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Form 990

Return of Organization Exempt From Income Tax

2014

Open to Public Inspection

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

- Do not enter social security numbers on this form as it may be made public
- Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

B Check if applicable	C Name of organization LIMA MEMORIAL JOINT OPERATING COMPANY		D Employer identification number 34-1883284
<input type="checkbox"/> Address change			
<input type="checkbox"/> Name change	Doing business as LIMA MEMORIAL HEALTH SYSTEM		E Telephone number (419) 228-3335
<input type="checkbox"/> Initial return			
<input type="checkbox"/> Final return/terminated	Number and street (or P O box if mail is not delivered to street address) 1001 BELLEFONTAINE AVENUE	Room/suite	
<input type="checkbox"/> Amended return	City or town, state or province, country, and ZIP or foreign postal code LIMA, OH 45804		G Gross receipts \$ 176,194,468
<input type="checkbox"/> Application pending	F Name and address of principal officer MICHAEL D SWICK 1001 BELLEFONTAINE AVENUE LIMA, OH 45804		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527J Website: ► WWW.LIMAMEMORIAL.ORGK Form of organization Corporation Trust Association Other ►H(b) Are all subordinates included? Yes No

If "No," attach a list (see instructions)

H(c) Group exemption number ►

L Year of formation 1999 M State of legal domicile OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities WE ARE HERE TO IMPROVE THE QUALITY OF LIFE IN OUR COMMUNITIES THROUGH COMPREHENSIVE HEALTH SERVICES		
2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets		
3 Number of voting members of the governing body (Part VI, line 1a)	3	11
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	1,521
6 Total number of volunteers (estimate if necessary)	6	310
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	528,985
b Net unrelated business taxable income from Form 990-T, line 34	7b	-173,266

8 Contributions and grants (Part VIII, line 1h)	75,281	82,939
9 Program service revenue (Part VIII, line 2g)	169,440,717	172,522,595
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,563,006	920,762
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,559,812	2,668,172
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	179,638,816	176,194,468

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	397,969	376,858
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	70,289,580	70,698,228
16a Professional fundraising fees (Part IX, column (A), line 11e)	6,115	0
b Total fundraising expenses (Part IX, column (D), line 25) ► 209,660		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	89,995,943	97,091,982
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	160,689,607	168,167,068
19 Revenue less expenses Subtract line 18 from line 12	18,949,209	8,027,400

20 Total assets (Part X, line 16)	256,259,984	282,148,520
21 Total liabilities (Part X, line 26)	77,681,956	95,266,557
22 Net assets or fund balances Subtract line 21 from line 20	178,578,028	186,881,963

Part II Signature Block

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

Sign Here	***** Signature of officer MICHAEL D SWICK PRESIDENT/CEO Type or print name and title	2015-10-26 Date
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Paid Preparer Use Only	Print/Type preparer's name BERNIE OSTROWSKI	Preparer's signature BERNIE OSTROWSKI	Date	Check <input type="checkbox"/> if self-employed	PTIN P00366367
	Firm's name ► PLANTE & MORAN PLLC			Firm's EIN ► 38-1357951	
	Firm's address ► 65 EAST STATE ST STE 600 COLUMBUS, OH 43215			Phone no (614) 849-3000	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III **1 Briefly describe the organization's mission**

AS ONE OF THE LARGEST NOT-FOR-PROFIT HEALTH CARE ORGANIZATIONS IN WEST CENTRAL OHIO, LIMA MEMORIAL HEALTH SYSTEM IS COMMITTED TO IMPROVING THE QUALITY OF LIFE IN OUR COMMUNITIES THROUGH COMPREHENSIVE HEALTH SERVICES LIMA MEMORIAL IS CONTINUALLY IMPROVING ITS SERVICES AND FACILITIES BY KEEPING UP WITH THE LATEST TECHNOLOGIES, PROVIDING CONTINUING EDUCATION TO OUR HEALTH CARE TEAM AND UPDATING OUR FACILITIES OUR PATIENT SATISFACTION NUMBERS CONTINUE TO IMPROVE AND WE CONTINUALLY ACHIEVE QUALITY SCORES THAT ARE BETTER THAN THE STATE AND NATIONAL AVERAGES

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 \$ 141,529,747 including grants of \$ 376,858) (Revenue \$ 174,311,925)

AS ONE OF THE LARGEST NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS IN WEST CENTRAL OHIO, LIMA MEMORIAL HEALTH SYSTEM IS COMMITTED TO IMPROVING THE QUALITY OF LIFE IN OUR COMMUNITIES THROUGH COMPREHENSIVE HEALTH SERVICES LIMA MEMORIAL IS CONTINUALLY IMPROVING ITS SERVICES AND FACILITIES BY KEEPING UP WITH THE LATEST TECHNOLOGIES, PROVIDING CONTINUING EDUCATION TO OUR HEALTHCARE TEAM AND UPDATING OUR FACILITIES OUR PATIENT SATISFACTION NUMBERS CONTINUE TO IMPROVE AND WE CONTINUALLY ACHIEVE QUALITY SCORES THAT ARE BETTER THAN STATE AND NATIONAL AVERAGES THE HEALTH SYSTEM PROVIDES COMPREHENSIVE HEALTHCARE THAT ALLOWS US TO CARE FOR PATIENTS FROM BIRTH THROUGH ELDER YEARS THESE SERVICES INCLUDE, BUT ARE NOT LIMITED TO - 24-HOUR EMERGENCY SERVICES INCLUDING LEVEL II TRAUMA- CHEST PAIN CENTER WITH PCI- THE HEART AND VASCULAR INSTITUTE- ORTHOPAEDICS- OBSTETRICS AND PEDIATRICS- WOMEN'S HEALTH CENTER- RADIOLOGY- LABORATORY- INPATIENT AND OUTPATIENT REHABILITATION SERVICES- NEUROLOGY- UROLOGY IN 2014, LIMA MEMORIAL CONTRIBUTED AN ESTIMATED \$30 MILLION IN COMMUNITY VALUE IN TERMS OF COMMUNITY BENEFIT EXPENDITURES, CHARITY CARE AND GOVERNMENT-SPONSORED HEALTH CARE THIS NUMBER NOT ONLY INDICATES OUR COMMITMENT TO OUR COMMUNITIES, BUT ALSO FULFILLS OUR PURPOSE AS A NOT-FOR-PROFIT ORGANIZATION BY POSITIVELY IMPACTING THE MEMBERS OF OUR COMMUNITIES THOUSANDS OF PEOPLE HAVE BENEFITED FROM THE COMPASSION, CARE AND EXPERTISE OF OUR PHYSICIANS, NURSES, ASSOCIATES AND VOLUNTEERS EXAMPLES OF PROGRAMS BENEFITTING THE BROADER COMMUNITY INCLUDE, BUT ARE NOT LIMITED TO - COMMUNITY WELLNESS DAY- GO RED - HEART HEALTH AWARENESS FOR WOMEN EVENTS- JOURNEY TO REMEMBER WOMEN'S HEALTH BENEFIT- KIDS CLINIC- CHILDREN'S DEVELOPMENTAL CENTER- BABY FAIR- CHEST PAIN CENTER- BONE DENSITY SCREENINGS- CARDIAC RISK ASSESSMENT SCREENINGS- PROSTATE SCREENINGS- SKIN CANCER SCREENINGS- CANCER RESOURCE CENTER- MEDICARE ELIGIBILITY PROGRAM- BREAST CANCER SURVIVOR SUPPORT GROUP- FAMILY BIRTH CLINICS- WOMEN'S RESOURCE CENTER- TV AND RADIO PSAs- BREASTFEEDING CLASS AND CLINIC- SMOKING SESSION- BLOOD DRIVES AS HEALTHCARE CONTINUES TO CHANGE, LIMA MEMORIAL WILL CONTINUE TO PROVIDE THE HIGHEST QUALITY OF CARE IN A FAMILY ATMOSPHERE TO OUR PATIENTS BY CONTINUALLY ADVANCING OUR SERVICES AND FACILITIES IN ADDITION, THE HEALTH SYSTEM SUPPORTS OUR COMMUNITIES, NOT ONLY THROUGH COMPREHENSIVE HEALTHCARE, BUT THROUGH OUTREACH ACTIVITIES SUCH AS HEALTHCARE AWARENESS AND PREVENTION PROGRAMS, FREE PUBLIC HEALTH SCREENINGS, FINANCIAL SUPPORT FOR MANY COMMUNITY ORGANIZATIONS, AND OUTREACH TO THE UNDERSERVED COMMUNITY BENEFIT DEFINITIONSLIMA MEMORIAL HEALTH SYSTEM'S 2014 COMMUNITY BENEFIT REPORT WAS PREPARED IN ACCORDANCE WITH THE REPORTING GUIDELINES PUBLISHED BY THE CATHOLIC HEALTH ASSOCIATION COMMUNITY BENEFITS REPORTED BY THE HEALTH SYSTEM RESPOND TO AN IDENTIFIED COMMUNITY NEED AND MEET AT LEAST ONE OF THE FOLLOWING CRITERIA - GENERATE A LOW OR NEGATIVE MARGIN, - RESPOND TO THE NEEDS OF SPECIAL POPULATIONS, SUCH AS MINORITIES, FRAIL, ELDERLY, POOR PERSONS WITH DISABILITIES, THE CHRONICALLY MENTALLY ILL, AND PERSONS WITH AIDS, AND-SUPPLY SERVICES OR PROGRAMS THAT WOULD LIKELY BE DISCONTINUED IF THE DECISION WERE MADE ON A PURELY FINANCIAL BASIS THESE SERVICES INCLUDE - COMMUNITY HEALTH SERVICES- HEALTH PROFESSIONS EDUCATION- SUBSIDIZED HEALTH SERVICES- RESEARCH ACTIVITIES- FINANCIAL CONTRIBUTIONS- COMMUNITY BUILDING ACTIVITIES- COMMUNITY BENEFIT OPERATIONS- COST OF CHARITY CARE- GOVERNMENT SPONSORED HEALTH CARE

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

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

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

4e Total program service expenses ► 141,529,747

Part IV Checklist of Required Schedules

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

	Yes	No
1	Yes	
2	Yes	
3		No
4	Yes	
5		No
6		No
7		No
8		No
9		No
10		No
11a	Yes	
11b		No
11c		No
11d	Yes	
11e	Yes	
11f	Yes	
12a		No
12b	Yes	
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20a	Yes	
20b	Yes	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<input checked="" type="checkbox"/>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<input checked="" type="checkbox"/>	22	No	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	<input checked="" type="checkbox"/>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	<input checked="" type="checkbox"/>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b	No	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		24c	No	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d	No	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<input checked="" type="checkbox"/>	25a	No	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<input checked="" type="checkbox"/>	25b	No	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	<input checked="" type="checkbox"/>	26	No	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	<input checked="" type="checkbox"/>	27	No	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)				
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input checked="" type="checkbox"/>	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input checked="" type="checkbox"/>	28b	No	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	<input checked="" type="checkbox"/>	28c	No	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29	No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		30	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31	No	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		32	No	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	<input checked="" type="checkbox"/>	33	No	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	<input checked="" type="checkbox"/>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<input checked="" type="checkbox"/>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	<input checked="" type="checkbox"/>	36	No	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	<input checked="" type="checkbox"/>	37	No	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O		38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .	1a	254	
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . .	1c	Yes	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . .	2a	1,521	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .	3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . .	3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .	4a	No	
b If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a	No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . .	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a	No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . .	6b		
7 Organizations that may receive deductible contributions under section 170(c).	7a	No	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . .	7b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . .	7c	No	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . .	7d		
d If "Yes," indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .	7e	No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f	No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . .	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b		
10 Section 501(c)(7) organizations. Enter	10a		
a Initiation fees and capital contributions included on Part VIII, line 12 . . .	10b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter	11a		
a Gross income from members or shareholders . . .	11b		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . .			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . .	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
a Is the organization licensed to issue qualified health plans in more than one state? <i>Note.</i> See the instructions for additional information the organization must report on Schedule O	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 . . .	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year? . . .	14a	No	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .	14b		

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

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	11		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b Enter the number of voting members included in line 1a, above, who are independent	1b	11		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No	
6 Did the organization have members or stockholders?	6		Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	8a		Yes	
a The governing body?	8b		Yes	
b Each committee with authority to act on behalf of the governing body?	9		No	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed	<input checked="" type="checkbox"/> OH
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply	
<input type="checkbox"/> Own website	<input type="checkbox"/> Another's website
<input checked="" type="checkbox"/> Upon request	<input type="checkbox"/> Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20 State the name, address, and telephone number of the person who possesses the organization's books and records	
MERI FOSTER	

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

 Check if Schedule O contains a response or note to any line in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

• List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former			
(1) JOHN H JOHNSON	1 00			X					0	0
..... CHAIR	1 00			X					0	0
(2) KERMIT F STROH	1 00			X					0	0
..... TREASURER	1 00			X					0	0
(3) BARRETT P RYDELL	1 00			X					0	0
..... BOARD MEMBER	0 00			X					0	0
(4) LAWRENCE D BELL MD	1 00			X					0	285,246
..... BOARD MEMBER (SEE SCH J)	39 00			X					285,246	12,127
(5) DEBRA MCCURDY	1 00			X					0	0
..... BOARD MEMBER	0 00			X					0	0
(6) ROBERT L THOMPSON	1 00			X					0	0
..... BOARD MEMBER	0 00			X					0	0
(7) PHILLIP R BUELL	1 00			X					0	0
..... BOARD MEMBER	0 00			X					0	0
(8) KATHLEEN M KRUGER	1 00			X					0	0
..... BOARD MEMBER	0 00			X					0	0
(9) JAMES F BLAIR	1 00			X					0	0
..... BOARD MEMBER	0 00			X					0	0
(10) PRAVEEN K MALHOTRA	1 00			X					0	0
..... BOARD MEMBER	0 00			X					0	0
(11) SUSAN E PAYDEN	1 00			X					0	0
..... BOARD MEMBER	0 00			X					0	0
(12) KEVIN C WEBB	1 00			X					0	0
..... BOARD MEMBER	0 00			X					0	0
(13) MICHAEL D SWICK	34 00			X				541,307	0	227,860
..... PRESIDENT/CEO (SEE SCH J)	6 00			X				541,307	0	227,860
(14) ROBERT E ARMSTRONG JR	30 00			X				319,547	0	107,477
..... SENIOR VP/COO (SEE SCH J)	10 00			X				319,547	0	107,477

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee Or director	Instrumental Trustee	Officer	Key employee	Highest compensated Employee			
(15) ERIC D POHJALA VP OF FINANCE/CFO (SEE SCH)	34.00 6.00			X			303,163	0	106,947
(16) KHA H TRAN MD VP OF MEDICAL AFFAIRS (SEE	20.00 20.00			X			233,393	0	81,307
(17) ANN-MARIE JEAN POHL VICE PRESIDENT/CNO (SEE SC)	40.00 0.00			X			220,443	0	58,264
(18) ANITA GOOD ADMINISTRATIVE DIRECTOR	39.00 1.00				X		145,640	0	25,186
(19) MARK W RECKER DIRECTOR OF PHARMACY	40.00 0.00				X		150,815	0	14,949
(20) LYNN C CARPENTER ADMINISTRATIVE DIRECTOR	40.00 0.00				X		154,418	0	26,404
(21) CHERYL V HOMAN ADMINISTRATIVE DIRECTOR	40.00 0.00				X		141,126	0	21,630
(22) VICKI J SUNDERLAND ADMINISTRATIVE DIRECTOR	40.00 0.00				X		137,514	0	21,559

1b Sub-Total	►			
c Total from continuation sheets to Part VII, Section A	►			
d Total (add lines 1b and 1c)	►	2,347,366	285,246	703,710

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►38

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LIMA ANESTHESIA & PAIN TREATMENT PC PO BOX 33058 PALM BEACH GARDENS, FL 33420	MEDICAL SERVICES	3,223,340
EMERGENCY PHYSICIANS OF NORTHWEST OHIO PO BOX 12490 TOLEDO, OH 43606	MEDICAL SERVICES	1,225,542
SODEXO INC & AFFILIATES 9801 WASHINGTONIAN BLVD GAITHERSBURG, MD 20878	DIETARY/CAFETERIA SERVICES	1,181,460
NORTH CENTRAL OHIO PHYSICIAN SERVICES 1005 BELLEFONTAINE AVE LIMA, OH 45804	MEDICAL SERVICES	1,000,000
CAREFUSION SOLUTIONS LLC 3750 TORREY VIEW COURT SAN DIEGO, CA 92130	MEDICAL SERVICES	987,950

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►37

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	51,870			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	31,069			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		82,939			
Program Service Revenue	2a PATIENT SERVICE REV	Business Code 621110	170,430,579	170,430,579		
	b RENT FROM AFFILIATE	900099	1,074,379	1,074,379		
	c PHARMACY	900099	798,327	798,327		
	d CLINIC REVENUE	621110	187,604	187,604		
	e WELLNESS CENTER	900099	18,480	18,480		
	f All other program service revenue		13,226	13,226		
	g Total. Add lines 2a-2f		172,522,595			
	3 Investment income (including dividends, interest, and other similar amounts)		857,164		857,164	
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross rents	(I) Real 107,182	(II) Personal 4,375				
b Less rental expenses	0	0				
c Rental income or (loss)	107,182	4,375				
d Net rental income or (loss)			111,557	111,557		
7a Gross amount from sales of assets other than inventory	(I) Securities	(II) Other 63,598				
b Less cost or other basis and sales expenses		0				
c Gain or (loss)		63,598				
d Net gain or (loss)			63,598	63,598		
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
b Less direct expenses	b					
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11a MEANINGFUL USE REVENUE	900099	1,655,511	1,655,511			
b UBI- REFERENCE LAB	621500	528,985		528,985		
c CAFETERIA SALES	900099	289,460			289,460	
d All other revenue		82,659	22,262		60,397	
e Total. Add lines 11a-11d		2,556,615				
12 Total revenue. See Instructions		176,194,468	174,311,925	528,985	1,270,619	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	376,858	376,858		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,622,295		1,622,295	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	52,415,598	45,059,205	7,199,276	157,117
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,814,958	1,285,414	525,062	4,482
9 Other employee benefits	10,602,009	8,840,428	1,730,755	30,826
10 Payroll taxes	4,243,368	3,538,309	692,721	12,338
11 Fees for services (non-employees)				
a Management				
b Legal	835,813		835,813	
c Accounting	94,392		94,392	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	22,356,438	12,763,049	9,593,389	
12 Advertising and promotion				
13 Office expenses	5,716,253	5,182,861	530,327	3,065
14 Information technology				
15 Royalties				
16 Occupancy	2,580,943	2,230,967	348,427	1,549
17 Travel	242,400	104,111	138,289	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	9,682,751	9,682,751		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,990,796	9,500,444	1,490,352	
23 Insurance	1,135,698	663,121	472,577	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	24,921,195	24,921,195		
b BAD DEBT EXPENSE	12,567,647	12,567,647		
c RECRUITING	469,074	436,401	32,673	
d EDUCATION & REWARDS	382,716	111,149	271,284	283
e All other expenses	5,115,866	4,265,837	850,029	
25 Total functional expenses. Add lines 1 through 24e	168,167,068	141,529,747	26,427,661	209,660
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year	(B) End of year
Assets			
1	Cash—non-interest-bearing	11,995,985	1 21,753,378
2	Savings and temporary cash investments	6,288,237	2 322,102
3	Pledges and grants receivable, net	3	
4	Accounts receivable, net	24,630,159	4 18,315,613
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	6	
7	Notes and loans receivable, net	5,266,685	7 1,854,001
8	Inventories for sale or use	3,385,055	8 3,620,238
9	Prepaid expenses and deferred charges	3,083,356	9 7,707,302
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 238,608,453	
b	Less accumulated depreciation	10b 143,226,223	
		90,841,395	10c 95,382,230
11	Investments—publicly traded securities	33,764,111	11 45,586,680
12	Investments—other securities See Part IV, line 11	2,414,862	12 4,062,519
13	Investments—program-related See Part IV, line 11	13	
14	Intangible assets	14	
15	Other assets See Part IV, line 11	74,590,139	15 83,544,457
16	Total assets. Add lines 1 through 15 (must equal line 34)	256,259,984	16 282,148,520
Liabilities			
17	Accounts payable and accrued expenses	15,076,457	17 16,320,742
18	Grants payable	18	
19	Deferred revenue	0	19 132,000
20	Tax-exempt bond liabilities	42,763,751	20 50,215,000
21	Escrow or custodial account liability Complete Part IV of Schedule D	21	
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	22	
23	Secured mortgages and notes payable to unrelated third parties	2,026,106	23 2,639,479
24	Unsecured notes and loans payable to unrelated third parties	24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	17,815,642	25 25,959,336
26	Total liabilities. Add lines 17 through 25	77,681,956	26 95,266,557
Net Assets or Fund Balances			
	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27	Unrestricted net assets	178,375,424	27 186,679,359
28	Temporarily restricted net assets	202,604	28 202,604
29	Permanently restricted net assets	29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		
30	Capital stock or trust principal, or current funds	30	
31	Paid-in or capital surplus, or land, building or equipment fund	31	
32	Retained earnings, endowment, accumulated income, or other funds	32	
33	Total net assets or fund balances	178,578,028	33 186,881,963
34	Total liabilities and net assets/fund balances	256,259,984	34 282,148,520

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	176,194,468
2	Total expenses (must equal Part IX, column (A), line 25)	2	168,167,068
3	Revenue less expenses Subtract line 2 from line 1	3	8,027,400
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	178,578,028
5	Net unrealized gains (losses) on investments	5	75,137
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	378
9	Other changes in net assets or fund balances (explain in Schedule O)	9	201,020
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	186,881,963

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <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		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b 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	2b	Yes
2c 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	2c	Yes
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3b 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	3a	No
	3b	

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**2014****Open to Public
Inspection**Department of the
Treasury
Internal Revenue Service**Name of the organization**

LIMA MEMORIAL JOINT OPERATING COMPANY

Employer identification number

34-1883284

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

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

- 1 A church, convention of churches, or association of churches 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a **Type I**. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B**.
- b **Type II**. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C**.
- c **Type III functionally integrated**. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E**.
- d **Type III non-functionally integrated**. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V**.
- e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ►		
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ►		
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►		

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

(Complete only if you checked the box on line 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15
16 Public support percentage from 2013 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18
19a 33 1/3% support tests—2014. 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—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ►	

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1** Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2** Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .
- c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b** **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c** **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6** Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7** Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).
- 9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c** Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.
- b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).
- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b** A family member of a person described in (a) above?
- c** A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**.

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		
11a		
11b		
11c		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)

- a The organization satisfied the Activities Test Complete **line 2** below
- b The organization is the parent of each of its supported organizations Complete **line 3** below
- c The organization supported a governmental entity Describe in Part VI how you supported a government entity (**see instructions**)

2 Activities Test **Answer (a) and (b) below.**

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.**

- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.**

3 Parent of Supported Organizations **Answer (a) and (b) below.**

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*

- b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

- 1 Net short-term capital gain
 2 Recoveries of prior-year distributions
 3 Other gross income (see instructions)
 4 Add lines 1 through 3
 5 Depreciation and depletion
 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)
 6
 7 Other expenses (see instructions)
 8 **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

Section B - Minimum Asset Amount

- 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
 a Average monthly value of securities
 b Average monthly cash balances
 c Fair market value of other non-exempt-use assets
 d **Total** (add lines 1a, 1b, and 1c)
 e **Discount** claimed for blockage or other factors (explain in detail in Part VI)
 2 Acquisition indebtedness applicable to non-exempt use assets
 3 Subtract line 2 from line 1d
 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)
 5 Net value of non-exempt-use assets (subtract line 4 from line 3)
 6 Multiply line 5 by 035
 7 Recoveries of prior-year distributions
 8 **Minimum Asset Amount** (add line 7 to line 6)

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

Section C - Distributable Amount

- 1 Adjusted net income for prior year (from Section A, line 8, Column A)
 2 Enter 85% of line 1
 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
 4 Enter greater of line 2 or line 3
 5 Income tax imposed in prior year
 6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

		Current Year
1		
2		
3		
4		
5		
6		

Section D - Distributions

	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ

► **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

2014

**Open to Public
Inspection**

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

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

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

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

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

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

Name of the organization

Name of the organization
LTMA MEMORIAL JOINT OPERATING COMPANY

Employer identification number

34-1883284

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

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures

3 Volunteer hours

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

- 1** Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV

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

- 1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)	
	Yes	No	Amount	
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
a Volunteers?		No		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No		
c Media advertisements?		No		
d Mailings to members, legislators, or the public?		No		
e Publications, or published or broadcast statements?		No		
f Grants to other organizations for lobbying purposes?		No		
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
i Other activities?	Yes		9,952	
j Total Add lines 1c through 1i			9,952	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

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

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

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

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

Part IV Supplemental Information

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-B, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	LOBBYING EXPENSES ARE INCURRED IN CONNECTION WITH THE DUES PAID TO THE OHIO HOSPITAL ASSOCIATION AND THE AMERICAN HOSPITAL ASSOCIATION

Part IV Supplemental Information (continued)

Schedule C (Form 990 or 990EZ) 2014

2014

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

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.Department of the Treasury
Internal Revenue Service**Name of the organization**

LIMA MEMORIAL JOINT OPERATING COMPANY

Employer identification number

34-1883284

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

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

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
- | | Held at the End of the Year |
|----|-----------------------------|
| 2a | |
| 2b | |
| 2c | |
| 2d | |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____
- 4 Number of states where property subject to conservation easement is located ► _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
► _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
► \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

- (i) Revenue included in Form 990, Part VIII, line 1 ► \$ _____
- (ii) Assets included in Form 990, Part X ► \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a Revenue included in Form 990, Part VIII, line 1 ► \$ _____
- b Assets included in Form 990, Part X ► \$ _____

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

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

- | | |
|---|---|
| a <input type="checkbox"/> Public exhibition | d <input type="checkbox"/> Loan or exchange programs |
| b <input type="checkbox"/> Scholarly research | e <input type="checkbox"/> Other |
| c <input type="checkbox"/> Preservation for future generations | |

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment

b Permanent endowment

c Temporarily restricted endowment

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

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

(i) unrelated organizations

(ii) related organizations

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

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

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

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

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,057,257			4,057,257
b Buildings		144,687,176	95,517,864		49,169,312
c Leasehold improvements					
d Equipment		88,212,431	46,412,267		41,800,164
e Other		1,651,589	1,296,092		355,497
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)					95,382,230

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
		</td

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c
See Form 990, Part X, line 13

Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)

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

1	(a) Description of liability	(b) Book value	
Federal income taxes			
ACCRUED PENSION LIABILITY		3,232,087	
PROFESSIONAL LIABILITY RESERVE		497,000	
FIN 47 ASBESTOS LIABILITY		2,929,837	
THIRD PARTY PAYOR SETTLEMENTS		4,519,702	
MINORITY INTEREST IN CONSOLIDATED SUBS		93,992	
FAIR VALUE OF INTEREST RATE SWAP AG		14,686,718	
Total (Column (b) must equal Form 990, Part X, col (B) line 25.)		25,950,226	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE HOSPITAL AND RECOGNIZE A TAX LIABILITY IF THE HOSPITAL HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS OR OTHER APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE HOSPITAL AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2014, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE HOSPITAL IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2011

Part XIII Supplemental Information (continued)

Return Reference	Explanation

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2014

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

Name of the organization

LIMA MEMORIAL JOINT OPERATING COMPANY

Employer identification number

34-1883284

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year		
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities	Applied uniformly to most hospital facilities	
<input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care	3a Yes	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for <i>discounted</i> care	3b Yes	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b No	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a Did the organization prepare a community benefit report during the tax year?	6a No	
b If "Yes," did the organization make it available to the public?	6b	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H		

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			4,186,406	2,826,091	1,360,315	0 920 %
b Medicaid (from Worksheet 3, column a)			21,756,476	14,268,332	7,488,144	5 040 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			25,942,882	17,094,423	8,848,459	5 960 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			11,500,354	0	11,500,354	7 740 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			11,500,354		11,500,354	7 740 %
k Total. Add lines 7d and 7j			37,443,236	17,094,423	20,348,813	13 700 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15? **1**
- 2 Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount **2** 12,567,647
- 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit **3** 1,131,088
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements

	Yes	No
1		No
2		
3		
4		

Section B. Medicare

- 5 Enter total revenue received from Medicare (including DSH and IME) **5** 39,925,636
- 6 Enter Medicare allowable costs of care relating to payments on line 5 **6** 45,383,348
- 7 Subtract line 6 from line 5 This is the surplus (or shortfall) **7** -5,457,712
- 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used

Cost accounting system

Cost to charge ratio

Other

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 LMHS WOMEN'S HEALTH CO-MANAGEMENT COMPANY LLC	CO-MANAGEMENT	50 000 %		50 000 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

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

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

1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

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)

LIMA MEMORIAL HEALTH SYSTEM

Name of hospital facility or letter of facility reporting group**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):**

1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <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		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 13	5	Yes
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW LIMAMEMORIAL.ORG</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 14		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url) <u>WWW LIMAMEMORIAL.ORG</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

LIMA MEMORIAL HEALTH SYSTEM

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Financial Assistance Policy (FAP)			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP		
<p>a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000%</u> and FPG family income limit for eligibility for discounted care of <u>300 000000000000%</u></p> <p>b <input type="checkbox"/> Income level other than FPG (describe in Section C)</p> <p>c <input type="checkbox"/> Asset level</p> <p>d <input checked="" type="checkbox"/> Medical indigency</p> <p>e <input checked="" type="checkbox"/> Insurance status</p> <p>f <input checked="" type="checkbox"/> Underinsurance discount</p> <p>g <input checked="" type="checkbox"/> Residency</p> <p>h <input type="checkbox"/> Other (describe in Section C)</p>			
13	Yes		
14	Explained the basis for calculating amounts charged to patients?		
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
<p>a <input type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</p> <p>b <input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</p> <p>c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</p> <p>d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p>			
15	Yes		
16	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)		
<p>a <input type="checkbox"/> The FAP was widely available on a website (list url) _____</p> <p>b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) _____</p> <p>c <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) _____</p> <p>d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>f <input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>g <input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility</p> <p>h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</p> <p>i <input type="checkbox"/> Other (describe in Section C) _____</p>			
16	Yes		

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?		
17	No		
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>c <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>d <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p>e <input type="checkbox"/> None of these actions or other similar actions were permitted</p>			

Part V Facility Information (continued)

LIMA MEMORIAL HEALTH SYSTEM

Name of hospital facility or letter of facility reporting group _____

	Yes	No
19 Did the hospital facility or other 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?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)		
a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes
If "No," indicate why		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23	No
If "Yes," explain in Section C		
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24	No
If "Yes," explain in Section C		

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
LIMA MEMORIAL HEALTH SYSTEM	<p>PART V, SECTION B, LINE 5 COMMUNITY MEMBERS FROM THE GROUPS, ORGANIZATIONS, AND SECTORS ESTABLISHED THE COMMUNITY SUSTAINABILITY ADVISORY COMMITTEE UNDER THE LIMA-ALLEN COUNTY REGIONAL PLANNING COMMISSION THE COMMUNITY SUSTAINABILITY ADVISORY COMMITTEE WAS RESPONSIBLE FOR THE IMPLEMENTATION OF THE HEALTHY COMMUNITIES INSTITUTE SOFTWARE, WHICH HAS BEEN USED AS THE BASIS FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT THE HEALTHY COMMUNITIES INSTITUTE WEBSITE PROVIDED A LIST OF IDENTIFIED HEALTH CONDITIONS AND RELATED INDICATORS FOR ALLEN COUNTY THE INFORMATION FOR AUGLAIZE AND PUTNAM COUNTIES WAS ANALYZED UNDER THE SAME QUARTILE SYSTEM ORGANIZATION'S CONTACTED ALLEN COUNTY ECONOMIC DEVELOPMENT GROUP ALLEN COUNTY HEALTH DEPARTMENT LIMA/ALLEN COUNTY CHAMBER OF COMMERCE SHAWNEE TOWNSHIP POLICE ST. RITA'S MEDICAL CENTER UNITED WAY OF GREATER LIMA AND YMCA IN ADDITION, LEADERS, REPRESENTATIVES, OR MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS AND POPULATIONS WITH CHRONIC DISEASE NEEDS WERE CONTACTED THE HOSPITAL ALSO DERIVES ADDITIONAL INFORMATION FROM THE COMMUNITY HEALTH IMPROVEMENT PLAN COMMITTEE AND THE HEALTHY PEOPLE 2020 COMMITTEE</p>
LIMA MEMORIAL HEALTH SYSTEM	<p>PART V, SECTION B, LINE 11 THE HOSPITAL HAS ADOPTED AN IMPLEMENTATION STRATEGY FOR 2014-2016 THAT ADDRESSES THE COMMUNITY HEALTH NEEDS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT THIS REPORT IS POSTED ON THE HOSPITAL'S WEBSITE WWW.LIMAMEMORIAL.ORG WHICH IS PAIRED WITH THE HEALTH SYSTEM'S STRATEGIC PLAN</p>
LIMA MEMORIAL HEALTH SYSTEM	<p>PART V, SECTION B, LINE 22D ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY ARE CHARGED THE SAME AMOUNT THE FACILITY ATTEMPTS TO SCREEN ALL SELFPAY PATIENTS AND PROVIDES INFORMATION TO THEM CONCERNING CHARITY POLICIES AT TIMES, PATIENTS ARE REQUESTED TO PROVIDE PROOF OF INCOME OF THOSE PATIENTS THAT ARE NOT SCREENED AND DO NOT RETURN THE REQUIRED PAPERWORK, THEY ARE CHARGED FULL PRICE FOR THEIR SERVICE UNTIL PROOF OR A COMPLETED AND SIGNED APPLICATION IS RECEIVED THE LEAST DISCOUNT RECEIVED IS 40% WHCIH IS LARGER THAN THE AVERAGE COMMERCIAL CSA</p>
PART V, SECTION B, LINE 16	FINANCIAL ASSISTANCE POLICY WEBSITE AVAILABILITY
LIMA MEMORIAL HEALTH SYSTEM	WWW.LIMAMEMORIAL.ORG
PART V, SECTION B, LINE 16B	
WEBSITE	

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? 2

Name and address	Type of Facility (describe)
1 MEDICAL PARK 525 EASTOWN RD LIMA, OH 45807	MRI, CT
2 YMCA - WELLNESS CENTER 345 S ELIZABETH ST LIMA, OH 45801	WELLNESS CENTER
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNA's 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 7	COLUMN C, LINE 7A & 7B THE HOSPITAL USED A COST-TO-CHARGE COSTING METHODOLOGY TO CALCULATE THE AMOUNTS REPORTED IN LINE 7. THE HOSPITAL DERIVED THE COST-TO-CHARGE RATIO FROM THE USE OF WORKSHEET 2 PART I, LINE 7E IN ADDITION TO LIMA MEMORIAL JOINT OPERATING COMPANY'S COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS, THIS LINE AMOUNT ALSO INCLUDES COMMUNITY BENEFIT PROVIDED BY LIMA MEMORIAL PROFESSIONAL CORPORATION, WHICH IS A RELATED ENTITY, IN AS MUCH AS LIMA MEMORIAL PROFESSIONAL CORPORATION'S ACTIVITY, ARE CARRIED ON IN A MANNER CONSISTENT WITH AND DIRECTLY IN CONNECTION WITH THE TAX EXEMPT PURPOSE OF LIMA MEMORIAL JOINT OPERATING COMPANY

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 24B, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE OF THIS COLUMN IS \$12,567,647

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	LIMA MEMORIAL HEALTH SYSTEM PROMOTES THE HEALTH OF OUR COMMUNITIES BY PROVIDING SERVICE REGARDLESS OF ABILITY TO PAY, FUNDING THROUGH SPONSORSHIP, HEALTH SCREENINGS AND EDUCATION WE WORK WITH A NUMBER OF ORGANIZATIONS THROUGHOUT THE REGION, INCLUDING THE CHAMBER OF COMMERCE, TO PROMOTE THE ECONOMIC GROWTH OF THE COMMUNITY WE CONTINUE TO WORK WITH THE SCHOOL OF NURSING, CONTINUING EDUCATION AND TRAINING FOR EMT'S AND PARAMEDICS

Form and Line Reference	Explanation
PART III, LINE 2	LIMA MEMORIAL JOINT OPERATING COMPANY COMPUTES THE AMOUNT OF BAD DEBT BASED DIRECTLY ON GROSS CHARGES

Form and Line Reference	Explanation
PART III, LINE 4	<p>SECTION A ACCOUNTS RECEIVABLE FOR PATIENTS, INSURANCE COMPANIES AND GOVERNMENTAL AGENCIES ARE BASED ON GROSS CHARGES AN ALLOWANCE FOR CONTRACTUAL ADJUSTMENTS AND INTERIM PAYMENT ADVANCES IS BASED ON EXPECTED PAYMENT RATES FROM PAYORS BASED ON CURRENT REIMBURSEMENT METHODOLOGIES THIS AMOUNT ALSO INCLUDES AMOUNTS RECEIVED AS INTERIM PAYMENTS AGAINST UNPAID CLAIMS BY CERTAIN PAYORS THE ALLOWANCE FOR CONTRACTUAL ADJUSTMENTS IS REPORTED AS PART OF THE PATIENT ACCOUNTS RECEIVABLE AMOUNT ON THE CONSOLIDATED BALANCE SHEET AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IS ESTABLISHED ON AN AGGREGATE BASIS BY USING HISTORICAL WRITE-OFF RATE FACTORS APPLIED TO UNPAID ACCOUNTS BASED ON AGING LOSS RATE FACTORS ARE BASED ON HISTORICAL LOSS EXPERIENCE AND ADJUSTED FOR ECONOMIC CONDITIONS AND OTHER TRENDS AFFECTING THE HOSPITAL'S ABILITY TO COLLECT OUTSTANDING AMOUNTS UNCOLLECTIBLE AMOUNTS ARE WRITTEN OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IN THE PERIOD THEY ARE DETERMINED TO BE UNCOLLECTIBLE SECTION A, LINE 3 BAD DEBT IS ATTRIBUTABLE TO PATIENTS IDENTIFIED UNDER CHARITY CARE WAS ESTIMATED BY A THIRD PARTY THROUGH SCREENING OF BAD DEBT PATIENTS AT POVERTY LEVEL THE HOSPITAL APPLIES ANY DISCOUNTS/PAYMENTS RECEIVED AGAINST PATIENTS ACCOUNTS BEFORE DETERMINING BAD DEBT EXPENSE</p>

Form and Line Reference	Explanation
PART III, LINE 8	SECTION B BASED ON A COST-TO-CHARGE RATIO DETERMINED IN ACCORDANCE WITH THE MEDICARE COST REPORT REQUIREMENTS, THE COSTS OF PROVIDING CARE TO THE MEDICARE POPULATION IN 2014 WAS \$45,383,348 THE PAYMENTS RELATED TO THESE SERVICES WERE \$39,925,636 LEAVING A MEDICARE SHORTFALL OF \$5,457,712 FOR THE YEAR THE MEDICARE SHORTFALL IS A COMMUNITY BENEFIT BECAUSE PROVIDING SERVICES TO THE ELDERLY IS A TAX EXEMPT PURPOSE CONSISTENT WITH LIMA MEMORIAL JOINT OPERATING COMPANY'S OVERALL EXEMPT STATUS, AND THE HOSPITAL ACCEPTS THESE PATIENTS REGARDLESS OF ITS IMPACT ON OVERALL PROFITABILITY

Form and Line Reference	Explanation
PART III, LINE 9B	SECTION C PATIENTS DO NOT RECEIVE ANY NOTICE FROM LMH UNTIL BALANCES ARE DETERMINED TO BE THE PATIENT'S RESPONSIBILITY ONCE AN FAP APPLICATION IS RECEIVED THE COLLECTION PROCESS IS PUT ON HOLD UNTIL ELIGIBILITY IS DETERMINED PRIMARY SELF-PAY ACCOUNTS ARE REFERRED TO AN OUTSIDE AGENCY AS AN EXTENSION OF THE BUSINESS OFFICE AT DAY 45 ACCOUNTS REMAIN WITH THE AGENCY UNTIL IT IS AT A ZERO BALANCE OR 150 DAYS AT 150 DAYS THE ACCOUNT IS CLOSED BACK AND GIVEN TO THE SUBSEQUENT AGENCY FOR REGULAR COLLECTION FOLLOW UP BALANCE AFTER INSURANCE ACCOUNTS ARE REFERRED TO AN OUTSIDE AGENCY ONCE ANY MONEY IS MOVED INTO SELF-PAY THE ACCOUNT IS KEPT FOR A MINIMUM OF 90 DAYS AND THEN REFERRED TO A COLLECTION AGENCY

Form and Line Reference	Explanation
PART VI, LINE 2	<p>LIMA MEMORIAL HEALTH SYSTEM (LMHS) REGULARLY PARTICIPATES IN COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENTS TO IDENTIFY FAR-REACHING HEALTH NEEDS FACED BY PEOPLE IN THE COMMUNITIES SERVED BY THE HEALTH SYSTEM. ASSESSMENT RESULTS ARE EVALUATED OVER TIME AND SERVE AS THE BASIS TO DEVELOP NEW OR EXPANDED PLANS TO ADDRESS SERVICES IN RESPONSE TO NEEDS. LMHS JOINED OTHER AREA ORGANIZATIONS TO DEVELOP, IMPLEMENT AND UTILIZE THE 2014 ALLEN COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT. THE NEEDS ASSESSMENT COLLECTED DATA FOR ALLEN COUNTY ADULTS (AGES 19 YEARS OF AGE AND OLDER) AND YOUTH (AGES 12 THROUGH 18) WHO PARTICIPATED IN A COUNTY-WIDE ASSESSMENT SURVEY DURING 2013-2014. THE FINDINGS ARE BASED ON SELF-ADMINISTERED SURVEYS USING A STRUCTURED QUESTIONNAIRE. THE QUESTIONS WERE MODELED AFTER SURVEY INSTRUMENTS USED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION FOR THEIR NATIONAL AND STATE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM AND YOUTH RISK BEHAVIOR SURVEILLANCE SYSTEM. THE SURVEY ASSESSED THE FOLLOWING AREAS: COMMUNITY CONCERN AND SERVICES, PHYSICAL HEALTH ISSUES AND BEHAVIORAL HEALTH ISSUES. FOR AREAS OUTSIDE OF ALLEN COUNTY, LIMA MEMORIAL UTILIZES DATA FROM ADDITIONAL COUNTY-BASED NEEDS ASSESSMENT WHEN AVAILABLE. SURVEY RESULTS ARE BEING USED TO SHAPE COMMUNITY OUTREACH EFFORTS. IN 2014, LIMA MEMORIAL WAS INVOLVED WITH PIONEERING HEALTHY COMMUNITIES THROUGH PARTICIPATION AND FUNDING IN CONJUNCTION WITH THE CITY OF LIMA AND THE ALLEN COUNTY YMCA. A PORTION OF THIS PROGRAM IS DEDICATED TO REVIEWING THE NEEDS AND RISKS OF ALLEN COUNTY. OBESITY, ESPECIALLY CHILDHOOD OBESITY, WAS DETERMINED TO BE A SIGNIFICANT HEALTH RISK. LIMA MEMORIAL HEALTH SYSTEM IS PART OF THE COMMUNITY SUSTAINABILITY ADVISORY COMMITTEE, WHICH ADDRESSES A VARIETY OF HEALTH-RELATED NEEDS IN THE COMMUNITIES WE SERVE. THIS COMMITTEE'S GOAL IS TO INCREASE THE NUMBER OF ADULTS WHO ARE AT A HEALTHY WEIGHT BY AT LEAST TWO PERCENTAGE POINTS BY 2020. ASSESSMENT SUMMARY DESIRED OUTCOMES FOR ALLEN COUNTY RESIDENTS: REDUCE RISK FOR CHRONIC DISEASE, REDUCE POOR BIRTH OUTCOMES (E.G. LOW BIRTHWEIGHT AND PRETERM DELIVERIES), REDUCE INFANT MORTALITY, REDUCE SUICIDE RATE, REDUCE SUBSTANCE ABUSE, AND INCREASE ACCESS TO HEALTH CARE.</p>

Form and Line Reference	Explanation
PART VI, LINE 3	ALL PATIENTS OF LIMA MEMORIAL HOSPITAL ARE EDUCATED ON THE HOSPITAL'S CHARITY CARE PROGRAM DURING THE REGISTRATION PROCESS VIA WALL-POSTED STATEMENTS, HOSPITAL PERSONNEL INQUIRIES, ETC INFORMATION REGARDING THE HOSPITAL'S CHARITY CARE IS ALSO FOUND ON LIMA MEMORIAL'S WEBSITE STATEMENTS GOING TO PATIENTS ALSO IDENTIFY THIS PROGRAM

Form and Line Reference	Explanation
PART VI, LINE 4	<p>AS OF THE CENSUS OF 2000, THERE WERE 108,473 PEOPLE, 40,646 HOUSEHOLDS, AND 28,208 FAMILIES RESIDING IN THE COUNTY THE POPULATION DENSITY WAS 268 PEOPLE PER SQUARE MILE THERE WERE 44,245 HOUSING UNITS AT AN AVERAGE DENSITY OF 109 PER SQUARE MILE THE RACIAL MAKEUP OF THE COUNTY WAS 84 95% CAUCASIAN, 12 19% AFRICAN AMERICAN, 0 21% NATIVE AMERICAN, 0 55% ASIAN, 0 01% PACIFIC ISLANDER, 0 63% FROM OTHER RACES, AND 1 45% FROM TWO OR MORE RACES 1 42% OF THE POPULATION WERE HISPANIC/LATINO, 33 8% WERE GERMAN, 14 2% AMERICAN, 8 8% IRISH AND 6 6% ENGLISH ANCESTRY ACCORDING TO THE CENSUS 2000 THERE WERE 40,646 HOUSEHOLDS OUT OF WHICH 32 9% HAD CHILDREN UNDER THE AGE OF 18 LIVING WITH THEM, 53% WERE MARRIED COUPLES LIVING TOGETHER, 12 4% HAD A FEMALE HOUSEHOLDER WITH NO HUSBAND PRESENT AND 30 6% WERE NON-FAMILIES 26 3% OF ALL HOUSEHOLDS WERE MADE UP OF INDIVIDUALS AND 11 2% HAD SOMEONE LIVING ALONE WHO WAS 65 YEARS OF AGE OR OLDER THE AVERAGE HOUSEHOLD SIZE WAS 2 52 AND THE AVERAGE FAMILY SIZE WAS 3 05 IN THE COUNTY THE POPULATION WAS SPREAD OUT WITH 25 9% UNDER THE AGE OF 18, 9 9% FROM 18 TO 24, 27 6% FROM 25 TO 44, 22 4% FROM 45 TO 64, AND 14 2% WHO WERE 65 YEARS OF AGE OR OLDER THE MEDIAN AGE WAS 36 YEARS FOR EVERY 100 FEMALES THERE WERE 100 MALES FOR EVERY 100 FEMALES AGE 18 AND OVER THERE WERE 98 MALES THE MEDIAN INCOME FOR A HOUSEHOLD IN THE COUNTY WAS \$37,048 AND THE MEDIAN INCOME FOR A FAMILY WAS \$44,723 MALES HAD A MEDIAN INCOME OF \$35,546 VERSUS \$23,537 FOR FEMALES THE PER CAPITA INCOME FOR THE COUNTY WAS \$17,511 ABOUT 9 6% OF FAMILIES AND 12 1% OF THE POPULATION WERE BELOW THE POVERTY LINE, INCLUDING 17% OF THOSE UNDER AGE 18 AND 9 6% OF THOSE AGE 65 OR OVER LIMA MEMORIAL HEALTH SYSTEM SERVES A 10 COUNTY AREA THAT INCLUDES MORE THAN 475,000 PEOPLE THE COUNTIES INCLUDE ALLEN, AUGLAIZE, PUTNAM, HANCOCK, MERCER, HARDIN, LOGAN, SHELBY, PAULDING AND VAN WERT THE MEDIAN HOUSEHOLD INCOME FOR THE REGION IS \$44,300 24% OF RESIDENTS ARE UNDER 18 YEARS OLD, WHILE 14 5% OF RESIDENTS ARE 65 YEARS OLD OR OLDER 95 4% OF OUR ENTIRE SERVICE AREA IS CAUCASIAN, WHILE 2 75% ARE AFRICAN AMERICAN IN OUR PRIMARY SERVICE AREA OF ALLEN COUNTY 85 6% ARE CAUCASIAN, WHILE 11 7% ARE AFRICAN AMERICAN THE REGION IS PRIMARILY RURAL WITH SMALL COMMUNITIES THE LARGEST CITY IN THE REGION IS LIMA WITH A POPULATION OF 38,771</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>LIMA MEMORIAL HEALTH SYSTEM CONTINUES TO INCREASE OUR COMMUNITY INVESTMENT THROUGH PARTICIPATION AND SPONSORSHIP OF LOCAL AND REGIONAL EVENTS THAT PROMOTE HEALTHY LIFESTYLE CHOICES, PREVENTATIVE CARE AND CHRONIC DISEASE MANAGEMENT BEYOND THE NUMBERS KEY COMMUNITY BENEFIT ACTIVITIES OF 2014LIMA MEMORIAL HEALTH SYSTEM DEVELOPS PROGRAMS AND SERVICES TO ADDRESS COMMUNITY HEALTH NEEDS AND MAKES INVESTMENTS IN INITIATIVES THAT ALIGN WITH OUR MISSION, VISION AND VALUES MUCH OF LIMA MEMORIAL HEALTH SYSTEM'S COMMUNITY BENEFIT INVESTMENT FOR 2014 WAS IN THE AREA OF CHARITABLE CARE AND WELLNESS THIS ENABLED THOSE WITHOUT INSURANCE OR WITH LIMITED INSURANCE TO ACCESS MEDICAL CARE AND SCREENING HEALTH TESTS BEYOND THAT FOCUS ARE PROGRAMS AND SERVICES THAT BENEFIT EVERY RESIDENT AND SUPPORT THE FAR REACHING GOAL OF A HEALTHIER WEST CENTRAL OHIO LIMA MEMORIAL HEALTH SYSTEM CANNOT MEET ALL OF THE HEALTHCARE NEEDS WITHOUT THE ENGAGEMENT AND SUPPORT OF KEY STAKEHOLDERS INCLUDING OUR MEDICAL STAFF AND OTHER COMMUNITY ORGANIZATIONS COMMUNITY HEALTH SERVICESIN 2014, LIMA MEMORIAL HEALTH SYSTEM PROVIDED AND/OR PARTICIPATED IN NUMEROUS COMMUNITY HEALTH SERVICE PROGRAMS INCLUDED IN THIS CATEGORY ARE HEALTH AND WELLNESS EDUCATION, HEALTH SCREENINGS, COMMUNITY DEVELOPMENT AND SERVICES TO HELP PEOPLE ADOPT HEALTHY LIFESTYLE CHANGES ALSO INCLUDED ARE THE MYRIAD OF SUPPORT GROUP ACTIVITIES THAT HELP PATIENTS AND THEIR FAMILIES MANAGE CHRONIC HEALTH CONDITIONS KEY INITIATIVES THE PAST YEAR INCLUDE DIAGNOSTIC HEART AND VASCULAR SCREENINGS FOR AT-RISK ADULTS, CHILDHOOD DIABETES EDUCATION IN AREA SCHOOLS, INJURY PREVENTION AND AWARENESS, BREAST AND LUNG SCREENINGS AND HEALTHY EATING EVENTS A THIRD SUBSET OF THIS CATEGORY INCLUDES HEALTH CARE SUPPORT SERVICES, OR THOSE SERVICES THAT ARE PROVIDED TO ASSIST COMMUNITY MEMBERS IN ACCESSING BOTH INFORMATIION AND THE MEDICAL CARE THAT THEY NEED CHIEF AMONG THE HEALTH SYSTEM'S SUPPORT INITIATIVES ARE THE FINANCIAL COUNSELORS THAT ENSURE THAT PATIENTS WHO ARE STRUGGLING FINANCIALLY AND/OR LACK MEDICAL INSURANCE ARE AFFORDED THE CARE THAT THEY NEED HEALTH PROFESSIONS EDUCATIONLIMA MEMORIAL HEALTH SYSTEM BELIEVES THAT HAVING HIGHLY TRAINED MEDICAL PERSONNEL BENEFITS EVERYONE IN THE COMMUNITY BEYOND ONGOING EDUCATION FOR PHYSICIANS, NURSES, TECHNICIANS, AND OTHER CLINICIANS, THE HEALTH SYSTEM SUPPORTED NUMEROUS SPECIAL INITIATIVES IN 2014 TO FURTHER CAPABILITIES OF AREA MEDICAL PERSONNEL OUR SCHOOLS OF NURSING PROGRAM PROVIDED A TRAINING SITE FOR OVER 450 NURSING STUDENTS IN 2014 LIMA MEMORIAL HEALTH SYSTEM ALSO PROVIDES EDUCATIONAL SUPPORT IN THE MEDICAL COMMUNITY BY PROVIDING HUNDREDS OF HOURS OF TRAINING FOR AREA EMT'S AND PARAMEDICS FINANCIAL CONTRIBUTIONSLIMA MEMORIAL PROVIDES BOTH CASH AND IN-KIND SUPPORT TO INDIVIDUALS AND OTHER COMMUNITY ORGANIZATIONS THE SPONSORSHIP FUND PROVIDES FUNDING SUPPORT TO WEST CENTRAL OHIO PROGRAMS THAT ADDRESS IDENTIFIED COMMUNITY NEEDS AND SERVE VULNERABLE POPULATIONS IN 2014, LIMA MEMORIAL CONTRIBUTED TO MORE THAN 55 ORGANIZATIONS INCLUDING MARCH OF DIMES, YMCA OF LIMA, AMERICAN CANCER SOCIETY, THE UNITED WAY AND THE AMERICAN RED CROSS COMMUNITY BENEFIT OPERATIONSFOR 2014, COMMUNITY BENEFITS EXPENSES RECORDED INCLUDES THE REPORT ON THE HEALTH SYSTEM'S COMMUNITY BENEFIT INVESTMENT THE APPLICABLE COSTS FOR STAFF ENGAGING IN ACTUAL COMMUNITY BENEFIT SERVICES AND PROGRAMMING ARE REPORTED WITHIN SPECIFIC INITIATIVES AND ACTIVITIES CHARITY CAREIN ACCORDANCE WITH REPORTING REQUIREMENTS, LIMA MEMORIAL'S CHARITY CARE EXPENSE IS BASED UPON COSTS VERSUS CHARGES CHARITY CARE INCLUDES LIMA MEMORIAL'S TRADITIONAL INPATIENT AND EMERGENCY SERVICES UPON APPROVAL FOR FINANCIAL ASSISTANCE, ALL HOSPITAL CARE IN THE ENSUING SIX MONTH PERIOD IS INCLUDED THIS APPROACH ENSURES THAT ASSISTANCE IS PORTABLE AND THAT PATIENTS HAVE ACCESS TO NEEDED MEDICAL SERVICES BY MAKING A SINGLE APPLICATION A KEY GOAL IS TO IDENTIFY COMMUNITY MEMBERS IN NEED SOONER THE RESULT IS MORE CHARITY CARE AND FEWER BAD DEBTS GOVERNEMENT SPONSORED HEALTHCAREPAYMENT SHORTFALLS FOR PUBLIC INSURANCE PROGRAMS, INCLUDING MEDICAID AND MEDICARE, WERE \$12,945,856 IN 2014</p>

Form and Line Reference	Explanation
PART VI, LINE 6	LIMA MEMORIAL HEALTH SYSTEM DEVELOPS PROGRAMS AND SERVICES TO ADDRESS COMMUNITY HEALTH NEEDS TO SUPPORT THE GOAL OF A HEALTHIER WEST CENTRAL OHIO

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	O H

**Schedule I
(Form 990)**

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

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

► Attach to Form 990.

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

Open to Public
Inspection

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

LIMA MEMORIAL JOINT OPERATING COMPANY

Employer identification number

34-1883284

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. 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 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
See Additional Data Table							

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

Return Reference	Explanation
PART I, LINE 2	IN MOST CASES THE EFFECTIVE USE OF FUNDS IS EVIDENT THROUGH THE POSITIVE RESULTS OF THE PROGRAMS WE FUND IN ADDITION, LIMA MEMORIAL HAS BOARD REPRESENTATION ON MOST OF THE ORGANIZATIONS WE SUPPORT IF THIS IS NOT THE CASE WE DO ASK FOR THEIR BUSINESS PLAN AND A LIST OF EXPENDITURES
PART II	LIMA ALLEN COUNTY REGIONAL PLANNING COMMISSION IS A GOVERNMENTAL ENTITY

Additional Data**Software ID:****Software Version:****EIN:** 34-1883284**Name:** LIMA MEMORIAL JOINT OPERATING COMPANY**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

(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
ALLEN COUNTY VISIONARIESPO BOX 176 LIMA, OH 45802	34-1740545	501(C)3	5,000				COMMUNITY DEVELOPMENT/COMMUNITY DEVELOPMENT/HEALTH AND WELLNESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIMA AREA FAMILY YMCA 345 S ELIZABETH ST LIMA, OH 45801	34-4431173	501(C)3	266,744				COMMUNITY DEVELOPMENT/HEALTH AND WELLNESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIMA SYMPHONY ORCHESTRA 133 N ELIZABETH ST LIMA, OH 45807	34-4465022	501(C)3	5,800				COMMUNITY DEVELOPMENT SUPPORTING ARTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AMERICAN RED CROSS 610 S COLLET ST LIMA, OH 45805	53-0196605	501(C)3	10,000				COMMUNITY DEVELOPMENT/HEALTH AND WELLNESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIMA MEMORIAL FOUNDATION 1001 BELLEFONTAINE AVE LIMA, OH 45804	34-1707570	501(C)3	10,000				HEALTH INITIATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ALLEN COUNTY AGRICULTURAL SOCIETY 2750 HARDING HIGHWAY LIMA, OH 45804	34-6570403	501(C)3	15,950				COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ALLEN LIMA LEADERSHIP 144 S MAIN ST SUITE 100 LIMA, OH 45801	34-1536300	501(C)3	10,000				COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIMA ALLEN CO REGIONAL PLANNING COMMISSION 130 W NORTH STREET LIMA, OH 45801	34-1162237	GOVT	5,000				COMMUNITY DEVELOPMENT/HEALTH AND WELLNESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNITED WAY 616 S COLLETT ST SUITE 101 LIMA, OH 45805	34-4466356	501(C)3	14,051				COMMUNITY DEVELOPMENT

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

OMB No 1545-0047

2014**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceFor 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.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

LIMA MEMORIAL JOINT OPERATING COMPANY

Employer identification number

34-1883284

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

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

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization**a** Receive a severance payment or change-of-control payment?**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), 501(c)(4), and 501(c)(29) organizations 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
1b	Yes	
2	Yes	
4a		No
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) 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
PART I, LINE 1A	LIMA MEMORIAL JOINT OPERATING COMPANY PROVIDES SOCIAL CLUB DUES TO THE CEO, THEY ARE TREATED AS TAXABLE COMPENSATION
PART I, LINE 4B	THE FOLLOWING INDIVIDUALS PARTICIPATED IN AN IRC 457(F) NON-QUALIFIED DEFERRED COMPENSATION PLAN THIS PLAN IS FUNDED BY THE HOSPITAL AND VESTS WITH SERVICE THEREFORE IS SUBJECT TO RISK OF FORFEITURE ERIC D POHJALA \$40,121 ROBERT E ARMSTRONG, JR \$44,940 MICHAEL D SWICK \$165,323 KHA H TRAN, MD \$15,508 ANN-MARIE JEAN POHL \$19,555

Additional Data**Software ID:**
Software Version:**EIN:** 34-1883284**Name:** LIMA MEMORIAL JOINT OPERATING COMPANY**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

	(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 in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LAWRENCE D BELL MD, BOARD MEMBER (SEE SCH J)	(i) (ii)	0 285,246	0 0	0 0	0 7,800	0 4,327	0 297,373	0 0
1 MICHAEL D SWICK, PRESIDENT/CEO (SEE SCH J)	(i) (ii)	335,785 0	191,032 0	14,490 0	206,223 0	21,637 0	769,167 0	0 0
2 ROBERT E ARMSTRONG JR, SENIOR VP/COO (SEE SCH J)	(i) (ii)	221,237 0	92,028 0	6,282 0	85,840 0	21,637 0	427,024 0	0 0
3 ERIC D POHJALA, VP OF FINANCE/CFO (SEE SCH	(i) (ii)	211,804 0	85,715 0	5,644 0	81,021 0	25,926 0	410,110 0	0 0
4 KHA H TRAN MD, VP OF MEDICAL AFFAIRS (SEE	(i) (ii)	184,659 0	42,543 0	6,191 0	55,381 0	25,926 0	314,700 0	0 0
5 ANN-MARIE JEAN POHL, VICE PRESIDENT/CNO (SEE SC	(i) (ii)	151,825 0	63,784 0	4,834 0	58,264 0	0 0	278,707 0	0 0
6 ANITA GOOD, ADMINISTRATIVE DIRECTOR	(i) (ii)	126,613 0	17,659 0	1,368 0	4,446 0	20,740 0	170,826 0	0 0
7 MARK W RECKER, DIRECTOR OF PHARMACY	(i) (ii)	137,380 0	12,639 0	796 0	4,579 0	10,370 0	165,764 0	0 0
8 LYNN C CARPENTER, ADMINISTRATIVE DIRECTOR	(i) (ii)	129,815 0	18,566 0	6,037 0	4,767 0	21,637 0	180,822 0	0 0
9 CHERYL V HOMAN, ADMINISTRATIVE DIRECTOR	(i) (ii)	120,895 0	17,388 0	2,843 0	4,320 0	17,310 0	162,756 0	0 0
10 VICKI J SUNDERLAND, ADMINISTRATIVE DIRECTOR	(i) (ii)	120,383 0	15,923 0	1,208 0	4,249 0	17,310 0	159,073 0	0 0

**Schedule K
(Form 990)****Supplemental Information on Tax Exempt Bonds****2014**Department of the Treasury
Internal Revenue Service

► 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.
 ► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public
Inspection

Name of the organization

LIMA MEMORIAL JOINT OPERATING COMPANY

Employer identification number

34-1883284

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A OHIO HIGHER EDUCATION FACILITY COMM	34-6849674		02-20-2014	50,215,000	CONSTRUCTION OF HOSPITAL FACILITIES		X		X		X

Part II Proceeds

1	Amount of bonds retired	A		B		C		D	
2	Amount of bonds legally defeased								
3	Total proceeds of issue		50,215,000						
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds		1,385,653						
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds		7,183,784						
11	Other spent proceeds		41,645,563						
12	Other unspent proceeds								
13	Year of substantial completion	2014							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ►			1 900 %					
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ►			0 %					
6 Total of lines 4 and 5			1 900 %					
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?	X							
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b Name of provider	PNC BANK NATIONAL ASSOCIATION							
c Term of hedge	30 400000000000							
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Schedule L
(Form 990 or 990-EZ)**Transactions with Interested Persons**

OMB No 1545-0047

2014**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

► 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.

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

Name of the organization

LIMA MEMORIAL JOINT OPERATING COMPANY

Employer identification number

34-1883284

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

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

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ► \$ _____

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

Part II**Loans to and/or From Interested Persons.**

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

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

Total

► \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JJ JOHNSON	J J JOHNSON IS THE SON OF BOARD MEMBER JOHN JOHNSON	56,935	EMPLOYMENT		No

Part V Supplemental Information

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

Return Reference

Explanation

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 990-EZ 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.****2014****Open to Public
Inspection**

Name of the organization

LIMA MEMORIAL JOINT OPERATING COMPANY

Employer identification number

34-1883284

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE MEMBERS ARE LIMA MEMORIAL HOSPITAL AND PH VENTURES, INC., WHOSE SOLE MEMBER IS PROMEDICA HEALTH SYSTEM, BOTH OHIO NONPROFIT CORPORATIONS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE AUDIT COMMITTEE OF THE BOARD REVIEWS AND APPROVES THE FORM 990, AND A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD, PRIOR TO FILING. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH TRUSTEE, PRINCIPAL OFFICER, AND MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON 1) HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, 2) HAS READ AND UNDERSTANDS THE POLICY, 3) HAS AGREED TO COMPLY WITH THE POLICY, AND 4) UNDERSTANDS THAT THE CORPORATION IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES IF THE BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE THAT A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE IF, AFTER HEARING THE RESPONSE OF THE MEMBER AND MAKING SUCH FURTHER INVESTIGATION AS MAY BE WARRANTED IN THE CIRCUMSTANCES, THE BOARD OR COMMITTEE DETERMINES THAT THE MEMBER HAS IN FACT FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE PROCESS FOR DETERMINING THE ORGANIZATION'S CEO, OTHER OFFICERS AND KEY EMPLOYEES' COMPENSATION INCLUDES 1) REVIEW AND APPROVAL BY THE COMPENSATION COMMITTEE, 2) THE UTILIZATION OF AN INDEPENDENT COMPENSATION CONSULTANT, 3) COMPARABLE DATA, AND 4) CONTEMPORANEOUS DOCUMENTATION THIS PROCESS WAS LAST COMPLETED IN 2014

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE CURRENTLY NOT AVAILABLE TO THE PUBLIC THE FINANCIAL STATEMENTS ARE FILED WITH THE RETURN AS REQUIRED

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PURCHASED SERVICES PROGRAM SERVICE EXPENSES 8,556,819 MANAGEMENT AND GENERAL EXPENSES 7,069,900 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 15,626,719 MAINTENANCE FEES PROGRAM SERVICE EXPENSES 4,576 MANAGEMENT AND GENERAL EXPENSES 21 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 4,597 TRAVEL AGENCY FEES PROGRAM SERVICE EXPENSES 474 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 474 CONSULTING FEES PROGRAM SERVICE EXPENSES 20,395 MANAGEMENT AND GENERAL EXPENSES 161,939 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 182,334 COLLECTION FEES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 1,069,935 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,069,935 EQUIPMENT RENTAL FEES PROGRAM SERVICE EXPENSES 975,284 MANAGEMENT AND GENERAL EXPENSES 733,192 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,708,476 FREIGHT PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 292,087 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 292,087 WASTE REMOVAL PROGRAM SERVICE EXPENSES 608 MANAGEMENT AND GENERAL EXPENSES 50,560 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 51,168 COURTESY TRANSPORTATION FEES PROGRAM SERVICE EXPENSES 144,217 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 144,217 CLEANING FEES PROGRAM SERVICE EXPENSES 127,198 MANAGEMENT AND GENERAL EXPENSES 66,638 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 193,836 PHYSICIAN FEES PROGRAM SERVICE EXPENSES 2,748,439 MANAGEMENT AND GENERAL EXPENSES 149,117 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,897,556 CORPORATE FEES PROGRAM SERVICE EXPENSES 185,039 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 185,039

Return Reference	Explanation
FORM 990, PART XI, LINE 9	IMPLEMENTATION OF NEW ACCOUNTING PRONOUNCEMENT -121,345 INVESTMENT IN LMHS WOMEN'S HEALTH CO- MANAGEMENT K-1 -9,292 RESTRICTED CONTRIBUTIONS 331,657

Return Reference	Explanation
FORM 990, PART XI, LINE 2C EXPLANATION	THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND THE SELECTION OF THE INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Return Reference	Explanation
FORM 990, SUPPLEMENTAL FINANCIAL INFORMATION	THE CALCULATION RECONCILES THE ORGANIZATION'S OPERATIONS TO THE LIMA MEMORIAL HEALTH SYSTEM'S CONSOLIDATED FINANCIAL STATEMENTS GAIN (LOSS) FROM OPERATIONS LMH \$ 14,430,862 LMP \$(10,218,214) ELM TREE \$(106,204) TOTAL GAIN (LOSS) FROM OPERATIONS \$ 4,106,444 NON-OPERATING REVENUES, NET* \$ 768,536 INTEREST RATE SWAP \$(7,104,769) AUDITED EXCESS REVENUE \$(2,229,789) NET ASSETS RELEASED FROM RESTRICTION \$ - PPA \$(377) NET \$(2,230,166) OTHER 990 ADJUSTMENTS WOMEN'S HEALTH K-1 \$ 9,292 UNREALIZED GAIN/LOSS \$(75,137) ADA MEDICAL K-1 \$ - CARDINAL HEALTH K-1 \$(71,942) TOTAL OTHER 990 ADJUSTMENTS \$(137,787) NET \$(2,367,953) LMJOC 990 PART 1, LINE 19 \$ 8,027,400 LLP 990 PART 1, LINE 19 \$(10,217,214) ELM TREE 1120 LINE 30 \$(106,197) LMH 990EZ PART 1, LINE 18 \$(71,942) NET TAX RETURNS \$(2,367,953) DIFFERENCE FINANCIAL STATEMENTS VS TAX RETURN \$ - * INCLUDES UNREALIZED GAIN/LOSS OF \$75,137

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2014

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

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Name of the organization

LIMA MEMORIAL JOINT OPERATING COMPANY

Employer identification number

34-1883284

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

(a) Name, address, and EIN (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
(1) LIMA MEMORIAL HOSPITAL 1001 BELLEFONTAINE AVENUE LIMA, OH 45804 34-4434676	HEALTHCARE	OH	501(C)(3)	170(B)(1)(A)(III)	LIMA MEMORIAL JOINT OPERATING COMPANY	Yes
(2) LIMA MEMORIAL HOSPITAL FOUNDATION 1001 BELLEFONTAINE AVENUE LIMA, OH 45804 34-1707570	SUPPORTING ORGANIZATION FOR LIMA MEMORIAL HOSPITAL	OH	501(C)(3)	509(A)(3)	LIMA MEMORIAL JOINT OPERATING COMPANY	Yes
(3) LIMA MEMORIAL HOSPITAL AUXILIARY 1001 BELLEFONTAINE AVENUE LIMA, OH 45804 34-1694632	SUPPORTING ORGANIZATION FOR LIMA MEMORIAL HOSPITAL	OH	501(C)(3)	509(A)(3)	LIMA MEMORIAL JOINT OPERATING COMPANY	Yes
(4) LIMA MEMORIAL PROFESSIONAL CORPORATION 1001 BELLEFONTAINE AVENUE LIMA, OH 45804 34-1935236	HEALTHCARE	OH	501(C)(3)	170(B)(1)(A)(III)	LIMA MEMORIAL JOINT OPERATING COMPANY	Yes

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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			
(1) LMHS WOMEN'S HEALTH CO-MANAGEMENT COMPANY LLC 1001 BELLEFONTAINE AVE LIMA, OH 45804 27-1023520	WOMEN'S HEALTH CO-MANAGEMENT	OH	LIMA MEMORIAL JOINT OPERATING COMPANY	RELATED	9,292	83,435		No		Yes	50 000 %

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		
(1) ELM TREE FOUNDATION 1220 EAST ELM STREET LIMA, OH 45804 34-1417720	RENTAL REAL ESTATE	OH	LIMA MEMORIAL JOINT OPERATING COMPANY	C	824,683	6,287,882	100 000 %		Yes	

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LIMA MEMORIAL HOSPITAL FOUNDATION	S	331,657	EQUITY TRANSFER
(2) LIMA MEMORIAL PROFESSIONAL CORPORATION	R	9,964,890	EQUITY TRANSFER
(3) LIMA MEMORIAL PROFESSIONAL CORPORATION	J	1,074,379	LEASE CONTRACT
(4) ELM TREE FOUNDATION	K	230,043	LEASE CONTRACT
(5) ELM TREE FOUNDATION	Q	150,000	CASH TRANSACTION

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) 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 VII Supplemental Information

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

Return Reference	Explanation
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Schedule R (Form 990) 2014