE AND ECONOMIC DEVELOPMENT

Form and Line Reference	Explanation
PART III, LINE 2 - BAD DEBT EXPENSE METHODOLOGY	AMOUNTS INCLUDED ON PART III LINE 2 REPRESENT THE AMOUNT OF CHARGES CONSIDERED UNCOLLECTIBLE AFTER REASONABLE ATTEMPTS TO COLLECT, AND WRITTEN OFF TO BAD DEBT EXPENSE

Form and Line Reference	Explanation
BAD DEBT EXPENSE FOOTNOTE TO FINANCIAL STATEMENTS	SEE THE BAD DEBT EXPENSE FOOTNOTE ON PAGE 10 OF THE ATTACHED FINANCIAL STATEMENTS

Form and Line Reference	Explanation
PART III, LINE 8 - MEDICARE EXPLANATION	MEDICARE ALLOWABLE COSTS ARE COMPUTED IN ACCORDANCE WITH COST REPORTING METHODOLOGIES UTILIZED ON THE MEDICARE COST REPORT AND IN ACCORDANCE WITH RELATED REGULATIONS. INDIRECT COSTS ARE ALLOCATED TO DIRECT SERVICE AREAS USING THE MOST APPROPRIATE STATISTICAL BASIS.

Form and Line Reference	Explanation
PART III, LINE 9B - COLLECTION PRACTICES EXPLANATION	PATIENTS THAT ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE ARE APPROVED FOR A PERIOD OF 6 MONTHS THE PATIENTS ARE REQUIRED TO CONTACT THE FINANCIAL ASSISTANCE OFFICE DURING THIS POINT IF THEY INCUR ADDITIONAL CHARGES THAT QUALIFY FOR FINANCIAL ASSISTANCE DURING THIS TIME PERIOD THE SAME PROCESS IS IN EFFECT FOR THE PATIENTS WHO QUALIFY FOR THE SLIDING FEE DISCOUNT THIS DISCOUNT WILL LIMIT THE PATIENTS TO AN OUT OF POCKET MAXIMUM AMOUNT IN THE GIVEN TIME PERIOD WE DO NOT HAVE ANY AUTOMATIC ADJUSTMENTS OR AN AUTOMATED SYSTEM TO TRACK THE PREVIOUSLY APPROVED PATIENTS

Form and Line Reference	Explanation
PART VI, LINE 2 - NEEDS ASSESSMENT	<p>REVIEW OF ASSESSMENTS OF OTHER ORGANIZATIONS THAT IDENTIFY NEEDS AND HAVE ON-GOING PARTICIPATION WITH THOSE ORGANIZATIONS COLLECT, REVIEW AND USE PRIMARY, SECONDARY AND QUALITATIVE DATA IN DETERMINING NEEDS UPDATE COMMUNITY HEALTH STATUS AS LOCAL, STATE AND FEDERAL DATA IS REPORTED REVIEW INTERNAL DATA SUCH AS SCREENING OUTCOMES AND PATIENT VOLUMES FOR SERVICES RESPONSE TO REQUESTS FROM COMMUNITY AND INPUT FROM GROUPS AND THROUGH SURVEYS THE ORGANIZATION ANALYZES QUANTITATIVE FEDERAL, STATE AND LOCAL DATA AS WELL AS SEEKS QUALITATIVE INPUT FROM MEMBERS OF THE COMMUNITY, ESPECIALLY THE UNDERSERVED THE ORGANIZATION ALSO ASSESSES THE NEEDS OF THE COMMUNITY THROUGH UTILIZING ASSESSMENTS CONDUCTED BY OTHER COMMUNITY ORGANIZATIONS, REVIEWING INTERNAL DATA ON PATIENT VOLUMES AND SCREENING OUTCOMES, PARTICIPATING IN COMMUNITY ORGANIZATIONS THAT IDENTIFY NEEDS, SPONSORING COMMUNITY EDUCATION TASK FORCES THAT PROVIDE INPUT AND RESPONDING TO SPECIFIC REQUESTS FROM COMMUNITY MEMBERS COPIES OF THE 2013-2014 CHNA'S CAN BE FOUND AT THE FOLLOWING WEB ADDRESSES</p> <p>HTTP //WWW ARCHBOLD ORG/UPLOADS/DOCUMENTS/BROOKS-KEYHEALTHISSUES-2013 PDF  HTTP //WWW ARCHBOLD ORG/UPLOADS/DOCUMENTS/GRADY-KEYHEALTHISSUES-2013 PDF  HTTP //WWW ARCHBOLD ORG/UPLOADS/DOCUMENTS/MITCHELL-KEYHEALTHISSUES-2013 PDF  HTTP LLWWW ARCHBOLD ORG/UPLOADS/DOCUMENTS/THOMAS-KEYHEALTHISSUES-2013 PDF</p> <p>PROGRESS ON CHNA IMPLEMENTATION STRATEGIES 2013-2014 JOHN D ARCHBOLD MEMORIAL HOSPITAL SUPPORTED SEVEN PREVENTION EFFORTS AND 22 SCREENINGS DURING THE TAXABLE YEAR KEY HEALTH ISSUES ADDRESSED INCLUDED ACCESS TO CARE, CANCER, DIABETES, HEART DISEASE, KIDNEY DISEASE, OBESITY, RESPIRATORY DISEASE AND STROKE 1,836 PEOPLE WERE SCREENED ALL SCREENINGS WERE HELD IN THOMASVILLE BROOKS COUNTY HOSPITAL SUPPORTED ONE PREVENTION EFFORT AND SEVEN SCREENINGS DURING THE TAXABLE YEAR KEY HEALTH ISSUES ADDRESSED INCLUDED ACCESS TO CARE, CANCER, DIABETES, HEART DISEASE, KIDNEY DISEASE, OBESITY, RESPIRATORY DISEASE AND STROKE 561 PEOPLE WERE SCREENED SCREENINGS WERE HELD IN PAVO AND QUITMAN GRADY GENERAL SUPPORTED ONE PREVENTION EFFORTS AND NINE SCREENINGS DURING THE TAXABLE YEAR KEY HEALTH ISSUES ADDRESSED INCLUDED ACCESS TO CARE, CANCER, DIABETES, HEART DISEASE, KIDNEY DISEASE, OBESITY AND STROKE 297 PEOPLE WERE SCREENED ALL SCREENINGS WERE HELD IN CAIRO MITCHELL COUNTY HOSPITAL SUPPORTED ONE PREVENTION EFFORTS AND SIX SCREENINGS DURING THE TAXABLE YEAR KEY HEALTH ISSUES ADDRESSED INCLUDED ACCESS TO CARE, CANCER, DIABETES, HEART DISEASE, KIDNEY DISEASE, OBESITY AND STROKE 259 PEOPLE WERE SCREENED SCREENINGS WERE HELD IN BACONTON, CAMILLA AND PELHAM</p>

Form and Line Reference	Explanation
PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	PUBLISHED POLICY, SIGNS AND PAMPHLETS AT ALL REGISTRATION POINTS

Form and Line Reference	Explanation
PART VI, LINE 4 - COMMUNITY INFORMATION	<p>COUNTIES SERVED IN GEORGIA INCLUDE BROOKS, GRADY, MITCHELL, THOMAS DISPROPORTIONATE HEALTHCARE NEEDS, FEDERALLY DESIGNATED AS MEDICALLY UNDERSERVED AREAS(MUA) OR HEALTH PROFESSIONAL SHORTAGE AREAS(HSPA), LOW-INCOME, PUBLIC HOUSING RESIDENTS, SENIORS, MIGRANT WORKERS, UNINSURED, UNDERINSURED, MIXTURE OF ETHNICITIES, ALL AGES, MIXTURE OF EDUCATIONAL LEVELS</p> <p>BROOKS COUNTY ESTIMATED POPULATION 15,516, 62 7% WHITE/35 3% BLACK, MEDIAN HOUSEHOLD INCOME 40,186, 20 3% LIVING IN POVERTY, 25 2% UNDER 65 UNINSURED</p> <p>GRADY COUNTY ESTIMATED POPULATION 25,278, 67 9% WHITE/28 9% BLACK, MEDIAN HOUSEHOLD INCOME 32,091, 27 7% LIVING IN POVERTY, 26 9% UNDER 65 UNINSURED</p> <p>MITCHELL COUNTY ESTIMATED POPULATION 23,645, 50 0% WHITE/47 9% BLACK, MEDIAN HOUSEHOLD INCOME 37,597, 24 1% LIVING IN POVERTY, 21% UNDER 65 UNINSURED</p> <p>THOMAS COUNTY ESTIMATED POPULATION 44,869, 60 3% WHITE/37 1% BLACK, MEDIAN HOUSEHOLD INCOME 33,419, 24 6% LIVING IN POVERTY, 20 6% UNDER 65 UNINSURED</p>

Form and Line Reference	Explanation
PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	IMPROVE HEALTH OUTCOMES IN COMMUNITIES SERVED, ENSURING ACCESS TO CARE TO ALL USING THE CHNA AS A ROADMAP, WE'VE HELPED INFLUENCE BETTER HEALTH BEHAVIORS AND ACCESS TO CLINICAL CARE USING THE UNIVERSITY OF WISCONSIN'S ROBERT WOOD JOHNSON RANKINGS, HEALTH OUTCOMES HAVE IMPROVED IN OUR REGION

Form and Line Reference	Explanation
PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEM	ARCHBOLD MEDICAL CENTER, INC (MEDICAL CENTER) AS THE PARENT CORPORATION HAS SOLE CONTROL OVER ITS NONPROFIT SUBSIDIARIES, JOHN D ARCHBOLD MEMORIAL HOSPITAL, INC , ARCHBOLD HEALTH SERVICES, INC , ARCHBOLD FOUNDATION, INC , ARCHBOLD MEDICAL GROUP, INC AND SOLE OWNERSHIP OF ITS FOR-PROFIT SUBSIDIARY, ARCHBOLD MEDICAL ENTERPRISES, INC JOHN D ARCHBOLD MEMORIAL HOSPITAL, INC OPERATES JOHN D ARCHBOLD MEMORIAL HOSPITAL, GRADY GENERAL HOSPITAL, BROOKS COUNTY HOSPITAL, AND MITCHELL COUNTY HOSPITAL AND NURSING HOMES ARCHBOLD HEALTH SERVICES, INC PROVIDES FACILITIES AND SUPPORT FOR HOME HEALTH CARE AND AMBULATORY HEALTH CARE SERVICES ARCHBOLD FOUNDATION, INC SOLICITS CONTRIBUTIONS AND MANAGES FUNDS FOR THE BENEFIT OF JOHN D ARCHBOLD MEMORIAL HOSPITAL, INC AND ARCHBOLD HEALTH SERVICES, INC ARCHBOLD MEDICAL GROUP, INC EMPLOYS PHYSICIANS AND OTHER SUPPORT PERSONNEL TO PROVIDE COMPREHENSIVE HEALTH CARE SERVICES ESSENTIAL TO THE PREVENTION AND TREATMENT OF DISEASE FOR THE BENEFIT OF ALL INDIVIDUALS IN THE SERVICE AREA

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 58-0566121

**Name:** JOHN D ARCHBOLD MEMORIAL  
HOSPITAL INC

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

Form and Line Reference	Explanation
FACILITY 1, JOHN D ARCHBOLD MEM HOSP - PART V, LINE 3	INPUT FROM COMMUNITY MEMBERS REPRESENTING THE BROADER INTERESTS OF THE COUNTY WAS GATHERED THROUGH A COMBINATION OF SURVEYS, IN-PERSON AND TELEPHONE INTERVIEWS, COMMUNITY FORUMS AND FOCUS GROUPS

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

Form and Line Reference	Explanation
FACILITY 1, JOHN D ARCHBOLD MEM HOSP - PART V, LINE 4	THE NEEDS ASSESSMENT WAS CONDUCTED ALONG WITH GRADY GENERAL HOSPITAL, BROOKS COUNTY HOSPITAL AND MITCHELL COUNTY HOSPITAL

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

Form and Line Reference	Explanation
FACILITY 1, JOHN D ARCHBOLD MEM HOSP - PART V, LINE 5C	DISTRIBUTED COPIES TO THE COMMUNITY, AVAILABLE ONLINE

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

Form and Line Reference	Explanation
FACILITY 1, JOHN D ARCHBOLD MEM HOSP - PART V, LINE 7	THE ORGANIZATION PROVIDES MANY COMMUNITY BENEFIT PROGRAMS THAT ADDRESS THE HEALTH AND SOCIAL DETERMINANTS OF HEALTH THROUGHOUT THOMAS, GRADY, BROOKS, AND MITCHELL COUNTIES AND THE SURROUNDING COMMUNITIES THE COMMUNITY IS FORTUNATE TO HAVE A LARGE NUMBER OF HEALTH AND SOCIAL SERVICE AGENCIES WHO WORK INDIVIDUALLY AND COLLECTIVELY TO PROVIDE SERVICES PROGRAMS AND SUPPORT FOR THE COUNTY RESIDENTS TO THAT END, THE ORGANIZATION WILL NOT ADDRESS SOME OF THE NEEDS IDENTIFIED IN THE 2013-14 ASSESSMENT BECAUSE (1) THE ORGANIZATION ADDRESSES THE NEED, BUT CURRENTLY HAS NO PLANS TO EXPAND SERVICES, (2) OTHER PROVIDERS ARE ALREADY ADDRESSING THE NEEDS AND (3) THE NEED IDENTIFIED IS BEYOND THE SCOPE OF THIS ORGANIZATION

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

Form and Line Reference	Explanation
FACILITY 1, JOHN D ARCHBOLD MEM HOSP - PART V, LINE 14G	ADVERTISEMENT IN LOCAL NEWSPAPER

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

Form and Line Reference	Explanation
FACILITY 1, JOHN D ARCHBOLD MEM HOSP - PART V, LINE 20D	10% OF THE FAMILY LIMIT OF ONE-SLIDING FEE SCHEDULE

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

Form and Line Reference	Explanation
FACILITY 2, GRADY GENERAL HOSPITAL - PART V, LINE 3	INPUT FROM COMMUNITY MEMBERS REPRESENTING THE BROADER INTERESTS OF THE COUNTY WAS GATHERED THROUGH A COMBINATION OF SURVEYS, IN-PERSON AND TELEPHONE INTERVIEWS, COMMUNITY FORUMS AND FOCUS GROUPS

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

Form and Line Reference	Explanation
FACILITY 2, GRADY GENERAL HOSPITAL - PART V, LINE 4	THE NEEDS ASSESSMENT WAS CONDUCTED ALONG WITH JOHN D ARCHBOLD MEMORIAL HOSPITAL, BROOKS COUNTY HOSPITAL AND MITCHELL COUNTY HOSPITAL

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

Form and Line Reference	Explanation
FACILITY 2, GRADY GENERAL HOSPITAL - PART V, LINE 7	THE ORGANIZATION PROVIDES MANY COMMUNITY BENEFIT PROGRAMS THAT ADDRESS THE HEALTH AND SOCIAL DETERMINANTS OF HEALTH THROUGHOUT THOMAS, GRADY, BROOKS, AND MITCHELL COUNTIES AND THE SURROUNDING COMMUNITIES THE COMMUNITY IS FORTUNATE TO HAVE A LARGE NUMBER OF HEALTH AND SOCIAL SERVICE AGENCIES WHO WORK INDIVIDUALLY AND COLLECTIVELY TO PROVIDE SERVICES PROGRAMS AND SUPPORT FOR THE COUNTY RESIDENTS TO THAT END, THE ORGANIZATION WILL NOT ADDRESS SOME OF THE NEEDS IDENTIFIED IN THE 2013-14 ASSESSMENT BECAUSE (1) THE ORGANIZATION ADDRESSES THE NEED, BUT CURRENTLY HAS NO PLANS TO EXPAND SERVICES, (2) OTHER PROVIDERS ARE ALREADY ADDRESSING THE NEEDS AND (3) THE NEED IDENTIFIED IS BEYOND THE SCOPE OF THIS ORGANIZATION

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

Form and Line Reference	Explanation
FACILITY 2, GRADY GENERAL HOSPITAL - PART V, LINE 14 G	ADVERTISEMENT IN LOCAL NEWSPAPER

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

Form and Line Reference	Explanation
FACILITY 2, GRADY GENERAL HOSPITAL - PART V, LINE 20D	10% OF THE FAMILY LIMIT OF ONE-SLIDING FEE SCHEDULE

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

Form and Line Reference	Explanation
FACILITY 3, BROOKS COUNTY HOSPITAL - PART V, LINE 3	INPUT FROM COMMUNITY MEMBERS REPRESENTING THE BROADER INTERESTS OF THE COUNTY WAS GATHERED THROUGH A COMBINATION OF SURVEYS, IN-PERSON AND TELEPHONE INTERVIEWS, COMMUNITY FORUMS AND FOCUS GROUPS

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

Form and Line Reference	Explanation
FACILITY 3, BROOKS COUNTY HOSPITAL - PART V, LINE 4	THE NEEDS ASSESSMENT WAS CONDUCTED ALONG WITH GRADY GENERAL HOSPITAL, JOHN D ARCHBOLD MEMORIAL HOSPITAL AND MITCHELL COUNTY HOSPITAL

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

Form and Line Reference	Explanation
FACILITY 3, BROOKS COUNTY HOSPITAL - PART V, LINE 7	THE ORGANIZATION PROVIDES MANY COMMUNITY BENEFIT PROGRAMS THAT ADDRESS THE HEALTH AND SOCIAL DETERMINANTS OF HEALTH THROUGHOUT THOMAS, GRADY, BROOKS, AND MITCHELL COUNTIES AND THE SURROUNDING COMMUNITIES. THE COMMUNITY IS FORTUNATE TO HAVE A LARGE NUMBER OF HEALTH AND SOCIAL SERVICE AGENCIES WHO WORK INDIVIDUALLY AND COLLECTIVELY TO PROVIDE SERVICES PROGRAMS AND SUPPORT FOR THE COUNTY RESIDENTS. TO THAT END, THE ORGANIZATION WILL NOT ADDRESS SOME OF THE NEEDS IDENTIFIED IN THE 2013-14 ASSESSMENT BECAUSE (1) THE ORGANIZATION ADDRESSES THE NEED, BUT CURRENTLY HAS NO PLANS TO EXPAND SERVICES, (2) OTHER PROVIDERS ARE ALREADY ADDRESSING THE NEEDS AND (3) THE NEED IDENTIFIED IS BEYOND THE SCOPE OF THIS ORGANIZATION.

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

Form and Line Reference	Explanation
FACILITY 3, BROOKS COUNTY HOSPITAL - PART V, LINE 14G	ADVERTISEMENT IN LOCAL NEWSPAPER

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

Form and Line Reference	Explanation
FACILITY 3, BROOKS COUNTY HOSPITAL - PART V, LINE 20D	10% OF THE FAMILY LIMIT OF ONE-SLIDING FEE SCHEDULE

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

Form and Line Reference	Explanation
FACILITY 4, MITCHELL COUNTY HOSPITAL - PART V, LINE 3	INPUT FROM COMMUNITY MEMBERS REPRESENTING THE BROADER INTERESTS OF THE COUNTY WAS GATHERED THROUGH A COMBINATION OF SURVEYS, IN-PERSON AND TELEPHONE INTERVIEWS, COMMUNITY FORUMS AND FOCUS GROUPS

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

Form and Line Reference	Explanation
FACILITY 4, MITCHELL COUNTY HOSPITAL - PART V, LINE 4	THE NEEDS ASSESSMENT WAS CONDUCTED ALONG WITH GRADY GENERAL HOSPITAL, BROOKS COUNTY HOSPITAL AND JOHN D ARCHBOLD MEMORIAL HOSPITAL

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

Form and Line Reference	Explanation
FACILITY 4, MITCHELL COUNTY HOSPITAL - PART V, LINE 7	THE ORGANIZATION PROVIDES MANY COMMUNITY BENEFIT PROGRAMS THAT ADDRESS THE HEALTH AND SOCIAL DETERMINANTS OF HEALTH THROUGHOUT THOMAS, GRADY, BROOKS, AND MITCHELL COUNTIES AND THE SURROUNDING COMMUNITIES THE COMMUNITY IS FORTUNATE TO HAVE A LARGE NUMBER OF HEALTH AND SOCIAL SERVICE AGENCIES WHO WORK INDIVIDUALLY AND COLLECTIVELY TO PROVIDE SERVICES PROGRAMS AND SUPPORT FOR THE COUNTY RESIDENTS TO THAT END, THE ORGANIZATION WILL NOT ADDRESS SOME OF THE NEEDS IDENTIFIED IN THE 2013-14 ASSESSMENT BECAUSE (1) THE ORGANIZATION ADDRESSES THE NEED, BUT CURRENTLY HAS NO PLANS TO EXPAND SERVICES, (2) OTHER PROVIDERS ARE ALREADY ADDRESSING THE NEEDS AND (3) THE NEED IDENTIFIED IS BEYOND THE SCOPE OF THIS ORGANIZATION

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

Form and Line Reference	Explanation
FACILITY 4, MITCHELL COUNTY HOSPITAL - PART V, LINE 14G	ADVERTISEMENT IN LOCAL NEWSPAPER

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

Form and Line Reference	Explanation
FACILITY 4, MITCHELL COUNTY HOSPITAL - PART V, LINE 20D	10% OF THE FAMILY LIMIT OF ONE-SLIDING FEE SCHEDULE

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

\_\_\_\_\_

Name and address	Type of Facility (describe)
GLENN-MOR NURSING HOME 10629 U S HIGHWAY 19 S THOMASVILLE,GA 31792	SKILLED NURSING HOME
JDA PSYCHIATRIC UNIT P O BOX 1018 THOMASVILLE,GA 31792	SKILLED NURSING HOME
JDA REHABILITATION UNIT P O BOX 1018 THOMASVILLE,GA 31792	SKILLED NURSING HOME
DECATUR COUNTY DIALYSIS FACILITY P O BOX 1018 THOMASVILLE,GA 31792	SKILLED NURSING HOME
MITCHELL COUNTY DIALYSIS FACILITY P O BOX 1018 THOMASVILLE,GA 31792	SKILLED NURSING HOME
BROOKS COUNTY DIALYSIS FACILITY P O BOX 1018 THOMASVILLE,GA 31792	SKILLED NURSING HOME
GRADY COUNTY DIALYSIS FACILITY P O BOX 1018 THOMASVILLE,GA 31792	SKILLED NURSING HOME
SOUTHWEST GA DIALYSIS FACILITY P O BOX 1018 THOMASVILLE,GA 31792	SKILLED NURSING HOME
BROOKS MEDICAL ASSOCIATES P O BOX 5000 QUITMAN,GA 31643	SKILLED NURSING HOME
MITCHELL CO CONVALESCENT CENTER 90 STEPHENS STREET CAMILLA,GA 31728	SKILLED NURSING HOME

**Schedule I  
(Form 990)**

OMB No 1545-0047

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

**2013**

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

▶ **Attach to Form 990**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
JOHN D ARCHBOLD MEMORIAL  
HOSPITAL INC

Employer identification number

58-0566121

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) THOMAS UNIVERSITY 1501 MILLPOND ROAD THOMASVILLE, GA 31792	58-0644897	501C3	11,000				MEDICAL TECH ED PROG
(2) THOMAS UNIVERSITY 1501 MILLPOND ROAD THOMASVILLE, GA 31792	58-0644897	501C3	100,000				NURSG LEADERSHIP ED

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

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	<b>(d)</b> Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of non-cash assistance
(1) SCHOLARSHIP/TUITION PROG	102	313,896			
(2) MED STUDENT HOUSING	74		78,966	FMV	HOUSING/UTIL

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2013**

**Open to Public Inspection**

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990. ▶ See separate instructions.**

▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
JOHN D ARCHBOLD MEMORIAL  
HOSPITAL INC

Employer identification number

58-0566121

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |   |   |
|---|---|
| <input type="checkbox"/> First-class or charter travel            | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input checked="" type="checkbox"/> Travel for companions         | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax idemnification 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 of the expenses described above? If "No," complete Part III to explain

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

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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

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

- a** The organization?
- b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III

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

- a** The organization?
- b** Any related organization?
- If "Yes," to line 6a or 6b, describe in Part III

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

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations 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)?

	Yes	No
<b>1b</b>	Yes	
<b>2</b>	Yes	
<b>4a</b>		No
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE 1A	SOCIAL CLUB DUES ARE PAID BY THE ORGANIZATION ON BEHALF OF OFFICERS AND EXECUTIVES OF THE FILING ORGANIZATION. ADDITIONALLY, THESE OFFICERS AND EXECUTIVES ARE REIMBURSED MILEAGE. THESE AMOUNTS ARE INCLUDED IN THE INDIVIDUAL'S TAXABLE INCOME AND REPORTED ON THEIR W-2. THE ORGANIZATION'S POLICY FOR COMPANION TRAVEL INCLUDES THE REIMBURSEMENT OF REGISTRATION, TRAVEL AND ENTERTAINMENT EXPENSES FOR GUESTS WHO ACCOMPANY BOARD TRUSTEES TO EITHER OF TWO ANNUAL TRUSTEE CONFERENCES. RECEIPTS MUST BE SUBMITTED PRIOR TO REIMBURSEMENT AND THE AMOUNTS ARE NOT INCLUDED IN THE INDIVIDUAL'S TAXABLE INCOME.
SCHEDULE J, PAGE 1, PART I, LINE 3	THE FILING ORGANIZATION RELIES ON THE METHODS USED BY ARCHBOLD MEDICAL CENTER, INC (AMC), A RELATED ORGANIZATION, TO ESTABLISH COMPENSATION OF THE CEO AND EXECUTIVE OFFICERS. COMPENSATION DETERMINATION BY AMC INCLUDES AN INDEPENDENT COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT AND SURVEYS, AND BOARD APPROVAL. THESE METHODS ARE WELL DOCUMENTED.
SCHEDULE J, PAGE 1, PART I, LINE 4	J PERRY MUSTIAN 0 726,000 0
SCHEDULE J, PART III	THE IRS RULES & REGULATIONS REQUIRE THAT CERTAIN NON-CURRENT, NON-CASH ITEMS ARE REPORTED IN PART VII OF FORM 990 REGARDLESS OF THE CURRENT BENEFIT TO THE EMPLOYEE. THESE SAME RULES, IN SOME CASES, REQUIRE THE COMPENSATION AND BENEFITS TO BE REPORTED TWICE IN PART VII, ONCE WHEN THE ENTITY ACCRUES FOR A FUTURE PAYMENT AND ONCE WHEN THE PAYMENT IS ACTUALLY MADE TO THE EMPLOYEE. THEREFORE, AN EMPLOYEE'S STATED TOTAL COMPENSATION AND BENEFITS REPORTED ON PART VII ARE SUBSTANTIALLY HIGHER THAN THE ACTUAL CASH COMPENSATION RECEIVED IN THE CURRENT YEAR. AMOUNTS REPORTED AS BENEFITS INCLUDE AMOUNTS FOR LIFE INSURANCE, HEALTH INSURANCE, THRIFT PLAN CONTRIBUTIONS, AND PENSION CONTRIBUTIONS. BENEFITS RELATED TO PENSION AND RETIREMENT PLANS REFLECT AMOUNTS ACCUMULATED, BUT NOT PAID, TO THE INDIVIDUAL IN RECOGNITION OF TOTAL YEARS OF EMPLOYMENT, NOT JUST THE CURRENT YEAR. SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN: AMC'S TOP EXECUTIVES PARTICIPATE IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) WHICH IS ACCRUED BUT UNFUNDED IN AN AMOUNT WHICH, WHEN ADDED TO OTHER SOURCES OF RETIREMENT INCOME, WILL AFFORD A RETIREMENT INCOME AT A TARGETED PERCENTAGE OF PRE-RETIREMENT COMPENSATION. THE SERP IS A NON-QUALIFIED RETIREMENT PLAN. BONUS AWARDS: OFFICERS AND PHYSICIANS ARE AWARDED BONUSES/INCENTIVES CONTINGENT IN PART ON MEETING MANAGEMENT-BY-OBJECTIVE INCENTIVE PLAN GOALS AND EXCESS OF REVENUE OVER EXPENSES.

**Additional Data**

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
J PERRY MUSTIAN PRES/HOSP CEO	(i) (ii)	552,014	263,990	16,687	765,477	33,640	1,631,808	
GREGORY H PATTERSON MD TRUSTEE	(i) (ii)	406,251	102,036	43,243	35,070	6,946	593,546	
EDWARD L HALL MD TRUSTEE	(i) (ii)	390,604	9,503	8,004	39,794	6,896	454,801	
CHARLES D HIGHTOWER JR ASST SEC/ HOSP CFO	(i) (ii)	290,700	94,395	43,802	26,400	7,380	462,677	
JOHN FISCHER COO	(i) (ii)	201,074	54,338	2,322	3,456	33,367	294,557	
AMY GRIFFIN VP PATIENT CARE	(i) (ii)	164,242	42,480	963	10,265	4,930	222,880	
KEN BROOKER VP CLINICAL SERVICES	(i) (ii)	151,613	37,086	15,300	23,441	7,270	234,710	
LADON TOOLE VP NETWORK OPS	(i) (ii)	119,728	38,770	4,749	10,523	6,614	180,384	
JIM CARTER VP ADMIN SERVICES	(i) (ii)	123,304	37,000	2,655	12,226	6,814	181,999	
MEL HARTSFIELD MD VP MEDICAL AFFAIRS	(i) (ii)	270,310	74,970	6,462	24,477	7,380	383,599	
JULIA WEEKS PHYSICIAN	(i) (ii)	300,721		6,258	19,859	5,126	331,964	
DINESH B PATEL MD PHYSICIAN	(i) (ii)	177,648	95,584	5,053	20,587	6,946	305,818	
STEPHEN RUBENDALL MD PHYSICIAN	(i) (ii)	182,276	64,397	4,174	14,082	6,922	271,851	
MICHAEL K SOPT MD PHYSICIAN	(i) (ii)	164,192	67,873	4,467	15,871	6,922	259,325	

**Schedule K  
(Form 990)**

**Supplemental Information on Tax Exempt Bonds**

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

▶ **Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
JOHN D ARCHBOLD MEMORIAL  
HOSPITAL INC

Employer identification number  
58-0566121

**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		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	HOSP AUTH OF THE CITY OF THOMASVILL	58-1719301	884633AS7	05-11-2010	85,000,000	BLDG CONSTRUCTION		X	X			X
<b>B</b>	HOSP AUTH OF THE CITY OF THOMASVILL	58-1719301	NONENONEN	06-12-2013	17,985,000	REFUNDING OF SERIES 2009A CERTIFICATES		X	X			X
<b>C</b>	HOSP AUTH OF THE CITY OF THOMASVILL	58-1719301	NONENONEN	06-12-2013	22,760,000	REFUNDING OF SERIES 2009B CERTIFICATES		X	X			X

**Part II Proceeds**

	A	B	C	D
<b>1</b> Amount of bonds retired	840,000		1,705,000	
<b>2</b> Amount of bonds legally defeased				
<b>3</b> Total proceeds of issue	85,000,000	17,985,000	22,760,000	
<b>4</b> Gross proceeds in reserve funds	7,374,851	17,985,000	22,760,000	
<b>5</b> Capitalized interest from proceeds				
<b>6</b> Proceeds in refunding escrows	10,000,000			
<b>7</b> Issuance costs from proceeds	1,437,504	145,000	145,000	
<b>8</b> Credit enhancement from proceeds				
<b>9</b> Working capital expenditures from proceeds				
<b>10</b> Capital expenditures from proceeds	65,537,920			
<b>11</b> Other spent proceeds		17,840,000	22,615,000	
<b>12</b> Other unspent proceeds				
<b>13</b> Year of substantial completion	2012	2013	2013	
	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a current refunding issue?		X	X	
<b>15</b> Were the bonds issued as part of an advance refunding issue?		X	X	X
<b>16</b> Has the final allocation of proceeds been made?	X		X	X
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X	X

**Part III Private Business Use**

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

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> 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								
<b>5</b> 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								
<b>6</b> Total of lines 4 and 5								
<b>7</b> Does the bond issue meet the private security or payment test?		X		X		X		
<b>8a</b> Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

**Part IV Arbitrage**

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

**Part IV Arbitrage (Continued)**

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

**Part V Procedures To Undertake Corrective Action**

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

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

Return Reference	Explanation
SCHEDULE K - DATE REBATE COMPUTATION PERFORMED	HOSP AUTH OF THE CITY OF THOMASVILLE 11/08/13 HOSP AUTH OF THE CITY OF THOMASVILLE 11/20/13 HOSP AUTH OF THE CITY OF THOMASVILLE 11/20/13

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2013

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

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

Department of the Treasury Internal Revenue Service

Name of the organization JOHN D ARCHBOLD MEMORIAL HOSPITAL INC

Employer identification number

58-0566121

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

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

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Part III Grants or Assistance Benefitting Interested Persons.

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

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

**Part V Supplemental Information**

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

Return Reference	Explanation
SCHEDULE L, PART IV	HAILE MCCOLLUM 226,839,450 BOARD TRUSTEE DIRECTOR OF BANK W POWELL JONES 6,772,318 FORMERBDTRUSTEE DIRECTOR OF BANK GARY BONVILLIAN 359,418 BOARD TRUSTEE TU SCHOLARSHIPS
SCHEDULE L, PART V	KAREN BRAMBLETT, MD - HOSPITAL-BASED ANESTHESIOLOGY SERVICES THROUGH PROFESSIONAL CORPORATION OF WHICH SHE IS PARTNER, TRAUMA READINESS AND UNCOMPENSATED CARE FUNDS, PAYMENTS TO TREAT UNINSURED EMERGENCY PATIENTS, MEDICAL DIRECTOR, INCENTIVE COMPENSATION, MEDICAL STAFF LEADERSHIP COMPENSATION JOHN CARICO, MD - PAYMENT TO PROFESSIONAL CORPORATION FOR HOSPITAL-BASED RADIOLOGY SERVICES, TRAUMA READINESS, MEDICAL STAFF LEADERSHIP COMPENSATION THOMAS J CALLAWAY III - INVESTMENT MANAGER WITH ALLEN, MOONEY & BARNES WHICH MANAGES THE SERP POOLED ACCOUNT AND SELF INSURANCE TRUST AMOUNT REFLECTS TOTAL FEES AND BALANCES AT 9/30/14 FOR THE FILING AND ALL RELATED ORGANIZATIONS MARY ANNE BULLARD GRAYSON, MD, THE SPOUSE OF TIMOTHY GRAYSON, MD, IS COMPENSATED THROUGH HER PROFESSIONAL MEDICAL CORPORATION FOR HOSPITAL-BASED RADIOLOGY SERVICES TIMOTHY GRAYSON, MD - RENTAL OF PROFESSIONAL OFFICE SPACE, PAYMENTS TO TREAT UNINSURED EMERGENCY PATIENTS GREG HAMIL - DIRECTOR WITH COMMERCIAL BANK AMOUNT REFLECTS TOTAL FEES AND BALANCES AT 9/30/14 FOR THE FILING AND ALL RELATED ORGANIZATIONS CHARLES R SANDERS, JR, MD - RENT OF PROPERTY, MEDICAL SERVICES TO PRACTICE, PRACTICE INCOME GUARANTEE, PAYMENTS TO TREAT UNINSURED EMERGENCY PATIENTS PAUL STEINBERG, MD - PAYMENTS TO PROFESSIONAL CORPORATION FOR CONTRACTED EMERGENCY PHYSICIAN SERVICES, PAYMENTS FOR DIAGNOSTIC MEDICAL SERVICES JAMES S KARAS, MD - RENTAL OF PROFESSIONAL OFFICE SPACE, EQUIPMENT LEASE, PURCHASE OF EQUIPMENT, OUTREACH SERVICES, EMPLOYEE LEASE, MEDICAL DIRECTOR, MEDICAL SERVICES, PAYMENT TO TREAT UNINSURED EMERGENCY PATIENTS, RECRUITMENT EXPENSES, QUALITY MEASURE REPORTING SOFTWARE, INCOME GUARANTEE PAYMENTS, MEDICAL STAFF LEADERSHIP COMPENSATION, PROFESSIONAL SERVICES AGREEMENT LAURA C KARAS IS THE SPOUSE OF BOARD TRUSTEE, JAMES S KARAS, MD, WHO IS EMPLOYED AND COMPENSATED BY JDAMH HAILE MCCOLLUM - DIRECTOR WITH THOMASVILLE NATIONAL BANK AMOUNT REFLECTS TOTAL FEES AND BALANCES AT 9/30/14 FOR THE FILING AND ALL RELATED ORGANIZATIONS W POWELL JONES - BOARD DIRECTOR WITH COMMERCIAL BANK AMOUNT REFLECTS TOTAL FEES AND BALANCES AT 9/30/14 FOR ALL RELATED ORGANIZATIONS AT THE END OF THE FISCAL YEAR, HE WAS NO LONGER SERVING AS A VOTING BOARD MEMBER OF THE FILING ORGANIZATION GARY BONVILLIAN, A BOARD TRUSTEE, IS THE UNIVERSITY PRESIDENT OF THOMAS UNIVERSITY THE FILING ORGANIZATION PROVIDES FINANCIAL SUPPORT FOR CERTAIN MEDICAL PROGRAMS AT THE UNIVERSITY

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 58-0566121

**Name:** JOHN D ARCHBOLD MEMORIAL  
HOSPITAL INC

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) TIMOTHY GRAYSON MD	BOARD TRUSTEE	104,138	RENTAL, PATIENT SVCS		No
(2) THOMAS J CALLAWAY III	BOARD TRUSTEE	10,746,473	INVESTMENT MANAGER		No
(3) PAUL STEINBERG MD	BOARD TRUSTEE	2,793,972	MEDICAL SERVICES		No
(4) MARY ANNE BULLARD GRAYSON MD	FAMILY MEMBER	7,351,614	PROF MED CORP		No
(5) KAREN L BRAMBLETT MD	BOARD TRUSTEE	1,604,838	ANESTHESIOLOGY SVCS		No
(6) JOHN B CARICO MD	BOARD TRUSTEE	7,356,614	RADIOLOGY SERVICES		No
(7) GREG HAMIL	BOARD TRUSTEE	6,772,318	DIRECTOR OF BANK		No
(8) CHARLES R SANDERS JR MD	BOARD TRUSTEE	190,379	RENTAL, PATIENT SVCS		No
(9) JAMES S KARAS MD	BOARD TRUSTEE	1,889,750	RENTAL, PATIENT SVCS		No
(10) LAURA C KARAS	FAMILY MEMBER	64,365	COMPENSATION		No
(11) HAILE MCCOLLUM	BOARD TRUSTEE	226,839,450	DIRECTOR OF BANK		No
(12) W POWELL JONES	FORMERBDTRUSTEE	6,772,318	DIRECTOR OF BANK		No
(13) GARY BONVILLIAN	BOARD TRUSTEE	359,418	TU SCHOLARSHIPS		No

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization  
JOHN D ARCHBOLD MEMORIAL  
HOSPITAL INC

Employer identification number

58-0566121

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	
FORM 990, PAGE 6, PART VI, LINE 2	EDWARD L HALL, M D GREGORY K PATTERSON, M D, BOARD MEMBER BOARD MEMBER BUSINESS RELATIO NSHIP GREG HAMIL W POWELL JONES BOARD MEMBER BOARD MEMBER BUSINESS RELATIONSHIP
FORM 990, PAGE 6, PART VI, LINE 6	THE ORGANIZATION HAS A SOLE MEMBER, ARCHBOLD MEDICAL CENTER, INC (AMC) WITH THE POWER TO ELECT OR REPLACE AND TO REMOVE THE TRUSTEES OF THE GOVERNING BODY , AS WELL AS THE AUTHORIT Y TO APPROVE THE DECISIONS OF THE GOVERNING BODY
FORM 990, PAGE 6, PART VI, LINE 7A	THE BOARD OF TRUSTEES OF THE FILING ENTITY ARE ELECTED ANNUALLY BY THE SOLE MEMBER, AMC I N ADDITION, AMC HAS THE POWER TO ELECT OR REPLACE AND TO REMOVE THE TRUSTEES OF THE GOVERN ING BODY THE CEO OF AMC SHALL BE A MEMBER OF THE BOARD WITH THE POWER TO VOTE
FORM 990, PAGE 6, PART VI, LINE 7B	THE SOLE MEMBER, AMC HAS THE AUTHORITY TO APPROVE THE DECISIONS OF THE GOVERNING BODY, INC LUDING BUT NOT LIMITED TO, CAPITAL AND OPERATING BUDGETS, MERGERS OR ACQUISITIONS, CONTRAC TS AND TRANSACTIONS OVER A CERTAIN AMOUNT, DISSOLUTION, ETC
FORM 990, PAGE 6, PART VI, LINE 11B	PRIOR TO FILING THE FORM 990, THE ORGANIZATION PRESENTED ITS FORM 990 TO TRUSTEES ATTENDIN G THE JULY 2015 REGULARLY SCHEDULED BOARD MEETING THE ORGANIZATIONS CFO PRESENTED THE INF ORMATION, AND TRUSTEES HAD THE OPPORTUNITY TO ASK QUESTIONS AND MAKE COMMENTS
FORM 990, PAGE 6, PART VI, LINE 12C	ON AN ANNUAL BASIS, THE ORGANIZATION DISTRIBUTES A CONFLICT OF INTEREST QUESTIONNAIRE AND DISCLOSURE STATEMENT TO EACH TRUSTEE THIS QUESTIONNAIRE INCLUDES QUESTIONS RELATED TO FIN ANCIAL INTERESTS, OUTSIDE INTERESTS OR ACTIVITIES, AND GIFTS, MEALS, AND ENTERTAINMENT IN ADDITION TO DISCLOSING ANY APPLICABLE INFORMATION ON THE QUESTIONNAIRE, THE TRUSTEE SIGNS AN ACKNOWLEDGMENT STATEMENT THAT (S)HE HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST PO LICY, HAS READ, UNDERSTANDS, AND AGREES TO COMPLY WITH IT, AND UNDERSTANDS THAT THE ORGANI ZATION IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTIO N STATUS IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX- EX EMPT PURPOSES RESPONSES ARE SUMMARIZED AND COLLECTIVELY REVIEWED BY THE AUDIT & COMPLIANC E COMMITTEE OF ARCHBOLD MEDICAL CENTER, INC DURING EACH BOARD MEETING, THE CHAIRMAN INQUI RES IF ANY TRUSTEE HAS AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST RELATED TO ANY AGENDA I TEM IF THE TRUSTEE DISCLOSES ANY SUCH INTEREST, THE TRUSTEE IS EXCUSED FROM THE MEETING W HILE THE DETERMINATION AS TO WHETHER AN ACTUAL CONFLICT OF INTEREST EXISTS IS DISCUSSED AN D VOTED UPON BY DISINTERESTED MEMBERS OF THE BOARD AND COMMITTEE IF INVITED TO DO SO, THE TRUSTEE WITH A POTENTIAL CONFLICT MAY RESPOND TO QUESTIONS PUT FORTH BY FELLOW DISINTERES TED TRUSTEES REGARDING ANY PROPOSED TRANSACTION OR ARRANGEMENT THE MINUTES OF THE BOARD A ND ALL COMMITTEES WITH BOARD-DELEGATED POWERS DOCUMENTS THE NAME OF ANY INTERESTED PERSON/ TRUSTEE WHO DISCLOSED OR WAS FOUND TO HAVE A FINANCIAL INTEREST IN CONNECTION WITH A TRANS ACTION OR ARRANGEMENT RESULTING IN AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, THE NATURE OF THE FINANCIAL INTEREST, ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OF INTEREST W AS PRESENT, AND THE BOARD'S OR COMMITTEE'S DECISION AS TO WHETHER A CONFLICT OF INTEREST I N FACT EXISTED, AND THE NAMES OF THE PERSONS WHO WERE PRESENT FOR DISCUSSIONS AND VOTES RE LATED TO THE TRANSACTION OR ARRANGEMENT, THE CONTENT OF THE DISCUSSIONS, AND A RECORD OF A NY VOTES TAKEN IN CONNECTION THEREWITH
FORM 990, PAGE 6, PART VI, LINE 19	NO DOCUMENTS ARE OR WILL BE MADE AVAILABLE TO THE PUBLIC
FORM 990, PART IX, LINE 11G	CONTRACT SERVICES 11,566,246 3,381,324 0 CONSULTANT FEES 187,894 99,813 0 PROFESSIONAL FEE S 17,965,681 3,161,687 0 OUTSIDE LAB REFERRAL FEES 843,446 0 0 MISCELLANEOUS FEES 0 3,057 0

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
JOHN D ARCHBOLD MEMORIAL  
HOSPITAL INC

**Employer identification number**

58-0566121

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> ARCHBOLD FOUNDATION INC PO BOX 620 THOMASVILLE, GA 317990620 58-1559677	FOUNDATION	GA	501C3	11B	AMC ARCHBOLD MEDICAL CENTER INC		No
<b>(2)</b> ARCHBOLD HEALTH SERVICES INC PO BOX 620 THOMASVILLE, GA 317990620 58-1376434	HEALTHCARE	GA	501C3	9	AMC ARCHBOLD MEDICAL CENTER INC		No
<b>(3)</b> ARCHBOLD MEDICAL CENTER INC PO BOX 1018 THOMASVILLE, GA 317991018 58-1552650	H/C MGMT	GA	501C3	11A	NA		No
<b>(4)</b> ARCHBOLD MEDICAL GROUP INC P O BOX 620 THOMASVILLE, GA 317990620 26-2988454	PHYSICIANS	GA	501C3	3	AMC ARCHBOLD MEDICAL CENTER INC		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
<b>(1)</b> ARCHBOLD MEDICAL ENTERPRISES 400 OLD ALBANY ROAD THOMASVILLE, GA 317924013 58-1494513	HEALTHCARE	GA	N/A						No

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

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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved



**Part VII** **Supplemental Information**

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

**Return Reference****Explanation**

**TY 2013 GeneralDependencySmall**

**Name:** JOHN D ARCHBOLD MEMORIAL  
HOSPITAL INC

**EIN:** 58-0566121



**Business Name or Person Name:**

**Taxpayer Identification Number:**

**Form, Line or Instruction  
Reference:**

**Regulations Reference:**

**Description:** WAIVE NOL CARRYBACK

**Attachment Information:** YEAR ENDING: SEPTEMBER 30, 2014 58-0566121 JOHN D.  
ARCHBOLD MEMORIAL HOSPITAL, INC. P O BOX 1018  
THOMASVILLE, GA 31799-1018 NOL CARRYBACK ELECTION UNDER  
IRC SECTION 172(B)(3), THE TAXPAYER ELECTS TO RELINQUISH  
THE ENTIRE CARRYBACK PERIOD WITH RESPECT TO ANY REGULAR  
TAX AND AMT NET OPERATING LOSS INCURRED DURING THE  
CURRENT TAX YEAR.

ARCHBOLD MEDICAL CENTER, INC.  
AND SUBSIDIARIES

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CONSOLIDATED FINANCIAL STATEMENTS

for the years ended September 30, 2014 and 2013

## C O N T E N T S

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Independent Auditor's Report	1-2
Consolidated Financial Statements:	
Balance Sheets	3-4
Statements of Revenue and Support, Expenses and Changes in Net Assets	5-6
Statements of Cash Flows	7-8
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## INDEPENDENT AUDITOR'S REPORT

Board of Trustees  
Archbold Medical Center, Inc and Subsidiaries  
Thomasville, Georgia

We have audited the accompanying consolidated financial statements of Archbold Medical Center, Inc. and Subsidiaries, which comprise the consolidated balance sheets as of September 30, 2014 and 2013, and the related consolidated statements of revenue and support, expenses and changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements

### *Management's Responsibility for the Financial Statements*

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

### *Auditor's Responsibility*

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

Continued

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Medical Center's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Medical Center's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Opinion**

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Archbold Medical Center, Inc and Subsidiaries as of September 30, 2014 and 2013, and the results of its operations and changes in net assets and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

*Dreffen + Tucker, LLP*

Albany, Georgia  
January 16, 2015

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

CONSOLIDATED BALANCE SHEETS  
as of September 30, 2014 and 2013

	<u>2014</u>	<u>2013</u>
ASSETS		
Current assets:		
Cash and cash equivalents	\$ 27,160,906	\$ 19,584,665
Assets limited as to use	4,833,771	4,431,962
Patient accounts receivable (net of allowance for doubtful accounts of \$44,552,000 in 2014 and \$34,696,000 in 2013)	55,454,686	51,608,027
Estimated third-party payor settlements	315,552	62,163
Supplies, at lower of cost (first-in, first-out) or market	3,388,092	3,439,174
Other current assets	<u>6,377,854</u>	<u>6,919,302</u>
Total current assets	<u>97,530,861</u>	<u>86,045,293</u>
Assets limited as to use:		
Internally designated for capital acquisition	53,725,061	54,561,058
By lease for capital acquisition	11,845,088	9,760,665
Under trust agreement for self-insurance claims	43,465,929	41,521,192
Archbold Foundation, Inc.	89,718,992	84,622,249
Permanently restricted by donors	3,515,803	3,066,204
Under bond indenture agreement	<u>9,960,313</u>	<u>10,584,350</u>
	212,231,186	204,115,718
Less amount required to meet current obligations	<u>4,833,771</u>	<u>4,431,962</u>
Noncurrent assets limited as to use	<u>207,397,415</u>	<u>199,683,756</u>
Property and equipment, net	<u>261,618,421</u>	<u>264,557,814</u>
Other assets:		
Long-term investments	113,287,622	114,109,453
Investments in unconsolidated companies	322,037	351,537
Other noncurrent assets	<u>5,620,395</u>	<u>6,068,978</u>
Total other assets	<u>119,230,054</u>	<u>120,529,968</u>
Total assets	<u>\$ 685,776,751</u>	<u>\$ 670,816,831</u>

Continued

	<u>2014</u>	<u>2013</u>
<b>LIABILITIES AND NET ASSETS</b>		
Current liabilities:		
Current portion of long-term debt	\$ 2,615,000	\$ 2,545,000
Accounts payable	8,088,427	11,383,982
Estimated third-party payor settlements	4,884,559	7,576,288
Accrued expenses:		
Salaries and compensation	13,290,695	14,196,246
Employee benefits	14,868,603	13,401,101
Malpractice and general	4,833,770	4,431,962
Other	<u>3,870,410</u>	<u>3,648,673</u>
Total current liabilities	52,451,464	57,183,252
Accrued malpractice and general, net of current portion	9,883,976	10,309,645
Long-term debt, net of current installments:		
Revenue certificates payable	<u>120,585,000</u>	<u>123,200,000</u>
Total liabilities	<u>182,920,440</u>	<u>190,692,897</u>
Net assets:		
Unrestricted	499,340,508	467,426,232
Temporarily restricted	-	9,631,498
Permanently restricted	<u>3,515,803</u>	<u>3,066,204</u>
Total net assets	<u>502,856,311</u>	<u>480,123,934</u>
Total liabilities and net assets	<u>\$ 685,776,751</u>	<u>\$ 670,816,831</u>

The independent auditor's report and accompanying notes are  
integral parts of these financial statements.

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF REVENUE AND SUPPORT, EXPENSES AND  
CHANGES IN NET ASSETS

for the years ended September 30, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Unrestricted revenues, gains, and other support:		
Patient service revenue (net of contractual allowances and discounts)	\$ 385,199,679	\$ 357,146,583
Provision for bad debts	( 62,912,799)	( 41,722,964)
Net patient service revenue	322,286,880	315,423,619
Other operating revenue	<u>6,560,330</u>	<u>7,912,221</u>
Total revenues, gains and other support	<u>328,847,210</u>	<u>323,335,840</u>
Operating expenses:		
Salaries and wages	126,067,143	124,831,696
Employee health and welfare	31,497,099	32,106,164
Professional fees	26,664,904	25,259,989
Supplies and other	105,273,694	101,283,007
Lease expense	76,000	76,000
Depreciation and amortization	23,728,746	23,727,629
Interest expense	<u>4,778,808</u>	<u>4,855,924</u>
Total operating expenses	<u>318,086,394</u>	<u>312,140,409</u>
Operating income	<u>10,760,816</u>	<u>11,195,431</u>
Nonoperating income (loss):		
Investment income	5,873,541	7,191,333
Archbold Foundation, Inc.	4,945,586	7,004,931
Loss on disposal of assets and other	( 890,996)	( 727,580)
Total nonoperating income	<u>9,928,131</u>	<u>13,468,684</u>

Continued

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF REVENUE AND SUPPORT, EXPENSES AND  
 CHANGES IN NET ASSETS, Continued  
 for the years ended September 30, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Unrestricted net assets:		
Excess of revenues	\$ 20,688,947	\$ 24,664,115
Change in net unrealized gains and losses on investments other than trading securities	1,163,735	( 1,930,191)
Grants and donations for purchase of property and equipment	430,096	279,003
Net assets released from restriction	<u>9,631,498</u>	<u>1,859,845</u>
Increase in unrestricted net assets	<u>31,914,276</u>	<u>24,872,772</u>
Temporarily restricted net assets:		
Temporarily restricted contributions	-	892,566
Net assets released from restriction	( <u>9,631,498</u> )	( <u>1,859,845</u> )
Decrease in temporarily restricted net assets	( <u>9,631,498</u> )	( <u>967,279</u> )
Permanently restricted net assets:		
Change in net realized and unrealized gains on investments	<u>449,599</u>	<u>249,095</u>
Increase in net assets	22,732,377	24,154,588
Net assets, beginning of year	<u>480,123,934</u>	<u>455,969,346</u>
Net assets, end of year	\$ <u>502,856,311</u>	\$ <u>480,123,934</u>

The independent auditor's report and accompanying notes are  
 integral parts of these financial statements.

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF CASH FLOWS  
for the years ended September 30, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Cash flows from operating activities:		
Change in net assets	\$ 22,732,377	\$ 24,154,588
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Net unrealized gains and losses on investments other than trading securities	( 1,163,735)	1,930,191
Grants and donations for purchase of property and equipment	( 430,096)	( 279,003)
Gain on disposal of assets and other	890,996	727,580
Net realized and unrealized gains and losses on permanently restricted investments	( 449,599)	( 249,095)
Depreciation and amortization	23,728,746	23,727,629
Provision for bad debts	62,912,799	41,722,964
(Increase) decrease in:		
Accounts receivable	(66,759,458)	(41,529,923)
Inventory and other current assets	592,530	747,350
Pledges receivable	700,354	432,156
Increase (decrease) in:		
Accounts payable	( 3,295,555)	3,070,996
Accrued liabilities	759,827	2,293,849
Estimated third-party payor settlements	( 2,945,118)	( 2,422,306)
Net cash provided by operating activities	<u>37,274,068</u>	<u>54,326,976</u>
Cash flows from investing activities:		
Capital expenditures	(21,571,994)	(24,596,625)
Proceeds from sales of investments	54,949,190	37,643,019
Purchases of investments	<u>(60,960,119)</u>	<u>(78,995,675)</u>
Net cash used by investing activities	<u>(27,582,923)</u>	<u>(65,949,281)</u>

Continued

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES  
CONSOLIDATED STATEMENTS OF CASH FLOWS, Continued  
for the years ended September 30, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Cash flows from financing activities:		
Issuance of debt	\$ -	\$ 40,745,000
Payments on long-term debt	( 2,545,000)	(42,135,000)
Proceeds from restricted contributions	<u>430,096</u>	<u>279,003</u>
Net cash used by financing activities	( <u>2,114,904</u> )	( <u>1,110,997</u> )
Net increase (decrease) in cash and cash equivalents	7,576,241	(12,733,302)
Cash and cash equivalents, beginning of year	<u>19,584,665</u>	<u>32,317,967</u>
Cash and cash equivalents, end of year	\$ <u><u>27,160,906</u></u>	\$ <u><u>19,584,665</u></u>
Interest paid, net of capitalized interest	\$ <u><u>4,743,290</u></u>	\$ <u><u>4,487,482</u></u>

The independent auditor's report and accompanying notes are  
integral parts of these financial statements.

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2014 and 2013

1. Description of Organization and Summary of Significant Accounting Policies

Organization

Archbold Medical Center, Inc. (Medical Center) as the parent corporation has sole control over its nonprofit subsidiaries, John D. Archbold Memorial Hospital, Inc., Archbold Health Services, Inc., Archbold Foundation, Inc., Archbold Medical Group, Inc. and sole ownership of its for-profit subsidiary, Archbold Medical Enterprises, Inc. John D. Archbold Memorial Hospital, Inc. operates John D. Archbold Memorial Hospital, Grady General Hospital, Brooks County Hospital, and Mitchell County Hospital and Nursing Homes. Archbold Health Services, Inc. provides facilities and support for home health care and ambulatory health care services. Archbold Foundation, Inc. solicits contributions and manages funds for the benefit of John D. Archbold Memorial Hospital, Inc. and Archbold Health Services, Inc. Archbold Medical Group, Inc. employs physicians and other support personnel to provide comprehensive health care services essential to the prevention and treatment of disease for the benefit of all individuals in the service area.

The consolidated financial statements include the accounts of Archbold Medical Center, Inc. and its wholly controlled or owned subsidiaries for the years ended September 30, 2014 and 2013. Significant intercompany accounts and transactions have been eliminated in consolidation.

Use of Estimates

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

Cash and Cash Equivalents

Cash and cash equivalents include certificates of deposit and investments in highly liquid debt instruments with original maturities of three months or less, excluding amounts whose use is limited by board designation or other arrangements under trust agreements or with third-party payors.

Continued

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS, Continued  
September 30, 2014 and 2013

1. Description of Organization and Summary of Significant Accounting Policies, Continued

Allowance for Doubtful Accounts

Accounts receivable is reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, the Medical Center analyzes a variety of information for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts.

For receivables associated with services provided to patients who have third-party coverage, the Medical Center provides an allowance for doubtful accounts and a provision for bad debts, if necessary (for example, for expected uncollectibles, deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely).

For receivables associated with non-contract and self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Medical Center records a provision for bad debts equal to the receivable in the period of service, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected, after all reasonable collection efforts have been exhausted, is charged off against the allowance for doubtful accounts.

The Medical Center's provision for bad debts increased from approximately \$41,723,000 for 2013 to approximately \$62,913,000 for 2014. The increase in bad debt write-offs is a result of negative trends experienced in the collection of amounts due from self-pay patients in fiscal year 2014. The Medical Center has not changed its charity care or uninsured discount policies during fiscal years 2014 or 2013. The Medical Center does not maintain a material allowance for doubtful accounts from third-party payors, nor did it have significant write-offs from third-party payors.

Continued

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS, Continued  
September 30, 2014 and 2013

1. Description of Organization and Summary of Significant Accounting Policies, Continued

Investments and Investment Income

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the consolidated balance sheets. Investment income or loss (including realized gains and losses on investments, interest and dividends) is included in excess of revenues over expenses unless the income or loss is restricted by donor or law. Unrealized gains and losses on investments are excluded from excess of revenues over expenses unless the investments are trading securities.

Investments in unconsolidated companies represent the Medical Center's participation in joint ventures and partnerships, which are accounted for on the equity method.

Assets Limited as to Use

Assets limited as to use include assets set aside by the Board of Trustees for future capital improvements, over which the Board retains control and may at its discretion subsequently use for other purposes.

Assets limited by a lease agreement for capital acquisition include cash and investments to be used for future capital improvements to Grady General Hospital.

Assets under trust agreement for liability claims include cash and investments for payment of malpractice and general liability claims incurred by the Medical Center.

The Foundation represents funds and pledges receivable which can be used, at the discretion of the Board of Trustees, to support the activities of the Hospitals and Archbold Health Services.

Permanently restricted assets include investments to be held in perpetuity, the income which is expendable to support health care services.

Assets under bond indenture agreement include unspent bond proceeds and debt service reserve fund requirements by the 2010 Revenue Anticipation Certificates.

Amounts required to meet certain liabilities of the Medical Center have been reclassified in the balance sheet at September 30, 2014 and 2013.

Continued

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS, Continued  
September 30, 2014 and 2013

1. Description of Organization and Summary of Significant Accounting Policies, Continued

Property and Equipment

Property and equipment acquisitions are recorded at cost. Property and equipment donated for hospital operations are recorded at fair value as additions to the unrestricted net assets when the assets are placed in service.

Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method. Equipment under capital lease obligation is amortized on the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment. Such amortization is included in depreciation and amortization in the consolidated financial statements.

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support, and are excluded from excess revenues, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Impairment of Long-Lived Assets

The Medical Center evaluates on an ongoing basis the recoverability of its assets for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is required to be recognized if the carrying value of the asset exceeds the undiscounted future net cash flows associated with that asset. The impairment loss to be recognized is the amount by which the carrying value of the long-lived asset exceeds the asset's fair value. In most instances, the fair value is determined by discounted estimated future cash flows using an appropriate interest rate. The Medical Center has not recorded any impairment charges in the accompanying consolidated statements of revenue and support, expenses and changes in net assets for the years ended September 30, 2014 and 2013.

Continued

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS, Continued  
September 30, 2014 and 2013

1. Description of Organization and Summary of Significant Accounting Policies, Continued

Cost of Borrowing

Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

Deferred Financing Cost

Costs related to the issuance of long-term debt were deferred and are being amortized using the effective interest method over the life of the related debt.

Temporarily and Permanently Restricted Net Assets

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

Excess of Revenues over Expenses

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

Patient Service Revenue

Patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Continued

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS, Continued  
September 30, 2014 and 2013

1. Description of Organization and Summary of Significant Accounting Policies, Continued

Charity Care

The Medical Center provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Medical Center does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

Endowments

Endowments are provided to the Medical Center on a voluntary basis by individuals and private organizations. Permanent endowments require that the principal or purchasing power of the endowment be retained in perpetuity. If a donor has not provided specific instructions, state law permits the Medical Center's Board of Trustees to authorize for expenditure the net appreciation of the investments of endowment funds.

Donor-Restricted Gifts

Unconditional promises to give cash and other assets to the Medical Center are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of revenue and support, expenses and changes in net assets as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying consolidated financial statements.

Estimated Malpractice and Other Self-Insurance Costs

The provisions for estimated medical malpractice claims and other claims under self-insurance plans include estimates of the ultimate costs for both reported claims and claims incurred but not reported.

Continued

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS, Continued  
September 30, 2014 and 2013

1. Description of Organization and Summary of Significant Accounting Policies, Continued

Income Taxes

The Medical Center, with the exception of Archbold Medical Enterprises, Inc., is a not-for-profit corporation that has been recognized as tax-exempt pursuant to Section 501(c)(3) of the Internal Revenue Code.

The Medical Center applies accounting policies that prescribe when to recognize and how to measure the consolidated financial statement effects of income tax positions taken or expected to be taken on its income tax returns. These rules require management to evaluate the likelihood that, upon examination by the relevant taxing jurisdictions, those income tax positions would be sustained. Based on that evaluation, the Medical Center only recognizes the maximum benefit of each income tax position that is more than 50% likely of being sustained. To the extent that all or a portion of the benefits of an income tax position are not recognized, a liability would be recognized for the unrecognized benefits, along with any interest and penalties that would result from disallowance of the position. Should any such penalties and interest be incurred, they would be recognized as operating expenses.

Based on the results of management's evaluation, no liability is recognized in the accompanying consolidated balance sheets for unrecognized income tax positions. Further, no interest or penalties have been accrued or charged to expense as of September 30, 2014 and 2013 or for the years then ended. The Medical Center's tax returns are subject to possible examination by the taxing authorities. For federal income tax purposes, the tax returns essentially remain open for possible examination for a period of three years after the respective filing deadlines of those returns.

Fair Value Measurements

FASB ASC 820, *Fair Value Measurement and Disclosures*, defines fair value as the amount that would be received for an asset or paid to transfer a liability (i.e., an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. FASB ASC 820 also establishes a fair value hierarchy that requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value.

Continued

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS, Continued  
September 30, 2014 and 2013

1. Description of Organization and Summary of Significant Accounting Policies, Continued

Fair Value Measurements, Continued

FASB ASC 820 describes the following three levels of inputs that may be used:

- *Level 1:* Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets and liabilities. The fair value hierarchy gives the highest priority to Level 1 inputs.
- *Level 2:* Observable prices that are based on inputs not quoted on active markets but corroborated by market data.
- *Level 3:* Unobservable inputs when there is little or no market data available, thereby requiring an entity to develop its own assumptions. The fair value hierarchy gives the lowest priority to Level 3 inputs.

Subsequent Event

In preparing these consolidated financial statements, the Medical Center has evaluated events and transactions for potential recognition or disclosure through January 16, 2015, the date the consolidated financial statements were issued.

2. Patient Service Revenue

The Medical Center has agreements with third-party payors that provide for payments to the Medical Center at amounts different from its established rates. The Medical Center does not believe that there are any significant credit risks associated with receivables due from third-party payors. A summary of the payment arrangements with major third-party payors follows:

- Medicare

Inpatient acute care services and outpatient services rendered to Medicare program beneficiaries by John D. Archbold Memorial Hospital and Grady General Hospital are paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Inpatient acute and nonacute care services and outpatient services rendered to Medicare program beneficiaries by Brooks County Hospital and Mitchell County Hospital are paid based on a cost reimbursement methodology.

Continued

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS, Continued  
September 30, 2014 and 2013

2. Patient Service Revenue, Continued

• Medicare, Continued

Inpatient rehabilitation services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge.

Inpatient psychiatric services rendered to Medicare program beneficiaries are paid at prospectively determined per diems.

Nursing Home services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to a patient classification system called Resource Utilization Groups (RUGs).

The Medical Center is reimbursed for certain reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Medical Center and audits thereof by the Medicare Administrative Contractor (MAC). The Medical Center's classification of patients under the Medicare program and the appropriateness of their admission are subject to an independent review by a peer review organization under contract with the Medical Center. All hospital Medicare cost reports have been audited by the MAC through September 30, 2010.

Revenue from the Medicare program accounted for approximately 29% and 26% of the Medical Center's patient service revenue for the years ended 2014 and 2013. Laws and regulations governing the Medicare program are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Estimated reimbursement amounts are adjusted in subsequent periods as cost reports are prepared and filed and as final settlements are determined.

The Medical Center believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. However, there has been an increase in regulatory initiatives at the federal level including the initiation of the Recovery Audit Contractor (RAC) program. The RAC program was created to review Medicare claims for medical necessity and coding appropriateness. The RAC's have authority to pursue improper payments with a three year look back from the date the claim was paid. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare program.

Continued

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS, Continued  
September 30, 2014 and 2013

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2. Patient Service Revenue, Continued

- Medicaid

Inpatient acute care services rendered to Medicaid program beneficiaries are paid at a prospectively determined rate per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. Outpatient services rendered to the Medicaid program beneficiaries are reimbursed under a cost reimbursement methodology.

The Medical Center is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the Medical Center and audits thereof by the Medicaid fiscal intermediary. All hospital Medicaid cost reports have been audited by the Medicaid fiscal intermediary through September 30, 2010.

Laws and regulations governing the Medicaid program are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Estimated reimbursement amounts are adjusted in subsequent periods as cost reports are prepared and filed and as final settlements are determined.

Long-term care services are reimbursed by the Medicaid program based on a prospectively determined per diem. The per diem is determined by the facility's historical allowable operating costs adjusted for certain incentives and inflation factors.

The Medical Center has also entered into contracts with certain managed care organizations to receive reimbursement for providing services to selected enrolled Medicaid beneficiaries. Payment arrangements with these managed care organizations consist primarily of prospectively determined rates per discharge, discounts from established charges, or prospectively determined per diems.

Revenue from the Medicaid program accounted for approximately 16% and 14% of the Medical Center's patient service revenue for the years ended September 30, 2014 and 2013.

Continued

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS, Continued  
September 30, 2014 and 2013

2. Patient Service Revenue, Continued

• Medicaid, Continued

The hospitals within the Medical Center participate in the Georgia Indigent Care Trust Fund (ICTF) Program. The hospitals receive ICTF payments for treating a disproportionate number of Medicaid and other indigent patients. ICTF payments are based on the hospitals' estimated uncompensated cost of services to Medicaid and uninsured patients. The amount of ICTF payments recognized in net patient service revenue was approximately \$3,926,000 and \$4,587,000 for the years ended September 30, 2014 and 2013, respectively.

During 2010, the state of Georgia enacted legislation known as the Provider Payment Agreement Act (Act) whereby hospitals in the state of Georgia are assessed a "provider payment" in the amount of 1.45% of their net patient service revenue. The Act became effective July 1, 2010, the beginning of state fiscal year 2011. The provider payments are due on a quarterly basis to the Department of Community Health. The payments are to be used for the sole purpose of obtaining federal financial participation for medical assistance payments to providers on behalf of Medicaid recipients. The provider payment results in an increase in payments for Medicaid services to hospitals of approximately 11.88%. Approximately \$4,405,000 and \$4,416,000 of provider payments relating to the Act are included in supplies and other expenses in the accompanying consolidated statements of revenue and support, expenses and changes in net assets for the years ended September 30, 2014 and 2013, respectively.

The Medical Center believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. However, there has been an increase in regulatory initiatives at the state level including the initiation of the Medicaid Integrity Contractor (MIC) program. This program was created to review Medicaid claims for medical necessity and coding appropriateness. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicaid program.

Continued

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS, Continued  
September 30, 2014 and 2013

2. Patient Service Revenue, Continued

• Other Arrangements

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

The Medical Center recognizes patient service revenue associated with services provided to patients who have third-party coverage on the basis of contractual rates for the services rendered. For uninsured patients that do not qualify for charity care, the Medical Center recognizes revenue on the basis of its agreed upon rates for services provided. On the basis of historical experience, a significant portion of the Medical Center's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the Medical Center records a provision for bad debts equal to charges related to uninsured patients in the period the services are provided.

Patient service revenue, net of contractual allowances and discounts (but before the provision for bad debts), recognized in the period from these major payor sources, is as follows:

Patient Service Revenue (Net of Contractual Allowances and Discounts)					
	<u>Medicare</u>	<u>Medicaid</u>	<u>Third-Party Payors</u>	<u>Self-Pay</u>	<u>Total All Payors</u>
2014	\$ <u>117,211,238</u>	\$ <u>60,142,513</u>	\$ <u>147,135,796</u>	\$ <u>60,710,132</u>	\$ <u>385,199,679</u>
2013	\$ <u>110,970,540</u>	\$ <u>54,061,180</u>	\$ <u>136,346,658</u>	\$ <u>55,768,205</u>	\$ <u>357,146,583</u>

Continued

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS, Continued  
September 30, 2014 and 2013

3. Concentrations of Credit Risk

The Medical Center grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors, net of contractual adjustments and estimated uncollectibles, at September 30, 2014 and 2013 was as follows:

	<u>2014</u>	<u>2013</u>
Medicare	59%	63%
Medicaid	15%	15%
Other third-party payors	<u>26%</u>	<u>22%</u>
Total	<u>100%</u>	<u>100%</u>

Concentrations of credit risk with respect to accounts receivable are limited due to the large number of patients comprising the receivables base.

The Medical Center maintains deposits/investments with financial institutions in excess of amounts insured. Management believes the credit risks related to these deposits/investments is minimal.

4. Investments

Assets Limited as to Use

The composition of assets limited as to use at September 30, 2014 and 2013 is set forth in the following table. Investments are stated at fair value.

	<u>2014</u>	<u>2013</u>
Internally designated for capital acquisition (other than trading):		
Cash and cash equivalents	\$ 5,030,794	\$ 9,415,783
Certificates of deposit	454,022	1,440,006
Corporate bonds	249,433	245,555
Municipal bonds	444,818	575,403

Continued

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS, Continued  
September 30, 2014 and 2013

4. Investments, Continued

Assets Limited as to Use, Continued

	<u>2014</u>	<u>2013</u>
Internally designated for capital acquisition (other than trading), continued:		
Federal agency bonds	\$ 44,091,882	\$ 38,954,226
Mortgage backed securities	-	3,716,105
Interest receivable	244,318	213,980
Limited partnerships	<u>3,209,794</u>	<u>-</u>
Total	<u>53,725,061</u>	<u>54,561,058</u>
By lease for capital acquisition (other than trading):		
Cash and cash equivalents	7,287,491	6,984,033
Certificates of deposit	498,330	349,579
Corporate bonds	250,909	196,444
Municipal bonds	102,888	45,396
Federal agency bonds	3,705,470	1,722,309
Mortgage backed securities	<u>-</u>	<u>462,904</u>
Total	<u>11,845,088</u>	<u>9,760,665</u>
Under trust agreement for liability claims (trading):		
Cash and cash equivalents	10,150,624	5,154,022
Marketable securities	11,286,809	11,061,787
Mutual funds	22,003,815	25,286,062
Interest receivable	<u>24,681</u>	<u>19,321</u>
Total	<u>43,465,929</u>	<u>41,521,192</u>

Continued

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS, Continued  
September 30, 2014 and 2013

4. Investments, Continued

Assets Limited as to Use, Continued

	<u>2014</u>	<u>2013</u>
Archbold Foundation, Inc.:		
Investment portfolios (trading):		
Cash equivalents	\$ 6,317,736	\$ 2,340,603
Money market funds	-	82,355
Mutual funds	-	199,718
Marketable securities	49,870,788	47,232,419
Fixed income securities	19,479,076	20,188,777
Proprietary funds	-	2,300,221
Alternative investments	9,318,825	7,240,865
Limited partnerships	<u>2,233,458</u>	<u>2,001,908</u>
	87,219,883	81,586,866
Cash and cash equivalents	1,631,517	1,467,437
Pledges receivable	<u>867,592</u>	<u>1,567,946</u>
Total	<u>89,718,992</u>	<u>84,622,249</u>
Permanently restricted by donors (other than trading):		
Cash and cash equivalents	330,777	242,841
Corporate bonds	-	71,576
Marketable securities	2,862,232	2,421,086
Limited partnerships	<u>322,794</u>	<u>330,701</u>
Total	<u>3,515,803</u>	<u>3,066,204</u>
Under bond indenture agreement (other than trading):		
Cash and cash equivalents	2,591,509	3,391,416
Federal agency bonds	<u>7,368,804</u>	<u>7,192,934</u>
Total	<u>9,960,313</u>	<u>10,584,350</u>
Total assets limited as to use	\$ <u><u>212,231,186</u></u>	\$ <u><u>204,115,718</u></u>

Continued

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS, Continued  
September 30, 2014 and 2013

4. Investments, Continued

Long-Term Investments

Long-term investments, stated at fair value, at September 30, 2014 and 2013, include:

	<u>2014</u>	<u>2013</u>
Other than trading:		
Cash and cash equivalents	\$ 1,445,482	\$ 411,509
Certificates of deposit	2,199,382	3,142,942
Mutual funds	10,730,519	3,635,793
Corporate bonds	1,366,011	1,024,387
Municipal bonds	728,611	741,102
Federal agency bonds	95,323,060	94,620,567
Collateralized mortgage obligations	-	404,666
Marketable securities	1,494,557	1,498,993
Mortgage backed securities	<u>-</u>	<u>8,629,494</u>
Total long-term investments	\$ <u>113,287,622</u>	\$ <u>114,109,453</u>

Investment income and gains (losses) for cash equivalents, assets limited as to use, and long-term investments are comprised of the following for the years ended September 30, 2014 and 2013:

	<u>2014</u>	<u>2013</u>
Income:		
Interest and dividend income	\$ 4,594,238	\$ 3,947,840
Realized gains on sales of securities	5,980,607	5,571,677
Unrealized gains on trading securities	<u>907,420</u>	<u>5,295,654</u>
Total income	\$ <u>11,482,265</u>	\$ <u>14,815,171</u>
Other changes in unrestricted net assets:		
Unrealized gains and losses on investments other than trading securities	\$ <u>1,163,735</u>	\$ <u>(1,930,191)</u>

Continued

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS, Continued  
September 30, 2014 and 2013

4. Investments, Continued

The following table provides a summary of the Medical Center's investments as of September 30, 2014 and 2013 for which the cost basis of securities exceeds fair value, aggregated by investment category and length of time individual securities have been in a continuous unrealized loss position:

Description of Securities	September 30 2014					
	Less Than 12 Months		12 Months or More		Total	
	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
Certificates of deposit	\$ 744 990	\$ ( 5 010)	\$ -	\$ -	\$ 744 990	\$ ( 5 010)
Mutual funds	7 793 426	( 23 317)	-	-	7 793 426	( 23 317)
Corporate bonds	450 993	( 3 082)	682 845	( 28 100)	1 133 838	( 31 182)
Municipal bonds	522 835	( 8 265)	136 154	( 8 150)	658 989	( 16 415)
Federal agency bonds	64 959 833	( 465 547)	56 480 153	(1 259 112)	121 439 986	(1 724 659)
Marketable securities	662 798	( 72 717)	297 714	( 75 733)	960 512	( 148 450)
Limited partnerships	<u>187 085</u>	<u>( 122)</u>	<u>-</u>	<u>-</u>	<u>187 085</u>	<u>( 122)</u>
Total	\$ <u>75 321,960</u>	\$ <u>( 578 060)</u>	\$ <u>57 596 866</u>	\$ <u>(1 371 095)</u>	\$ <u>132 918 826</u>	\$ <u>(1 949 155)</u>
Description of Securities	September 30 2013					
	Less Than 12 Months		12 Months or More		Total	
	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
Certificates of deposit	\$ 2 187 406	\$ (107 364)	\$ -	\$ -	\$ 2 187 406	\$ (107 364)
Mutual funds	1 011 448	( 13 568)	-	-	1 011 448	( 13 568)
Corporate bonds	760 670	( 2 013)	687 553	( 8 002)	1 448 223	( 10 015)
Municipal bonds	-	-	523 200	( 24 244)	523 200	( 24 244)
Federal agency bonds	103 124 064	(1 808 521)	12 739 248	( 443 395)	115 863 312	(2 251 916)
Marketable securities	434 606	( 62 479)	481 845	( 88 720)	916 451	( 151 199)
Mortgage backed securities	1 626 823	( 9 523)	4 959 717	( 93 848)	6 586 540	( 103 371)
Limited partnerships	<u>57 146</u>	<u>( 4 401)</u>	<u>-</u>	<u>-</u>	<u>57 146</u>	<u>( 4 401)</u>
Total	\$ <u>109 202,163</u>	\$ <u>(2 007 869)</u>	\$ <u>19 391 563</u>	\$ <u>( 658 209)</u>	\$ <u>128 593 726</u>	\$ <u>(2 666 078)</u>

Continued

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS, Continued  
September 30, 2014 and 2013

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4. Investments, Continued

Management evaluates securities for other-than temporary impairment at least on an annual basis, and more frequently when economic or market concerns warrant such evaluation. Consideration is given to (1) the length of time and the extent to which the fair value has been less than cost, (2) the financial condition and near-term prospects of the issuer, and (3) the intent and ability of the Medical Center to retain its investment in the issuer for a period of time sufficient to allow for any anticipated recovery in fair value.

At September 30, 2014, the 165 debt securities with unrealized losses have depreciated 1.5% from the Medical Center's amortized cost basis. The majority of these securities are either guaranteed by the U. S. Government or other governments.

*Corporate Bonds, Municipal Bonds, Federal Agency Bonds:* The unrealized losses on the Medical Center's investment in bonds relate principally to current interest rates for similar types of securities. In analyzing an issuer's financial condition, management considers whether the securities are issued by the federal government or its agencies, whether downgrades by bond rating agencies have occurred, and the results of reviews of the issuer's financial condition. As management has the ability to hold debt securities until maturity, or for the foreseeable future, no declines are deemed to be other-than-temporary.

*Marketable Securities, Mortgage Backed Securities, Mutual Funds, Miscellaneous Assets:* The Medical Center's investments in marketable securities, mortgage backed securities, mutual funds, and miscellaneous assets consist primarily of investments in common stock. Based on the Medical Center's evaluation of the common stock and their ability and intent to hold those investments for a reasonable period of time sufficient for a forecasted recovery of fair value, no declines are deemed to be other-than-temporary.

The Medical Center's investments are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the accompanying consolidated financial statements.

Continued

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS, Continued  
September 30, 2014 and 2013

5. Property and Equipment

A summary of property and equipment at September 30, 2014 and 2013 follows:

	<u>2014</u>	<u>2013</u>
Land	\$ 9,090,319	\$ 9,167,666
Land improvements	6,062,975	5,971,221
Buildings	151,632,391	150,059,803
Fixed equipment	123,969,700	124,498,456
Major movable equipment	189,173,609	180,278,149
Leasehold improvements	<u>17,494,454</u>	<u>13,753,572</u>
	497,423,448	483,728,867
Less accumulated depreciation and amortization	<u>239,920,305</u>	<u>224,555,852</u>
	257,503,143	259,173,015
Construction-in-progress	<u>4,115,278</u>	<u>5,384,799</u>
Property and equipment, net	<u>\$ 261,618,421</u>	<u>\$ 264,557,814</u>

Depreciation expense for the years ended September 30, 2014 and 2013 amounted to approximately \$23,620,000 and \$23,103,000, respectively. Construction contracts of approximately \$1,735,000 exist for the remodeling and construction of the Medical Center's facilities. At September 30, 2014, the remaining commitment on these contracts approximated \$327,000.

6. Long-Term Debt

A summary of long-term debt at September 30, 2014 and 2013 follows:

	<u>2014</u>	<u>2013</u>
Revenue Certificates, Series 2010 maturing in installments of \$785,000 to \$7,665,000 each November 1 beginning in 2013 until 2040. The certificates are secured by gross revenue and bear a fixed interest rate of 3.00% to 5.375%.	\$ 84,160,000	\$ 85,000,000

Continued

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS, Continued  
September 30, 2014 and 2013

6. Long-Term Debt, Continued

	<u>2014</u>	<u>2013</u>
Revenue Certificates, Series 2013A maturing in installments of \$545,000 to \$2,175,000 each November 1 beginning in 2030 until 2039. The certificates are secured by a letter of credit and bear a variable rate of interest.	\$ 17,985,000	\$ 17,985,000
Revenue Certificates, Series 2013B maturing in installments of \$1,705,000 to \$2,475,000 each November 1 beginning in 2013 until 2023. The certificates are secured by a letter of credit and bear a variable rate of interest.	<u>21,055,000</u> 123,200,000	<u>22,760,000</u> 125,745,000
Less current installments	<u>2,615,000</u>	<u>2,545,000</u>
Long-term debt, net of current installments	\$ <u>120,585,000</u>	\$ <u>123,200,000</u>

In May 2010, the Authority issued Series 2010 Revenue Anticipation Certificates in the amount of \$85,000,000 for the purpose of (i) financing the acquisition, construction and equipping of certain health care facilities, (ii) funding a debt service reserve fund, (iii) refunding \$10,000,000 of the Series 2009A Certificates, and (iv) paying for the costs of issuance of the Series 2010 Certificates.

In June 2013, the Authority issued Series 2013A Revenue Anticipation Certificates in the amount of \$17,985,000 for the purpose of (i) paying off the Authority's Series 2009A Revenue Certificates (John D. Archbold Memorial Hospital, Inc.) in the aggregate outstanding principal amount of \$17,840,000 and (ii) paying the costs of issuance of the Series 2013A Certificates.

Continued

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS, Continued  
September 30, 2014 and 2013

6. Long-Term Debt, Continued

Simultaneously with the issuance of the 2013A Certificates, the Authority issued Series 2013B Revenue Anticipation Certificates in the amount of \$22,760,000 for the purpose of (i) paying off the Authority's Series 2009A Revenue Certificates (John D. Archbold Memorial Hospital, Inc.) in the aggregate outstanding principal amount of \$22,615,000 and (ii) paying the costs of issuance of the Series 2013B Certificates.

The terms of the 2010 and 2013 revenue certificates place limits on the incurrence of additional borrowings and require that the Medical Center satisfy certain measures of financial performance as long as the notes are outstanding.

Scheduled principal repayments on long-term debt for the next five years are as follows:

<u>Year Ending September 30th</u>	<u>Amount</u>
2015	\$ 2,615,000
2016	2,695,000
2017	2,875,000
2018	2,920,000
2019	2,960,000
Thereafter	<u>109,135,000</u>
Total	\$ <u>123,200,000</u>

7. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes at September 30, 2014 and 2013:

Purchase of fixed assets after matching contributions are received	\$ <u>-</u>	\$ <u>9,631,498</u>
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Archbold Foundation, Inc. received a contribution of approximately \$16,000,000 during fiscal year 2008. This contribution is to be released from restriction to be used for construction projects as matching contributions are received. The restrictions on the remainder of these funds left over after construction completion were lifted during fiscal year 2014.

Continued

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS, Continued  
September 30, 2014 and 2013

7. Temporarily and Permanently Restricted Net Assets, Continued

Permanently restricted net assets at September 30, 2014 and 2013 are restricted to:

	<u>2014</u>	<u>2013</u>
Investments to be held in perpetuity, the income from which is expendable to support health care services	\$ <u>3,515,803</u>	\$ <u>3,066,204</u>

Endowment Fund

The Medical Center's donor-restricted endowment fund was established to support health care services. As required by generally accepted accounting principles, net assets associated with the endowment fund are classified and reported based on the existence or absence of donor-imposed restrictions.

The Board of Trustees of the Medical Center has interpreted the Georgia Uniform Prudent Management of Institutional Funds Act (GUPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment fund absent explicit donor stipulations to the contrary. As a result of this interpretation, the Medical Center classifies as permanently restricted net assets (a) the original value of its gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Medical Center in a manner consistent with the standard of prudence prescribed by GUPMIFA. In accordance with GUPMIFA, the Medical Center considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (1) the duration and preservation of the various funds, (2) the purposes of the donor-restricted endowment funds, (3) general economic conditions, (4) the possible effect of inflation and deflation, (5) the expected total return from income and the appreciation of investments, (6) other resources of the Medical Center, and (7) the Medical Center's investment policies.

Continued

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS, Continued  
September 30, 2014 and 2013

7. Temporarily and Permanently Restricted Net Assets, Continued

Endowment Fund, Continued

The Medical Center has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets over the long term. Endowment assets include assets of donor-restricted funds that the Medical Center must hold in perpetuity. Under this policy, as approved by the Board of Trustees, the endowment assets are invested in a manner that is intended to produce positive results while assuming a moderate level of investment risk. The Medical Center expects its endowment fund, over time, to provide an average rate of return of approximately 3.5% annually. Actual results in any given year may vary from this amount. Investment risk is measured in terms of the total endowment fund. Investment assets and allocation between asset classes and strategies are managed to not expose the fund to unacceptable levels of risk. The Medical Center's current spending policy is to reinvest the earnings into the existing endowment investments.

Changes in endowment net assets as of September 30, 2014 and 2013 are as follows:

	<u>Permanently Restricted Endowment Assets</u>	
	<u>2014</u>	<u>2013</u>
Endowment net assets, beginning of year	\$ 3,066,204	\$ 2,817,109
Investment income	<u>449,599</u>	<u>249,095</u>
Endowment net assets, end of year	\$ <u>3,515,803</u>	\$ <u>3,066,204</u>

Continued

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS, Continued  
September 30, 2014 and 2013

8. Uncompensated Services

The Medical Center was compensated for services at amounts less than its established rates. The following is a summary of uncompensated services and a reconciliation of gross patient charges to net patient service revenue for 2014 and 2013:

	<u>2014</u>	<u>2013</u>
Gross patient charges	\$ <u>924,013,322</u>	\$ <u>855,121,100</u>
Uncompensated services:		
Charity and indigent care	39,368,598	42,069,030
Medicare	418,766,416	375,647,085
Medicaid	46,564,879	47,337,393
Other	34,113,750	32,921,009
Bad debts	<u>62,912,799</u>	<u>41,722,964</u>
Total uncompensated care	<u>601,726,442</u>	<u>539,697,481</u>
Net patient service revenue	\$ <u>322,286,880</u>	\$ <u>315,423,619</u>

The cost of charity and indigent care services provided during 2014 and 2013 were approximately \$16,233,000 and \$17,409,000, respectively, computed by applying a total cost factor to the charges foregone.

9. Functional Expenses

The Medical Center provides general health care services primarily to residents within its geographic location. Expenses related to providing these services are as follows:

	<u>2014</u>	<u>2013</u>
Health care services	\$ 179,581,710	\$ 191,130,568
Administrative and general	109,997,130	92,426,288
Depreciation and amortization	23,728,746	23,727,629
Interest expense	<u>4,778,808</u>	<u>4,855,924</u>
Total	\$ <u>318,086,394</u>	\$ <u>312,140,409</u>

Continued

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS, Continued  
September 30, 2014 and 2013

10. Employee Thrift Savings Plan

The Medical Center has a defined contribution pension plan covering substantially all eligible employees. Each year, participants may contribute up to 100% of pretax annual compensation as defined in the Plan, subject to Internal Revenue Code limitations. For participants who have completed one year of service, the Medical Center makes matching contributions on a graduated scale ranging from 1 – 2 years of service – 25% of the first 6% of employee contributions to 6 or more years of service – 50% of the first 6% of employee contributions. Matching contribution expenses for the Plan amounted to approximately \$1,597,000 and \$1,683,000 in 2014 and 2013, respectively. Discretionary contribution expenses for the Plan amounted to approximately \$4,682,000 and \$5,343,000 in 2014 and 2013, respectively.

11. Self-Insurance – Employee Health Plan

The Medical Center has a self-insurance program for employee health claims, in which the Medical Center processes and pays claims. The Medical Center has purchased stop-loss insurance coverage for claims in excess of \$150,000 for each individual employee. Total expenses relative to this plan were approximately \$12,351,000 and \$12,868,000 for 2014 and 2013, respectively.

12. Fair Values of Financial Instruments

The following methods and assumptions were used by the Medical Center in estimating the fair value of its financial instruments:

- *Cash and cash equivalents, accounts payable, accrued expenses, and estimated third-party payor settlements:* The carrying amount reported in the consolidated balance sheets approximates its fair value due to the short term nature of these instruments.
- *Assets limited as to use and long-term investments:* Amounts reported in the balance sheet are at estimated fair value.
- *Long-term debt:* The fair value of the Medical Center's fixed rate long-term debt is based on quoted market value for same or similar debt instruments. The remaining long-term debt carrying amount approximates its fair value. Based on inputs used in determining the estimated fair value, the Medical Center's long-term debt would be classified as Level 2 in the fair value hierarchy.

Continued

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS, Continued  
September 30, 2014 and 2013

12. Fair Values of Financial Instruments, Continued

The carrying amounts and fair values of the Medical Center's long-term debt at September 30, 2014 and 2013 are as follows:

	2014		2013	
	<u>Carrying Amount</u>	<u>Fair Value</u>	<u>Carrying Amount</u>	<u>Fair Value</u>
Long-term debt	\$ <u>123,200,000</u>	\$ <u>130,843,838</u>	\$ <u>125,745,000</u>	\$ <u>128,718,696</u>

Fair values of assets measured on a recurring basis at September 30, 2014 and 2013 are as follows:

	Fair Value Measurements at Reporting Date Using			
	<u>Fair Value</u>	Quoted Prices in Active Markets for Identical Assets ( <u>Level 1</u> )	Significant Other Observable Inputs ( <u>Level 2</u> )	Significant Unobservable Inputs ( <u>Level 3</u> )
<u>September 30, 2014</u>				
Assets:				
Cash and cash equivalents	\$ 34,785,930	\$ 34,785,930	\$ -	\$ -
Certificates of deposit	3,151,734	-	3,151,734	-
Mutual funds – capital appreciation	1,524,017	1,524,017	-	-
Mutual funds – growth	18,759,588	18,759,588	-	-
Mutual funds – current income	12,183,113	12,183,113	-	-
Mutual funds – other	267,616	267,616	-	-
U.S. corporate bonds	1,866,353	-	1,866,353	-
Municipal bonds	1,276,317	1,276,317	-	-
Federal agency bonds	150,489,216	150,489,216	-	-
Marketable securities – consumer discretionary	1,426,305	1,426,305	-	-

Continued

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS, Continued  
September 30, 2014 and 2013

12. Fair Values of Financial Instruments, Continued

	<u>Fair Value</u>	Fair Value Measurements at Reporting Date Using		
		Quoted Prices in Active Markets for Identical Assets ( <u>Level 1</u> )	Significant Other Observable Inputs ( <u>Level 2</u> )	Significant Unobservable Inputs ( <u>Level 3</u> )
<u>September 30, 2014</u>				
Assets, continued:				
Marketable securities – consumer staples	\$ 5,191,549	\$ 5,191,549	\$ -	\$ -
Marketable securities – energy	9,141,315	9,141,315	-	-
Marketable securities – financials	5,735,141	5,735,141	-	-
Marketable securities – healthcare	12,627,284	12,627,284	-	-
Marketable securities – industrials	4,548,216	4,548,216	-	-
Marketable securities – information technology	6,553,022	6,553,022	-	-
Marketable securities – materials	902,661	902,661	-	-
Marketable securities – telecommunication services	2,114,521	2,114,521	-	-
Marketable securities – utilities	1,630,775	1,630,775	-	-
Marketable securities – other	15,643,596	15,643,596	-	-
Fixed income securities – U.S. Treasuries	6,767,031	6,767,031	-	-
Fixed income securities – cash management	4,768,478	4,768,478	-	-

Continued

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS, Continued  
September 30, 2014 and 2013

12. Fair Values of Financial Instruments, Continued

	<u>Fair Value</u>	Fair Value Measurements at Reporting Date Using		
		Quoted Prices in Active Markets for Identical Assets ( <u>Level 1</u> )	Significant Other Observable Inputs ( <u>Level 2</u> )	Significant Unobservable Inputs ( <u>Level 3</u> )
<u>September 30, 2014</u>				
Assets, continued:				
Fixed income securities – investment funds	\$ 7,943,567	\$ 7,943,567	\$ -	\$ -
Hedge fund	9,318,825	-	9,318,825	-
Interest receivable	268,999	268,999	-	-
Limited partnerships	<u>5,766,045</u>	<u>-</u>	<u>-</u>	<u>5,766,045</u>
Total assets	\$ <u>324,651,214</u>	\$ <u>304,548,257</u>	\$ <u>14,336,912</u>	\$ <u>5,766,045</u>
<u>September 30, 2013</u>				
Assets:				
Cash and cash equivalents	\$ 29,407,644	\$ 29,407,644	\$ -	\$ -
Certificates of deposit	4,932,527	-	4,932,527	-
Money market funds	82,355	82,355	-	-
Mutual funds – capital appreciation	11,942,936	11,942,936	-	-
Mutual funds – growth	3,751,179	3,751,179	-	-
Mutual funds – total return	12,969,793	12,969,793	-	-
Mutual funds - other	457,665	457,665	-	-
U.S. corporate bonds	1,537,962	-	1,537,962	-
Municipal bonds	1,361,901	1,361,901	-	-
Federal agency bonds	142,490,036	142,490,036	-	-
Collateralized mortgage obligations	404,666	404,666	-	-

Continued

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS, Continued  
September 30, 2014 and 2013

12. Fair Values of Financial Instruments, Continued

	Fair Value Measurements at Reporting Date Using			
	<u>Fair Value</u>	Quoted Prices in Active Markets for Identical Assets ( <u>Level 1</u> )	Significant Other Observable Inputs ( <u>Level 2</u> )	Significant Unobservable Inputs ( <u>Level 3</u> )
<u>September 30, 2013</u>				
Assets, continued:				
Marketable securities – consumer staples	\$ 3,362,948	\$ 3,362,948	\$ -	\$ -
Marketable securities – energy	10,154,970	10,154,970	-	-
Marketable securities – financials	5,398,666	5,398,666	-	-
Marketable securities – healthcare	11,094,896	11,094,896	-	-
Marketable securities – industrials	4,614,607	4,614,607	-	-
Marketable securities – information technology	7,292,686	7,292,686	-	-
Marketable securities – materials	954,095	954,095	-	-
Marketable securities – telecommunication services	2,309,665	2,309,665	-	-
Marketable securities – utilities	2,045,164	2,045,164	-	-
Marketable securities – other	14,986,588	14,986,588	-	-
Mortgaged backed securities	12,808,503	12,808,503	-	-

Continued

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS, Continued  
September 30, 2014 and 2013

12. Fair Values of Financial Instruments, Continued

	<u>Fair Value</u>	Fair Value Measurements at Reporting Date Using		
		Quoted Prices in Active Markets for Identical Assets ( <u>Level 1</u> )	Significant Other Observable Inputs ( <u>Level 2</u> )	Significant Unobservable Inputs ( <u>Level 3</u> )
<u>September 30, 2013</u>				
Assets, continued:				
Fixed income securities – U.S. Treasuries	\$ 10,098,426	\$ 10,098,426	\$ -	\$ -
Fixed income securities – cash management	2,093,576	2,093,576	-	-
Fixed income securities – investment funds	7,996,775	7,996,775	-	-
Proprietary funds	2,300,221	2,300,221	-	-
Hedge fund	7,240,865	-	7,240,865	-
Interest receivable	233,301	233,301	-	-
Limited partnerships	<u>2,332,609</u>	<u>-</u>	<u>-</u>	<u>2,332,609</u>
Total assets	\$ <u>316,657,225</u>	\$ <u>300,613,262</u>	\$ <u>13,711,354</u>	\$ <u>2,332,609</u>

Financial assets valued using Level 1 inputs are based on unadjusted quoted market prices within active markets. Financial assets valued using Level 2 inputs are based primarily on quoted prices for similar investments in active or inactive markets. Financial assets using Level 3 inputs were primarily valued using management's assumptions about the assumptions market participants would utilize in pricing the asset. Valuation techniques utilized to determine fair value are consistently applied.

Continued

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS, Continued  
September 30, 2014 and 2013

12. Fair Values of Financial Instruments, Continued

The following table sets forth additional information for assets valued at net asset value (NAV) as a practical expedient:

	as of September 30, 2014			
	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Hedge funds	\$ <u>9,318,825</u>	None	Monthly – Annually	30 – 90 Days
Limited partnerships	\$ <u>5,766,045</u>	None	None	None

	as of September 30, 2013			
	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Hedge funds	\$ <u>7,240,865</u>	None	Monthly – Annually	30 – 90 Days
Limited partnerships	\$ <u>2,332,609</u>	None	None	None

- *Alternative investments in hedge funds:* Valued at the NAV of shares held at year end. These hedge funds, for the most part, are invested in marketable securities that trade in well-established and highly-liquid markets through multi-fund pools known as “fund of funds”. Each underlying hedge fund in the portfolio has annually audited financial statements and is priced monthly by Citi Hedge Fund Services (Citi HFS), a division of Citigroup. Citi HFS then computes investor valuations based on ownership share of each pool and provides this information to each investor’s custodian.
- *Limited partnerships:* Valued at NAV which is determined by the underlying assets held by the limited partnerships. The limited partnerships invest in a variety of equity securities, some of which do not have readily available market prices. In the absence of readily available market prices, the fair values are estimated by the investment managers of those equity securities. Estimated values may differ from the values that would have been used if readily available market prices existed or if the equity securities were liquidated at the valuation date.

Continued

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS, Continued  
September 30, 2014 and 2013

12. Fair Values of Financial Instruments, Continued

Assets measured at fair value on a recurring basis using significant unobservable inputs (Level 3):

	Fair Value Measurements Using Unobservable Inputs (Level 3)
	<u>Limited Partnerships</u>
October 1, 2012	\$ 2,020,215
Unrealized gains included in net assets	133,476
Purchases	<u>178,918</u>
September 30, 2013	2,332,609
Realized and unrealized gains included in other nonoperating revenue	( 34,975)
Unrealized gains included in net assets	381,507
Purchases	3,270,070
Sales	<u>( 183,166)</u>
September 30, 2014	\$ <u>5,766,045</u>

13. Commitments and Contingencies

Lease Commitments – Grady County Hospital Authority

Pursuant to a lease agreement with Grady County Hospital Authority (Grady Authority), John D. Archbold Memorial Hospital, Inc. (Archbold) leased substantially all property, plant and equipment known as Grady General Hospital (Grady) from the Authority under the terms of a 15 year lease which expired in July 2001. The terms of the lease shall automatically extend for four successive periods of 15 years each, effective on August 1, 2001.

Under the terms of the lease, Archbold shall pay rent consisting of reasonable costs incurred by the Grady Authority in performing its duties.

Continued

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS, Continued  
September 30, 2014 and 2013

13. Commitments and Contingencies, Continued

Lease Commitments – Grady County Hospital Authority, Continued

Pursuant to the terms of the lease, the current assets and current liabilities of the Grady Authority were transferred to Archbold effective November 1, 1985. During the term of the lease, the expenses of operating the leased premises as a hospital will be paid by Archbold, and all revenues, materials, property and service rendered or received from any and all other sources will be collected, received, and become the property of Archbold. Archbold agrees to make repairs to the leased premises as necessary and to maintain specified insurance coverage. Property made unusable by ordinary wear and deterioration is to be replaced from the net revenues of Grady, and any such replacement property will be owned by the Authority. Property brought onto the premises by Archbold, which is not replacement property and was not acquired from the net revenues of Grady, remains Archbold's property. Revenues in excess of costs will be reinvested in improvements of Grady and become the property of the Grady Authority. Archbold has agreed not to deny urgent or emergency care to any person based upon an inability to pay.

Pursuant to the lease agreement, the Grady Authority transferred the net working capital of Grady to Archbold for use in the operation of Grady. In lieu thereof, Archbold agreed to deliver to the Grady Authority, should it cancel the lease during the original lease period or first extension thereof, a sum equal to one month's average operating expenses, for the twelve-month period prior to notification of intent to cancel or terminate the lease. Should Archbold renew the lease for the second renewal period and decide to cancel during or at the end of the second or subsequent renewal periods, it will pay to the Authority a sum equal to two months average operating expenses for the twelve-month period prior to notification of intent to cancel the lease. This requirement will be waived if the Grady Authority and Archbold negotiate a new lease at the end of the fourth renewal period.

Lease Commitments – Hospital Authority of Brooks County

On June 1, 1987, Archbold entered into a lease agreement with the Hospital Authority of Brooks County (Brooks Authority) to lease substantially all property, plant and equipment known as Brooks County Hospital (Brooks) from the Brooks Authority under the terms of a five year lease which expired December 31, 1992. The initial terms of the lease shall automatically extend for seven additional periods of five years each unless written notice of intent to terminate the lease is given to the Brooks Authority no less than 180 days prior to the end of the initial five-year lease period or any extension thereof.

Continued

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS, Continued  
September 30, 2014 and 2013

13. Commitments and Contingencies, Continued

Lease Commitments – Hospital Authority of Brooks County, Continued

Under the terms of the lease, Archbold shall pay semi-annual rental payments of \$35,000 on January 1 and July 1 of each year beginning in 1988. The base rental for and during any renewal term hereof shall be \$1 per year; provided, however, that Archbold will pay as additional rental, after the initial term hereof, up to \$25,000 per year in indigent care services for the benefit of indigent citizens of Brooks County.

As additional rental, Archbold shall assume, obtain and retain all assets and liabilities of Brooks as of June 1, 1987, with the exception of the following assets and liabilities: the trust indenture as related to The Hospital Authority of Brooks County, Georgia Revenue Anticipation Refunding Certificates, Series 1976, dated as of April 1, 1976, including the aggregate amount of all unpaid principal and interest thereunder, which is not the responsibility of Archbold; any liabilities related to any claims, suits, causes of action and the like related to malpractice or other theories of liability which arose or are claimed to have arisen prior to July 1, 1986; all personal and real property of the Brooks Authority; and the restricted funds known as the Wilson Trust Fund and the Roundtree Trust Fund.

Pursuant to the terms of the lease, the current assets and current liabilities of the Brooks Authority were transferred to Archbold effective June 1, 1987. During the term of the lease, the expenses of operating the leased premises as a hospital will be paid by Archbold, and all revenues, materials, property and services rendered or received from any and all other sources will be collected, received, and become the property of Archbold. Archbold agrees to make repairs to the leased premises as necessary and to maintain specified insurance coverage. Property made unusable by ordinary wear and deterioration is to be replaced from the revenues of Brooks and any such replacement property will be owned by the Brooks Authority. Property brought onto the premises by Archbold, which is not replacement property and was not acquired from the net revenues of Brooks, remains Archbold's property. Revenues in excess of costs will be reinvested in improvements to Brooks and become the property of the Brooks Authority. Archbold has agreed not to deny urgent or emergency care to any person based upon an inability to pay.

Continued

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS, Continued  
September 30, 2014 and 2013

13. Commitments and Contingencies, Continued

Lease Commitments – Hospital Authority of Mitchell County

Archbold entered into a lease agreement on October 1, 1990 with the Hospital Authority of Mitchell County (Mitchell Authority) to lease substantially all property, plant, and equipment of Mitchell County Hospital, Mitchell Convalescent Center, and Pelham Parkway Nursing Home (Mitchell facilities). The lease shall continue for a period of fifteen years with an automatic first renewal term of fifteen years followed by a second renewal term of ten years. The lease may be terminated by Archbold without cause by giving notice to the Mitchell Authority of its intent to terminate at least one hundred eighty days prior to the expiration of any term.

As consideration for this lease agreement, Archbold will timely make all payments required of the Mitchell Authority under the Revenue Anticipation Certificates, Series 1990, Revenue Certificates, Series 1980 and any other indebtedness of the Mitchell Authority incurred with respect to the Mitchell facilities with the approval of Archbold. The base rental after all Mitchell Authority obligations have been satisfied in full shall be \$1 per year.

Pursuant to the terms of the lease, the current assets and current liabilities of the Mitchell Authority were transferred to Archbold effective September 30, 1990. During the term of the lease, the expenses of operating the leased premises as a hospital will be paid by Archbold, and all revenues, materials, property and service rendered or received from any and all other sources will be collected, received, and become the property of Archbold. Archbold agrees to make repairs to the leased premises as necessary and to maintain specified insurance coverage. Property made unusable by ordinary wear and deterioration is to be replaced from the revenues of the Mitchell facilities and any such replacement property will be owned by the Mitchell Authority. Property brought onto the premises by Archbold which is not replacement property and was not acquired from the net revenues of the Mitchell facilities, remains Archbold's property. Revenues in excess of costs will be reinvested in improvements to the Mitchell facilities and become the property of the Mitchell Authority. Archbold has agreed not to deny urgent or emergency care to any person based upon an inability to pay.

Continued

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS, Continued  
September 30, 2014 and 2013

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13. Commitments and Contingencies, Continued

Compliance Plan

The healthcare industry has recently been subjected to increased scrutiny from governmental agencies at both the national and state level with respect to compliance with regulations. Areas of noncompliance identified at the national level include Medicare and Medicaid, Internal Revenue Service, and other regulations governing the healthcare industry. The Medical Center has implemented a compliance plan focusing on such issues. There can be no assurance that the Medical Center will not be subjected to future investigations with accompanying monetary damages.

Health Care Reform

In recent years, there has been increasing pressure on Congress and some state legislatures to control and reduce the cost of healthcare on the national or at the state level. In 2010, legislation was enacted which included cost controls on hospitals, insurance market reforms, delivery system reforms and various individual and business mandates among other provisions. The costs of certain provisions will be funded in part by reductions in payments by government programs, including Medicare and Medicaid. There can be no assurance that these changes will not adversely affect the Medical Center.

Litigation

The Medical Center is involved in litigation and regulatory investigations arising in the course of business. After consultation with legal counsel, administration is of the opinion that the liability, if any, resulting therefrom will be covered by the Medical Center self-insurance fund.

Continued

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS, Continued  
September 30, 2014 and 2013

13. Commitments and Contingencies, Continued

Malpractice Self-Insurance

The Medical Center has a self-insurance program under which a trust fund was created to be used only for the limited purposes specified. These purposes include, but are not limited to, the payment of such sums as the Medical Center shall become legally obligated to pay any claim up to \$8 million and \$10 million in aggregate for damages resulting from operations.

Additionally, payment is restricted to expenses incurred in connection with an investigation, adjustment settlement, or defense of any claim or suit against the Medical Center, an officer, director, member or trustee of the Medical Center. The management of the trust fund is the responsibility of a bank, functioning as an independent fiduciary.

Malpractice claims in excess of the self-insurance retention limits are insured with commercial insurance carriers on a claims-made basis. The Medical Center's policy provides \$30 million in excess limits above the self-insurance retention.

14. Electronic Health Record Incentive Payments

The Health Information Technology for Economic and Clinical Health Act (HITECH Act) was enacted into law on February 17, 2009, as part of the American Recovery and Reinvestment Act of 2009 (ARRA). The HITECH Act includes provisions designed to increase the use of Electronic Health Records (EHR) by both physicians and hospitals. Beginning with federal fiscal year 2011 and extending through federal fiscal year 2016, eligible hospitals participating in the Medicare and Medicaid programs are eligible for reimbursement incentives based on successfully demonstrating meaningful use of its certified EHR technology. Conversely, those hospitals that do not successfully demonstrate meaningful use of EHR technology are subject to reductions in Medicare reimbursements beginning in FY 2015. On July 13, 2010, the Department of Health and Human Services (DHHS) released final meaningful use regulations. Meaningful use criteria are divided into three distinct stages: I, II and III. The final rules specify the initial criteria for physicians and eligible hospitals necessary to qualify for incentive payments; calculation of the incentive payment amounts; payment adjustments under Medicare for covered professional services and inpatient hospital services; eligible hospitals failing to demonstrate meaningful use of certified EHR technology; and other program participation requirements.

Continued

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS, Continued  
September 30, 2014 and 2013

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14. Electronic Health Record Incentive Payments, Continued

The final rule set the earliest interim payment date for the incentive payment at May 2011. The first year of the Medicare portion of the program is defined as the federal government fiscal year October 1, 2010 to September 30, 2011.

The Medical Center recognizes income related to Medicare and Medicaid incentive payments using a grant model based upon when it has determined that it is reasonably assured that the hospitals will be meaningfully using EHR technology for the applicable period and the cost report information is reasonably estimable.

The Medical Center successfully demonstrated meeting meaningful use of its certified EHR technology prior to September 30, 2014. The Medical Center applied for and received approval from Medicare and Medicaid notifying the Medical Center qualified for approximately \$1,039,000 and \$2,826,000 for the years ended September 30, 2014 and 2013, respectively. These funds are accrued and reported in other current assets on the consolidated balance sheets and other operating revenues on the consolidated statement of revenue and support, expenses and changes in net assets.