



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



Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public

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

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 10-01-2014, and ending 09-30-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

JOHN D ARCHBOLD MEMORIAL HOSPITAL INC

Doing business as

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

P O BOX 1018

Room/suite

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

THOMASVILLE, GA 317991018

F Name and address of principal officer

J PERRY MUSTIAN PRESIDENTCEO

P O BOX 1018

THOMASVILLE,GA 317991018

H(a) Is this a group return for subordinates?

☐ Yes☒ No

H(b) Are all subordinates included?

☐ Yes☐ No

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

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW ARCHBOLD ORG

K Form of organization

☒ Corporation☐ Trust☐ Association☐ Other

L Year of formation

1923

M State of legal domicile

GA

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities HEALTHCARE SERVICES		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	21
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	121
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	998,313
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	-41,866
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	7,657,280	8,951,237
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	292,282,469	310,010,448
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,660,285	1,627,490
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,622,002	2,801,737
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	305,222,036	323,390,912
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	503,862	578,106
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	124,783,721	119,343,852
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	152,551,358	163,590,637
Net Assets or Fund Balances	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	277,838,941	283,512,595
	19	Revenue less expenses Subtract line 18 from line 12	27,383,095	39,878,317
			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	579,473,377	616,656,098
	21	Total liabilities (Part X, line 26)	158,785,630	155,175,929
	22	Net assets or fund balances Subtract line 21 from line 20	420,687,747	461,480,169

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

2016-08-15

Date

J PERRY MUSTIAN PRESIDENT

Type or print name and title

Print/Type preparer's name

JACQUELINE G ATKINS

Preparer's signature

JACQUELINE G ATKINS

Date

2016-08-03

Check ☐ if self-employed

PTIN

P00861721

Firm's name

DRAFFIN & TUCKER LLP

Firm's EIN

58-0914992

Firm's address

PO BOX 71309

ALBANY, GA 31708

Phone no

(229) 883-7878

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 Accomplishments

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

☐ ☒

1

Briefly describe the organization's mission

HEALTHCARE SERVICES

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 192,936,629 including grants of \$ 578,106) (Revenue \$ 248,334,684)

JOHN D. ARCHBOLD MEMORIAL HOSPITAL (JDAMH) IN THOMASVILLE, GEORGIA OPERATES WITH 264 LICENSED BEDS, OF WHICH 204 ARE MED/SURG, 40 BEDS ARE DESIGNATED TO A PSYCH UNIT, 20 BEDS ARE REHAB. IN ADDITION, THEY OPERATE A 64-BED SKILLED NURSING FACILITY. JDAMH IS A RURAL REFERRAL CENTER COVERING THOMAS COUNTY AND SURROUNDING COUNTIES IN SOUTHERN GEORGIA AND NORTHERN FLORIDA. 70% OF PATIENTS WERE COVERED BY MEDICARE AND MEDICAID, AND 3.0% OF PATIENT REVENUE WAS PROVIDED AS INDIGENT CARE. IN 2015, JDAMH PROVIDED OVER 21.8 MILLION IN INDIGENT CARE CHARGES. JDAMH TREATS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. IN ADDITION, JDAMH PROVIDED APPROXIMATELY 44.1 MILLION IN ADDITIONAL UNCOMPENSATED CARE THROUGHOUT THE YEAR. JDAMH PRODUCES OR SPONSORS MANY SPECIAL PROGRAMS FOR THE COMMUNITY TO EDUCATE THEM ON IMPORTANT HEALTH NEEDS. JDAMH, INC. ALSO MAINTAINS HOSPITALS IN GRADY COUNTY, BROOKS COUNTY, AND MITCHELL COUNTY, FILING UNDER EIN 58-0566121.

4b

(Code) (Expenses \$ 14,368,924 including grants of \$) (Revenue \$ 24,422,205)

GRADY GENERAL HOSPITAL (GGH) IN CAIRO, GEORGIA OPERATES A 60 LICENSED BED ACUTE CARE FACILITY. TEN BEDS CAN BE USED AS SWING BEDS. IT SERVES GRADY COUNTY AND 63% OF ITS PATIENTS WERE MEDICARE/MEDICAID. IN 2015, GGH PROVIDED OVER 1.6 MILLION IN INDIGENT CARE. IN ADDITION, GRADY GENERAL HOSPITAL PROVIDED OVER 7.8 MILLION IN ADDITIONAL UNCOMPENSATED CARE. EIN 58-1646537 FILED UNDER EIN 58-0566121.

4c

(Code) (Expenses \$ 8,712,674 including grants of \$) (Revenue \$ 9,155,944)

BROOKS COUNTY HOSPITAL OPERATES IN QUITMAN, GEORGIA AS A CRITICAL ACCESS HOSPITAL WITH 25 ACUTE CARE BEDS. IT SERVES BROOKS COUNTY AND 73% OF ITS PATIENTS WERE MEDICARE/MEDICAID. IN 2015, OVER 3.5 MILLION OF INDIGENT CARE WAS PROVIDED TO THE COMMUNITY. IN ADDITION, BROOKS COUNTY HOSPITAL PROVIDED OVER 1.4 MILLION IN ADDITIONAL UNCOMPENSATED CARE. EIN 58-6002830 FILED UNDER EIN 58-0566121.

See Additional Data

4d

Other program services (Describe in Schedule O)

(Expenses \$ 18,255,254 including grants of \$) (Revenue \$ 27,461,664)





















4e

Total program service expenses

234,273,481

Form 990 (2014)

Part IV Checklist of Required Schedules

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

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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.	208	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	
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.	0	
b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	
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? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>		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).			
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?		7a	No
b. If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d. If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
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			
a. Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11. Section 501(c)(12) organizations. Enter			
a. Gross income from members or shareholders.		11a	
b. Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
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.			
a. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	
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.		13b	
c. Enter the amount of reserves on hand.		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? <i>If "No," provide an explanation in Schedule O.</i>		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	21	
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			
1b	Enter the number of voting members included in line 1a, above, who are independent	9	
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	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a The governing body?	8a	Yes
8b	b Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
10b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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	No
	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
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	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	a The organization's CEO, Executive Director, or top management official	15a	No
15b	b Other officers or key employees of the organization	15b	Yes
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
16b	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	GA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <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 CHARLES D HIGHTOWER JR PO BOX 1018 THOMASVILLE, GA 317991018 (229) 228-2853	

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 employee	Former			

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	3,188,974	2,556,993	598,530

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▶82

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization 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
RED HILLS RADIOLOGY 714 N DAWSON STREET THOMASVILLE, GA 317924451	RADIOLOGY SVC	6,367,318
SOUTHLAND HOSPITALIST GROUP PO BOX 1276 THOMASVILLE, GA 317991276	HOSPITALIST SVC	2,846,046
MORRISON MANAGEMENT SPECIALISTS 5801 PEACHTREE DUNWOODY RD ATLANTA, GA 303421503	DIETARY SVCS	2,721,568
SOUTH GEORGIA EMERGENCY MEDICINE P O BOX 1913 THOMASVILLE, GA 317991913	ER PHYSICIAN	2,489,063
SOUTHLAND EMERGENCY MEDICAL PO BOX 1279 THOMASVILLE, GA 317991279	ER PHYSICIAN	2,415,058

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 ▶40

Part VIII

Statement of Revenue

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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	3,598,200				
	e	Government grants (contributions)	1e	5,353,037				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f		8,951,237				
Program Service Revenue	2a	PATIENT SERVICE REVENUE	Business Code 623000	309,012,135	309,012,135			
	b	LAB SERVICES	621500	998,313		998,313		
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		310,010,448				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,461,437		1,461,437	
4		Income from investment of tax-exempt bond proceeds						
5		Royalties						
6a		Gross rents	(i) Real	(ii) Personal				
			1,002,324					
		b	Less rental expenses	121,173				
		c	Rental income or (loss)	881,151				
d		Net rental income or (loss)		881,151		881,151		
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
				365,456				
		b	Less cost or other basis and sales expenses					199,403
		c	Gain or (loss)					166,053
d		Net gain or (loss)		166,053		166,053		
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		397,754					
	b	Less cost of goods sold	b				236,702	
	c	Net income or (loss) from sales of inventory					161,052	161,052
Miscellaneous Revenue		Business Code						
11a	DRUG SALES	621990	1,220,713			1,220,713		
b	CAFETERIA SALES	722210	176,459			176,459		
c	MEDICAL RECORD TRANSCRIPT FEE	623000	146,132	146,132				
d	All other revenue		216,230	216,230				
e	Total. Add lines 11a-11d		1,759,534					
12	Total revenue. See Instructions		323,390,912	309,374,497	998,313	4,066,865		

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	96,000	96,000		
2	Grants and other assistance to domestic individuals See Part IV, line 22	482,106	482,106		
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	1,659,928	76,931	1,582,997	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	300,344		300,344	
7	Other salaries and wages	97,398,141	82,888,110	14,510,031	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,203,000	1,155,220	47,780	
9	Other employee benefits	10,519,908	9,020,726	1,499,182	
10	Payroll taxes	8,262,531	7,046,947	1,215,584	
11	Fees for services (non-employees)				
a	Management	374,573		374,573	
b	Legal				
c	Accounting	89,456		89,456	
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)	43,715,857	35,653,884	8,061,973	
12	Advertising and promotion	260,087	28,760	231,327	
13	Office expenses	40,118,250	28,222,324	11,895,926	
14	Information technology	1,729,959	1,712,428	17,531	
15	Royalties				
16	Occupancy	9,985,105	8,848,800	1,136,305	
17	Travel	1,034,280	719,654	314,626	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	65,057	65,057		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	23,924,721	21,202,088	2,722,633	
23	Insurance	2,089,448	2,089,448		
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 JDAMH	28,398,197	28,398,197		
b	PROVIDER FEES	4,484,481		4,484,481	
c	REPAIRS & MAINTENANCE JDA	2,666,125	2,421,141	244,984	
d	MEDICAL SUPPLIES GRADY	1,814,979	1,814,979		
e	All other expenses	2,840,062	2,330,681	509,381	
25	Total functional expenses. Add lines 1 through 24e	283,512,595	234,273,481	49,239,114	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		5,402,919	1	21,868,418
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		50,849,220	4	51,895,791
	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			7	
	8	Inventories for sale or use		3,169,225	8	3,758,246
	9	Prepaid expenses and deferred charges		2,958,671	9	3,940,001
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	508,155,181		
	b	Less accumulated depreciation	10b	256,546,277	255,884,312	10c 251,608,904
	11	Investments—publicly traded securities		192,711,702	11	203,256,539
	12	Investments—other securities See Part IV, line 11		26,572	12	26,572
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		68,470,756	15	80,301,627
	16	Total assets. Add lines 1 through 15 (must equal line 34)		579,473,377	16	616,656,098
Liabilities	17	Accounts payable and accrued expenses		34,757,427	17	33,898,485
	18	Grants payable			18	
	19	Deferred revenue		828,203	19	722,444
	20	Tax-exempt bond liabilities		123,200,000	20	120,555,000
	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			23	
	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			25	
	26	Total liabilities. Add lines 17 through 25		158,785,630	26	155,175,929
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		417,171,944	27	458,116,818
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets		3,515,803	29	3,363,351
	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		420,687,747	33	461,480,169
	34	Total liabilities and net assets/fund balances		579,473,377	34	616,656,098

Part XI Reconciliation of Net Assets

Check 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	323,390,912
2	Total expenses (must equal Part IX, column (A), line 25)	2	283,512,595
3	Revenue less expenses Subtract line 2 from line 1	3	39,878,317
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	420,687,747
5	Net unrealized gains (losses) on investments	5	914,105
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	461,480,169

Part XII Financial Statements and Reporting

Check 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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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	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	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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		

Additional Data

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

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	18,255,254	including grants of \$) (Revenue \$	27,461,664)
MITCHELL COUNTY HOSPITAL AND NURSING HOMES OPERATE IN CAMILLA, GEORGIA AS A CRITICAL ACCESS HOSPITAL WITH 25 ACUTE CARE BEDS AND 156 NURSING HOME BEDS IT SERVES MITCHELL COUNTY AND 63% OF ITS PATIENTS WERE MEDICARE/MEDICAID IN 2015, OVER 5.3 MILLION OF INDIGENT CARE WAS PROVIDED TO THE COMMUNITY. IN ADDITION, MITCHELL COUNTY HOSPITAL PROVIDED OVER 2.7 MILLION ADDITIONAL UNCOMPENSATED CARE. EIN 58-6001207 FILED UNDER EIN 58-0566121					

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) J PERRY MUSTIAN PRES/HOSP CE	1 00 48 00	X		X				0	823,165	18,215
(1) GREGORY H PATTERSON MD PAST TRUSTEE	1 00 41 00	X						0	595,363	42,355
(2) EDWARD L HALL MD PAST TRUSTEE	1 00 40 00	X						0	423,274	46,597
(3) JASON NESMITH TRUSTEE	1 00	X						0	244,998	36,553
(4) JAMES S KARAS MD TRUSTEE	1 00 1 00	X						58,099	0	0
(5) TIMOTHY GRAYSON MD TRUSTEE	1 00	X						13,600	0	0
(6) JOHN B CARICO MD TRUSTEE	1 00 1 00	X						3,000	0	0
(7) PAUL L STEINBERG MD PAST TRUSTEE	1 00	X						2,232	0	0
(8) BRYANT BEADLES TRUSTEE	1 00 1 00	X						0	0	0
(9) NATHANIEL H ABRAMS JR CHAIRMAN	1 00 1 00	X		X				0	0	0
(10) GREG HAMIL TRUSTEE	1 00 1 00	X						0	0	0
(11) BENJAMIN WILDS MD SECRETARY	1 00 1 00	X		X				0	0	0
(12) HAILE MCCOLLUM VICE CHAIRMA	1 00 1 00	X		X				0	0	0
(13) GARY BONVILLIAN PHD TREASURER	1 00 1 00	X		X				0	0	0
(14) IMOGENE CONYERS TRUSTEE	1 00 1 00	X						0	0	0
(15) MARTA TURNER TRUSTEE	1 00 1 00	X						0	0	0
(16) THOMAS J CALLAWAY III TRUSTEE	1 00 1 00	X						0	0	0
(17) WALLACE GOODMAN TRUSTEE	1 00 2 00	X						0	0	0
(18) CHARLES R SANDERS JR MD TRUSTEE	1 00	X						0	0	0
(19) STEPHEN R AVERA TRUSTEE	1 00 1 00	X						0	0	0
(20) SUZANNE ANDERSON TRUSTEE	1 00	X						0	0	0
(21) CORDELL BRAGG MD TRUSTEE	1 00 1 00	X						0	0	0
(22) JANET SCHMIDT TRUSTEE	1 00 1 00	X						0	0	0
(23) ALSTON WATT TRUSTEE	1 00	X						0	0	0
(24) CHARLES D HIGHTOWER JR ASST SEC/ HO	1 00 48 00			X				0	470,193	109,944

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) JIM CARTER COO	40 00			X				189,315	0	30,844
(1) MEL HARTSFIELD MD VP MEDICAL A	40 00				X			370,601	0	48,280
(2) KEN BROOKER VP CLINICAL	40 00				X			248,207	0	63,163
(3) AMY GRIFFIN VP PATIENT C	40 00				X			213,961	0	25,597
(4) LADON TOOLE VP NETWORK O	40 00				X			200,623	0	24,001
(5) JOSH MOORE VP OPERATION	40 00				X			155,693	0	12,712
(6) JULIA WEEKS PHYSICIAN	40 00					X		318,974	0	25,569
(7) DINESH B PATEL MD PHYSICIAN	40 00					X		312,510	0	22,647
(8) STEPHEN RUBENDALL MD PHYSICIAN	40 00					X		284,810	0	20,421
(9) JASON H SMITH PHYSICIAN	40 00					X		263,317	0	17,930
(10) RAMESAN NAIR MD PHYSICIST	40 00					X		257,458	0	49,932
(11) JOHN FISCHER FORMER COO							X	296,574	0	3,770

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2014
Open to Public Inspection

Name of the organization JOHN D ARCHBOLD MEMORIAL HOSPITAL INC	Employer identification number 58-0566121
---	--

Part I

Reason for Public Charity Status (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 IIISupport 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

	Yes	No
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.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
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.	3c	
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.	4a	
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.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.	4c	
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).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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 .	6	
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).	7	
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).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
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 .	9b	
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 .	9c	
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.	10a	
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).	10b	
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?	11a	
b A family member of a person described in (a) above?	11b	
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.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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.		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> 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 <u>Parent of Supported Organizations</u> 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.			

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

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

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

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)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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

www.irs.gov/form990.

OMB No 1545-0047

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 JOHN D ARCHBOLD MEMORIAL HOSPITAL INC	Employer identification number 58-0566121
--	--

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

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

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

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

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

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

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

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)		7,061													
c Total lobbying expenditures (add lines 1a and 1b)		7,061													
d Other exempt purpose expenditures		283,556,122													
e Total exempt purpose expenditures (add lines 1c and 1d)		283,563,183													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000													
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000													
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	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	10,085	10,308	6,274	7,061	33,728
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
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?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i.			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Return Reference	Explanation

[illegible]

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization JOHN D ARCHBOLD MEMORIAL HOSPITAL INC	Employer identification number 58-0566121
--	--

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

	(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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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

► \$

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

Cat No 52283D

Schedule D (Form 990) 2014

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

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

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table
- c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

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

- | | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance | 3,515,803 | 3,066,204 | 2,817,109 | 2,446,192 | 2,243,517 |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | -152,452 | 449,599 | 249,095 | 370,917 | 202,675 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 3,363,351 | 3,515,803 | 3,066,204 | 2,817,109 | 2,446,192 |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment ▶

b Permanent endowment ▶ 100 000 %

c Temporarily restricted endowment ▶
- 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

	Yes	No
3a(i)		No
3a(ii)		No
3b		
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,944,638		8,944,638
b Buildings		151,692,861	52,742,547	98,950,314
c Leasehold improvements		23,711,722	12,532,283	11,179,439
d Equipment		318,733,829	191,271,447	127,462,382
e Other		5,072,131		5,072,131
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				251,608,904

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
SCHEDULE D, PAGE 2, PART V, LINE 4	ENDOWMENT FUNDS RESTRICTED BY DONORS ARE HELD IN A PERMANENT HEALTHCARE ENDOWMENT FUND WHICH WAS ESTABLISHED TO SUPPORT HEALTH CARE SERVICES
SCHEDULE D, PAGE 3, PART X	EXCERPT FROM CONSOLIDATED PARENT ORGANIZATION AUDITED FINANCIAL STATEMENTS THE MEDICAL CENTER, WITH THE EXCEPTION OF ARCHBOLD MEDICAL ENTERPRISES, INC , IS A NOT-FOR-PROFIT CORPORATION THAT HAS BEEN RECOGNIZED AS TAX- EXEMPT PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THE MEDICAL CENTER APPLIES ACCOUNTING POLICIES THAT PRESCRIBE WHEN TO RECOGNIZE AND HOWTO MEASURE THE CONSOLIDATED FINANCIAL STATEMENT EFFECTS OF INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON ITS INCOME TAX RETURNS THESE RULES REQUIRE MANAGEMENT TO EVALUATE THE LIKELIHOOD THAT, UPON EXAMINATION BY THE RELEVANT TAXING JURISDICTIONS, THOSE INCOME TAX POSITIONS WOULD BE SUSTAINED BASED ON THAT EVALUATION, THE MEDICAL CENTER ONLY RECOGNIZES THE MAXIMUM BENEFIT OF EACH INCOME TAX POSITION THAT IS MORE THAN 50% LIKELY OF BEING SUSTAINED TO THE EXTENT THAT ALL OR A PORTION OF THE BENEFITS OF AN INCOME TAX POSITION ARE NOT RECOGNIZED, A LIABILITY WOULD BE RECOGNIZED FOR THE UNRECOGNIZED BENEFITS, ALONG WITH ANY INTEREST AND PENALTIES THAT WOULD RESULT FROM DISALLOWANCE OF THE POSITION SHOULD ANY SUCH PENALTIES AND INTEREST BE INCURRED, THEY WOULD BE RECOGNIZED AS OPERATING EXPENSES BASED ON THE RESULTS OF MANAGEMENT'S EVALUATION, NO LIABILITY IS RECOGNIZED IN THE ACCOMPANYING CONSOLIDATED BALANCE SHEETS FOR UNRECOGNIZED INCOME TAX POSITIONS FURTHER, NO INTEREST OR PENALTIES HAVE BEEN ACCRUED OR CHARGED TO EXPENSE AS OF SEPTEMBER 30, 2015 AND 2014 OR FOR THE YEARS THEN ENDED THE MEDICAL CENTER'S TAX RETURNS ARE SUBJECT TO POSSIBLE EXAMINATION BY THE TAXING AUTHORITIES FOR FEDERAL INCOME TAX PURPOSES, THE TAX RETURNS ESSENTIALLY REMAIN OPEN FOR POSSIBLE EXAMINATION FOR A PERIOD OF THREE YEARS AFTER THE RESPECTIVE FILING DEADLINES OF THOSE RETURNS (THE MEDICAL CENTER REFERS TO ARCHBOLD MEDICAL CENTER, INC , THE PARENT CORPORATION)

[illegible]

Additional Data

Software ID:

Software Version:

EIN: 58-0566121

Name: JOHN D ARCHBOLD MEMORIAL
HOSPITAL INC

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

(a) Description	(b) Book value
(1) DUE FROM RELATED PARTIES	42,764,610
(2) OTHER RECEIVABLES	14,594,658
(3) DUE FROM SELF INSURANCE TRUST	11,589,454
(4) DUE FROM MEDICARE/MEDICAID	4,541,356
(5) PHYSICIAN RECEIVABLES	2,725,386
(6) DEFERRED BOND ISSUE COST - 2003	1,809,529
(7) SCHOLARSHIP/TUITION RECEIVABLE	1,752,486
(8) INTEREST RECEIVABLE	514,839
(9) EHR RECEIVABLE	9,309

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

► 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*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
JOHN D ARCHBOLD MEMORIAL
HOSPITAL INC

Employer identification number

58-0566121

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		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 type="checkbox"/> Applied uniformly to all hospital facilities <input checked="" type="checkbox"/> 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 <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 discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 325 0000000000 % 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	3a	Yes	
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	Yes	
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		No
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)			9,477,938		9,477,938	3 340 %
b Medicaid (from Worksheet 3, column a)			30,012,898	34,356,923	-4,344,025	
c Costs of other means-tested government programs (from Worksheet 3, column b)			621,706	474,951	146,755	0 050 %
d Total Financial Assistance and Means-Tested Government Programs			40,112,542	34,831,874	5,280,668	3 390 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			696,905		696,905	0 250 %
f Health professions education (from Worksheet 5)			4,811,043		4,811,043	1 690 %
g Subsidized health services (from Worksheet 6)			15,739,061		15,739,061	5 540 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			20,100		20,100	0 010 %
j Total. Other Benefits			21,267,109		21,267,109	7 490 %
k Total. Add lines 7d and 7j			61,379,651	34,831,874	26,547,777	10 880 %

Part IICommunity 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
1Physical improvements and housing						
2Economic development			2,000		2,000	
3Community support						
4Environmental improvements			200,484		200,484	0.070 %
5Leadership development and training for community members						
6Coalition building			629		629	
7Community health improvement advocacy						
8Workforce development			506		506	
9Other						
10Total			203,619		203,619	0.070 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	55,963,097	
3Enter 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		
4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME).	5	83,542,651	
6Enter Medicare allowable costs of care relating to payments on line 5.	6	87,229,646	
7Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-3,686,995	
8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.			
<input type="checkbox"/> Cost accounting system			
<input type="checkbox"/> Cost to charge ratio			
<input checked="" type="checkbox"/> Other			

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?	9a	Yes	
bIf "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 IVManagement 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				
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?

4
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)

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

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

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):

	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 checked="" type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 13		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
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	Yes
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) WWW ARCHBOLD ORG		
b <input type="checkbox"/> Other website (list url)		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" 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 13		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url) WWW ARCHBOLD ORG		
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)

Name of hospital facility or letter of facility reporting group

A

	Yes	No
Financial Assistance Policy (FAP)		
13 Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
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>325 000000000000%</u>		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input type="checkbox"/> Medical indigency		
e <input type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance discount		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 Yes	
15 Explained the method for applying for financial assistance?	15 Yes	
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)		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
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		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Included measures to publicize the policy within the community served by the hospital facility?	16 Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWWARCHBOLDORG</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWWARCHBOLDORG</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWWARCHBOLDORG</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
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)		
f <input checked="" 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)		
g <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input type="checkbox"/> Other (describe in Section C)		
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 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a <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)		
e <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

A

Name of hospital facility or letter of facility reporting group

	Yes	No
<div>19</div> <div>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?</div> <div>If "Yes," check all actions in which the hospital facility or a third party engaged</div> <div><div>a</div><div><input type="checkbox"/></div><div>Reporting to credit agency(ies)</div></div> <div><div>b</div><div><input type="checkbox"/></div><div>Selling an individual's debt to another party</div></div> <div><div>c</div><div><input type="checkbox"/></div><div>Actions that require a legal or judicial process</div></div> <div><div>d</div><div><input type="checkbox"/></div><div>Other similar actions (describe in Section C)</div></div>	<div>19</div> <div>Yes</div>	
<div>20</div> <div>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)</div> <div><div>a</div><div><input checked="" type="checkbox"/></div><div>Notified individuals of the financial assistance policy on admission</div></div> <div><div>b</div><div><input checked="" type="checkbox"/></div><div>Notified individuals of the financial assistance policy prior to discharge</div></div> <div><div>c</div><div><input checked="" type="checkbox"/></div><div>Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills</div></div> <div><div>d</div><div><input checked="" type="checkbox"/></div><div>Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy</div></div> <div><div>e</div><div><input type="checkbox"/></div><div>Other (describe in Section C)</div></div> <div><div>f</div><div><input type="checkbox"/></div><div>None of these efforts were made</div></div>		
<div>Policy Relating to Emergency Medical Care</div>		
<div>21</div> <div>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?</div> <div>If "No," indicate why</div> <div><div>a</div><div><input type="checkbox"/></div><div>The hospital facility did not provide care for any emergency medical conditions</div></div> <div><div>b</div><div><input type="checkbox"/></div><div>The hospital facility's policy was not in writing</div></div> <div><div>c</div><div><input type="checkbox"/></div><div>The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</div></div> <div><div>d</div><div><input type="checkbox"/></div><div>Other (describe in Section C)</div></div>	<div>21</div> <div>Yes</div>	
<div>Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)</div>		
<div>22</div> <div>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</div> <div><div>a</div><div><input type="checkbox"/></div><div>The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged</div></div> <div><div>b</div><div><input type="checkbox"/></div><div>The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged</div></div> <div><div>c</div><div><input type="checkbox"/></div><div>The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged</div></div> <div><div>d</div><div><input checked="" type="checkbox"/></div><div>Other (describe in Section C)</div></div>		
<div>23</div> <div>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?</div> <div>If "Yes," explain in Section C</div>	<div>23</div>	No
<div>24</div> <div>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?</div> <div>If "Yes," explain in Section C</div>	<div>24</div>	No

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
See Additional Data Table	

Part V

Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **13**

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

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN (F) - EXCLUSIONS FROM PERCENT OF TOTAL EXPENSE	IN DERIVING THE DENOMINATOR TO BE USED FOR COLUMN (F), THE FOLLOWING ADJUSTMENTS WERE MADE TO THE TOTAL EXPENSES REPORTED ON FORM 990, PART IX, LINE 25 FORM 990, PART IX, LINE 25 283,512,597 ADD EXPENSES REPORTED IN PART VIII 357,875 DENOMINATOR FOR COLUMN (F) 283,870,472

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

Form and Line Reference	Explanation
PART II - COMMUNITY BUILDING ACTIVITIES	ECONOMIC AND WORKFORCE DEVELOPMENT THROUGH HEALTH EDUCATION IMPROVES LEVEL OF CARE IN COMMUNITIES SERVED OPPORTUNITIES TO REALIZE ACCESS TO CARE ARE MADE KNOWN TO SCREENING PARTICIPANTS

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

Form and Line Reference	Explanation
BAD DEBT EXPENSE FOOTNOTE TO FINANCIAL STATEMENTS	SEE THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOOTNOTE ON PAGE 10 OF THE ATTACHED AUDITED FINANCIAL STATEMENTS

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

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

Form and Line Reference	Explanation
PART VI, LINE 2 - NEEDS ASSESSMENT	<p>REVIEW OF ASSESSMENTS OF OTHER ORGANIZATIONS THAT IDENTIFY NEEDS AND HAVE ON-GOING PARTICIPATION WITH THOSE ORGANIZATIONS COLLECT, REVIEW AND USE PRIMARY,SECONDARY AND QUALITATIVE DATA IN DETERMINING NEEDS UPDATE COMMUNITY HEALTH STATUS AS LOCAL, STATE AND FEDERAL DATA IS REPORTED REVIEW INTERNAL DATA SUCH AS SCREENING OUTCOMES AND PATIENT VOLUMES FOR SERVICES RESPONSE TO REQUESTS FROM COMMUNITY AND INPUT FROM GROUPS AND THROUGH SURVEYS THE ORGANIZATION ANALYZES QUANTITATIVE FEDERAL, STATE AND LOCAL DATA AS WELL AS SEEKS QUALITATIVE INPUT FROM MEMBERS OF THE COMMUNITY, ESPECIALLY THE UNDERSERVED THE ORGANIZATION ALSO ASSESSES THE NEEDS OF THE COMMUNITY THROUGH UTILIZING ASSESSMENTS CONDUCTED BY OTHER COMMUNITY ORGANIZATIONS, REVIEWING INTERNAL DATA ON PATIENT VOLUMES AND SCREENING OUTCOMES, PARTICIPATING IN COMMUNITY ORGANIZATIONS THAT IDENTIFY NEEDS, SPONSORING COMMUNITY EDUCATION TASK FORCES THAT PROVIDE INPUT AND RESPONDING TO SPECIFIC REQUESTS FROM COMMUNITY MEMBERS COPIES OF THE 2013-2014 CHNA'S CAN BE FOUND AT THE FOLLOWING WEB ADDRESSES</p> <p>HTTP //WWW ARCHBOLD ORG/UPLOADS/DOCUMENTS/BROOKS-KEYHEALTHISSUES-2013 PDF HTTP //WWW ARCHBOLD ORG/UPLOADS/DOCUMENTS/GRADY-KEYHEALTHISSUES-2013 PDF HTTP //WWW ARCHBOLD ORG/UPLOADS/DOCUMENTS/MITCHELL-KEYHEALTHISSUES-2013 PDF HTTP LLWWW ARCHBOLD ORG/UPLOADS/DOCUMENTS/THOMAS-KEYHEALTHISSUES-2013 PDF</p> <p>PROGRESS ON CHNA IMPLEMENTATION STRATEGIES 2013-2014 ACCESS TO CARE 2013-2014 IMPLEMENTATION PLAN ODOCUMENT PRIMARY CARE PROVIDER FOR EACH SCREENING PARTICIPANT OPROVIDE CARE OPTIONS FOR PARTICIPANTS WITHOUT PRIMARY CARE PHYSICIAN OATTEMPT TO ENSURE PARTICIPANTS WITH ABNORMAL SCREENS HAVE FOLLOW-UP APPOINTMENTS OPROVIDE INFORMATION ON FINANCIAL ASSISTANCE PROGRESS EACH SCREENING PARTICIPANT WITHOUT PROPER ACCESS TO CARE RECEIVED A PRINTED LIST OF PRIMARY CARE PROVIDERS AND A BROCHURE ON THE HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM ATTEMPTS TO REACH SCREENING PARTICIPANTS WITH ABNORMAL RESULTS WERE MADE IN WRITING AND BY PHONE WE ALSO PROVIDED FREE OPPORTUNITIES TO LEARN ABOUT END-OF-LIFE ADVANCE DIRECTIVES, SCREENING RECOMMENDATIONS, AND NON-TRADITIONAL, INTEGRATIVE APPROACHES TO CARE CANCER, DIABETES, RESPIRATORY DISEASE 2013-2014 IMPLEMENTATION PLAN OFREE SCREENINGS TO DETECT BREAST, CERVICAL, COLON, ORAL PROSTATE AND SKIN CANCER OFREE MONTHLY TOBACCO CESSATION CLASSES OFREE PUBLIC HEALTH TALKS OSUPPORT GROUPS PROGRESS HEALTH TALKS OPHYSICIAN PANEL ON BREAST CANCER OCERVICAL CANCER OCOLORECTAL CANCER OSKIN CANCER OMAMMOGRAPHY OHOW DIABETES CAN LEAD TO DIGESTIVE DISEASE OCOPD AND ASTHMA SCREENINGS OFFERED INCLUDING SCREEN FOR DISEASE STATE 2013-14 OCANCER-SPECIFIC, EXCLUDING LUNG CANCER (10) ODIABETES (24) OLUNG-CANCER (48, WEEKLY BASIS) OPULMONARY FUNCTION (2) 2014-15 OCANCER-SPECIFIC, EXCLUDING LUNG CANCER (3) ODIABETES (20) OLUNG-CANCER (48, WEEKLY BASIS) OPULMONARY FUNCTION (1) 2015-16 YTD OCANCER-SPECIFIC, EXCLUDING LUNG CANCER (1) ODIABETES (13) OLUNG-CANCER (36, WEEKLY BASIS) OPULMONARY FUNCTION (1) HEART DISEASE, KIDNEY DISEASE, STROKE 2013-2014 IMPLEMENTATION PLAN OFREE SCREENINGS WITH CARDIOVASCULAR, RENAL AND STROKE RISK FACTOR-SPECIFIC TESTING OFREE PUBLIC HEALTH TALKS PROGRESS HEALTH TALKS OAPPROACHES TO TREATING KIDNEY DISEASE OCORONARY ARTERY DISEASE OPERIPHERAL ARTERY DISEASE OHEART DISEASE RISK FACTORS, PREVENTION AND OTREATMENT SCREENINGS OFFERED INCLUDING SCREEN FOR DISEASE STATE 2013-14 OHEART/STROKE (31) OKIDNEY (13) 2014-15 OHEART/STROKE (26) OKIDNEY (2) 2015-16 YTD OHEART/STROKE (20) OKIDNEY (3) TEEN PREGNANCY, SUBSTANCE ABUSE 2013-2014 IMPLEMENTATION PLAN CONTINUE PROVIDING CONSULTATIVE AND EDUCATIONAL SUPPORT TO OUR COMMUNITY PARTNERS AS APPROPRIATE PROGRESS THE FINANCIAL ASSISTANCE WE'VE TYPICALLY PROVIDED COMMUNITY PARTNERS HAS DECLINED FROM PREVIOUS YEARS, BUT WE'VE PROVIDED ASSISTANCE FINANCIALLY AS WE FELT WAS APPROPRIATE, AND HAVE REMAINED AVAILABLE FOR CONSULTATIVE AND EDUCATIONAL OPPORTUNITIES OBESITY 2013-2014 IMPLEMENTATION PLAN OEVALUATE A MORE SIGNIFICANT, CONSISTENT AND DIRECT ROLE IN FIGHTING OBESITY OHEALTH TALKS SPECIFICALLY ADDRESSING OBESITY OFREE BREASTFEEDING CLASSES OSTART OVEREATERS ANONYMOUS CLASSES PROGRESS OROLE EVALUATED, FORMS CENTERPIECE OF 2016-2017 CHNA ODECIDED TO HOLD ON OBESITY-SPECIFIC HEALTH TALKS UNTIL WE MOVED FORWARD WITH A MORE COMPREHENSIVE OBESITY-BASED STRATEGY OFREE BREASTFEEDING CLASSES ONGOING OOVEREATERS ANONYMOUS CLASSES LAUNCHED AND STILL AVAILABLE, BUT RARELY USED</p>

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

Form and Line Reference	Explanation
PART VI, LINE 4 - COMMUNITY INFORMATION	COUNTIES SERVED IN GEORGIA INCLUDE BROOKS, GRADY, MITCHELL, THOMAS DISPROPORTIONATE HEALTHCARE NEEDS, FEDERALLY DESIGNATED AS MEDICALLY UNDERSERVED AREAS(MUA) OR HEALTH PROFESSIONAL SHORTAGE AREAS(HSPA), LOW-INCOME, PUBLIC HOUSING RESIDENTS, SENIORS, MIGRANT WORKERS, UNINSURED, UNDERINSURED, MIXTURE OF ETHNICITIES, ALL AGES, MIXTURE OF EDUCATIONAL LEVELS BROOKS COUNTY ESTIMATED POPULATION 15,658, 62 2% WHITE/35 4% BLACK, MEDIAN HOUSEHOLD INCOME 31,686, 28 8% LIVING IN POVERTY, 25 2% UNDER 65 UNINSURED GRADY COUNTY ESTIMATED POPULATION 25,205, 67 4% WHITE/29 1% BLACK, MEDIAN HOUSEHOLD INCOME 31,653, 26 2% LIVING IN POVERTY, 27 9% UNDER 65 UNINSURED MITCHELL COUNTY ESTIMATED POPULATION 22,574, 49 8% WHITE/48 0% BLACK, MEDIAN HOUSEHOLD INCOME 31,101, 32 6% LIVING IN POVERTY, 21% UNDER 65 UNINSURED THOMAS COUNTY ESTIMATED POPULATION 45,063, 60 5% WHITE/36 8% BLACK, MEDIAN HOUSEHOLD INCOME 35,515, 24 5% LIVING IN POVERTY, 20 2% UNDER 65 UNINSURED INFORMATION OBTAINED FROM WWW CENSUS GOV

Form and Line Reference	Explanation
PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	IMPROVE HEALTH OUTCOMES IN COMMUNITIES SERVED, ENSURING ACCESS TO CARE TO ALL USING THE CHNA AS A ROADMAP, WE'VE HELPED INFLUENCE BETTER HEALTH BEHAVIORS AND ACCESS TO CLINICAL CARE USING THE UNIVERSITY OF WISCONSIN'S ROBERT WOOD JOHNSON RANKINGS, HEALTH OUTCOMES HAVE IMPROVED IN OUR REGION THE GOVERNING BODIES OF ALL JDAMH'S HOSPITAL FACILITIES ARE PRIMARILY COMPRISED OF PERSONS WHO ARE NOT EMPLOYEES OR CONTRACTORS (NOR FAMILY MEMBERS THEREOF) AND WHO REPRESENT A BROAD SPECTRUM OF THE COMMUNITY THE HOSPITALS' MEDICAL STAFFS ARE OPEN TO ALL QUALIFIED PHYSICIANS IN THE REGION SURPLUS FUNDS ARE REINVESTED IN THE FACILITIES AND OPERATIONS

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

Additional Data

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

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
GROUP A, FACILITY 1, JOHN D ARCHBOLD MEM HOSP - PART V, LINE 5	
GROUP A, FACILITY 1, JOHN D ARCHBOLD MEM HOSP - PART V, LINE 6A	THE NEEDS ASSESSMENT WAS CONDUCTED FOR JOHN D ARCHBOLD MEMORIAL HOSPITAL ALONG WITH GRADY GENERAL HOSPITAL, BROOKS COUNTY HOSPITAL AND MITCHELL COUNTY HOSPITAL
GROUP A, FACILITY 1, JOHN D ARCHBOLD MEM HOSP - PART V, LINE 7D	DISTRIBUTED COPIES TO THE COMMUNITY, AVAILABLE ONLINE
GROUP A, FACILITY 1, JOHN D ARCHBOLD MEM HOSP - PART V, LINE 11	THE ORGANIZATION PROVIDES MANY COMMUNITY BENEFIT PROGRAMS THAT ADDRESS THE HEALTH AND SOCIAL DETERMINANTS OF HEALTH THROUGHOUT THOMAS, GRADY, BROOKS, AND MITCHELL COUNTIES AND THE SURROUNDING COMMUNITIES. THE COMMUNITY IS FORTUNATE TO HAVE A LARGE NUMBER OF HEALTH AND SOCIAL SERVICE AGENCIES WHO WORK INDIVIDUALLY AND COLLECTIVELY TO PROVIDE SERVICES PROGRAMS AND SUPPORT FOR THE COUNTY RESIDENTS. TO THAT END, THE ORGANIZATION WILL NOT ADDRESS SOME OF THE NEEDS IDENTIFIED IN THE 2013-14 ASSESSMENT BECAUSE (1) THE ORGANIZATION ADDRESSES THE NEED, BUT CURRENTLY HAS NO PLANS TO EXPAND SERVICES, (2) OTHER PROVIDERS ARE ALREADY ADDRESSING THE NEEDS AND (3) THE NEED IDENTIFIED IS BEYOND THE SCOPE OF THIS ORGANIZATION.
GROUP A, FACILITY 1, JOHN D ARCHBOLD MEM HOSP - PART V, LINE 22D	ALL HOSPITALS - 10% OF THE FAMILY LIMIT OF ONE-SLIDING FEE SCHEDULE

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

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

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

Name and address	Type of Facility (describe)
GLENN-MOR NURSING HOME 10629 U S HIGHWAY 19 S THOMASVILLE,GA 31792	SKILLED NURSING HOME
JDA PSYCHIATRIC UNIT P O BOX 1018 THOMASVILLE,GA 31792	SKILLED NURSING HOME
JDA REHABILITATION UNIT P O BOX 1018 THOMASVILLE,GA 31792	SKILLED NURSING HOME
DECATUR COUNTY DIALYSIS FACILITY P O BOX 1018 THOMASVILLE,GA 31792	SKILLED NURSING HOME
MITCHELL COUNTY DIALYSIS FACILITY P O BOX 1018 THOMASVILLE,GA 31792	SKILLED NURSING HOME
BROOKS COUNTY DIALYSIS FACILITY P O BOX 1018 THOMASVILLE,GA 31792	SKILLED NURSING HOME
GRADY COUNTY DIALYSIS FACILITY P O BOX 1018 THOMASVILLE,GA 31792	SKILLED NURSING HOME
SOUTHWEST GA DIALYSIS FACILITY P O BOX 1018 THOMASVILLE,GA 31792	SKILLED NURSING HOME
BROOKS MEDICAL ASSOCIATES P O BOX 5000 QUITMAN,GA 31643	SKILLED NURSING HOME
MITCHELL CO CONVALESCENT CENTER 90 STEPHENS STREET CAMILLA,GA 31728	SKILLED NURSING HOME
CAMILLA PEDIATRICS CENTER P O BOX 360 CAMILLA,GA 31728	SKILLED NURSING HOME
MEDICAL GROUP OF MITCHELL COUNTY P O BOX 360 CAMILLA,GA 31728	SKILLED NURSING HOME
ARCHBOLD PELHAM PRIMARY CARE CLINIC P O BOX 360 CAMILLA,GA 31728	SKILLED NURSING HOME

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," 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.

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization
JOHN D ARCHBOLD MEMORIAL
HOSPITAL INC

Employer identification number
58-0566121

Part I

General Information on Grants and Assistance

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

Part II

Grants and Other Assistance to 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
(1) THOMAS UNIVERSITY 1501 MILLPOND ROAD THOMASVILLE,GA 31792	58-0644897	501C3	11,000				MEDICAL TECH ED PROG
(2) THOMAS UNIVERSITY 1501 MILLPOND ROAD THOMASVILLE,GA 31792	58-0644897	501C3	85,000				NURSG LEADERSHIP ED

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

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

Part III

Grants and Other Assistance to 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
(1) SCHOLARSHIP/TUITION PROG	135	390,834			
(2) MED STUDENT HOUSING	75		91,272	FMV	HOUSING/UTIL

Part IV

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

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

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
JOHN D ARCHBOLD MEMORIAL
HOSPITAL INC

Employer identification number

58-0566121

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>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</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>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</div></div>	1bYes	
<div><div>2</div><div>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?</div></div>	2Yes	
<div><div>3</div><div>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</div><div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>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</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4aYes	
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4bYes	
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>	4c	No
<div><div></div><div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div></div>		
<div><div>5</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>	5b	No
<div><div>6</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>	6b	No
<div><div>7</div><div>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</div></div>	7	No
<div><div>8</div><div>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</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>	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
SCHEDULE J, PAGE 1, PART I, LINE 1A	SOCIAL CLUB DUES ARE PAID BY THE ORGANIZATION ON BEHALF OF SOME OFFICERS AND EXECUTIVES OF THE FILING ORGANIZATION. THESE AMOUNTS ARE INCLUDED IN THE INDIVIDUAL'S TAXABLE INCOME AND REPORTED ON THEIR W-2. THE ORGANIZATION'S POLICY FOR COMPANION TRAVEL INCLUDES THE REIMBURSEMENT OF REGISTRATION, TRAVEL, AND ENTERTAINMENT EXPENSES FOR GUESTS WHO ACCOMPANY BOARD TRUSTEES TO EITHER OF TWO ANNUAL TRUSTEE CONFERENCES. RECEIPTS MUST BE SUBMITTED PRIOR TO REIMBURSEMENT AND THE AMOUNTS ARE NOT INCLUDED IN THE INDIVIDUAL'S TAXABLE INCOME.
SCHEDULE J, PAGE 1, PART I, LINE 3	THE FILING ORGANIZATION RELIES ON THE METHODS USED BY ARCHBOLD MEDICAL CENTER, INC. (AMC), THE SOLE MEMBER, TO ESTABLISH COMPENSATION OF THE CEO AND EXECUTIVE OFFICERS. COMPENSATION DETERMINATION BY AMC INCLUDES AN INDEPENDENT COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT AND SURVEYS, AS WELL AS BOARD APPROVAL. THESE METHODS ARE WELL DOCUMENTED.
SCHEDULE J, PAGE 1, PART I, LINE 4	J PERRY MUSTIAN 0 -56,000 0 CHARLES D. HIGHTOWER, JR. 0 74,584 0 KEN BROOKER 0 25,924 0 JOHN FISCHER 279,338 0 0
SCHEDULE J, PART III	THE IRS RULES & REGULATIONS REQUIRE THAT CERTAIN NON-CURRENT, NON-CASH ITEMS ARE REPORTED IN PART VII OF FORM 990 REGARDLESS OF THE CURRENT BENEFIT TO THE EMPLOYEE. THESE SAME RULES, IN SOME CASES, REQUIRE THE COMPENSATION AND BENEFITS TO BE REPORTED TWICE IN PART VII, ONCE WHEN THE ENTITY ACCRUES FOR A FUTURE PAYMENT AND ONCE WHEN THE PAYMENT IS ACTUALLY MADE TO THE EMPLOYEE. THEREFORE, AN EMPLOYEE'S STATED TOTAL COMPENSATION AND BENEFITS REPORTED ON PART VII ARE SUBSTANTIALLY HIGHER THAN THE ACTUAL CASH COMPENSATION RECEIVED IN THE CURRENT YEAR. AMOUNTS REPORTED AS BENEFITS INCLUDE AMOUNTS FOR LIFE INSURANCE, HEALTH INSURANCE, THRIFT PLAN CONTRIBUTIONS, AND PENSION CONTRIBUTIONS. BENEFITS RELATED TO PENSION AND RETIREMENT PLANS REFLECT AMOUNTS ACCUMULATED, BUT NOT PAID, TO THE INDIVIDUAL IN RECOGNITION OF TOTAL YEARS OF EMPLOYMENT, NOT JUST THE CURRENT YEAR. SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN TWO OF AMC'S TOP EXECUTIVES PARTICIPATE IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) WHICH IS ACCRUED BUT UNFUNDED IN AN AMOUNT WHICH, WHEN ADDED TO OTHER SOURCES OF RETIREMENT INCOME, WILL AFFORD A RETIREMENT INCOME AT A TARGETED PERCENTAGE OF PRE-RETIREMENT COMPENSATION. THE SERP IS A NON-QUALIFIED RETIREMENT PLAN. THE CURRENT YEAR'S VALUE OF THE SERP DECREASED DUE TO CHANGES IN THE ASSUMPTIONS USED IN THE ACTUARIAL VALUATION OF THE ESTIMATED ACCRUED LIABILITY. AMC 457(F) RETIREMENT PLAN CERTAIN EXECUTIVES WHO ARE NOT ELIGIBLE FOR THE SERP MAY BE ELIGIBLE TO PARTICIPATE IN A 457(F) PLAN TO HELP THEM ACCUMULATE FUNDS FOR THEIR LONG TERM FINANCIAL NEEDS. THE ORGANIZATION MAY CONTRIBUTE A PERCENTAGE OF BASE SALARY INTO AN INDIVIDUAL EXECUTIVES ACCOUNT IF THE ORGANIZATION MEETS CERTAIN FINANCIAL TARGETS. THE ORGANIZATION OWNS ANY PLAN ASSETS UNTIL THEY ARE PAID TO THE EMPLOYEE AND ALL FUNDS ARE SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE. VESTING BEGINS AT AGE 55 WITH FIVE YEARS OF SERVICE AT A RATE OF 90% AND THEN INCREASES TO 100% AT AGE 60. PAYMENTS ARE MADE ANNUALLY UPON VESTING. BONUS AWARDS: OFFICERS AND PHYSICIANS ARE AWARDED BONUSES/INCENTIVES CONTINGENT IN PART ON MEETING MANAGEMENT-BY-OBJECTIVE INCENTIVE PLAN GOALS AND EXCESS OF REVENUE OVER EXPENSES.

Additional Data

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

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

(A) Name 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				
J PERRY MUSTIAN, PRES/HOSP CEO	(i) (ii)	595,361	215,177	12,627	-15,100	33,315	841,380	
GREGORY H PATTERSON MD, PAST TRUSTEE	(i) (ii)	442,963	110,296	42,104	35,820	6,535	637,718	
EDWARD L HALL MD, PAST TRUSTEE	(i) (ii)	407,215	13,152	2,907	40,062	6,535	469,871	
JASON NESMITH, TRUSTEE	(i) (ii)	190,154	11,809	43,035	30,032	6,521	281,551	
CHARLES D HIGHTOWER JR, ASST SEC/ HOSP CFO	(i) (ii)	314,944	73,807	81,442	101,884	8,060	580,137	
JIM CARTER, COO	(i) (ii)	155,915	32,860	540	19,219	11,625	220,159	
MEL HARTSFIELD MD, VP MEDICAL AFFAIRS	(i) (ii)	311,987	52,020	6,594	40,900	7,380	418,881	
KEN BROOKER, VP CLINICAL SERVICES	(i) (ii)	180,355	39,606	28,246	55,886	7,277	311,370	
AMY GRIFFIN, VP PATIENT CARE	(i) (ii)	176,071	37,080	810	16,377	9,220	239,558	
LADON TOOLE, VP NETWORK OPS	(i) (ii)	154,828	44,880	915	13,131	10,870	224,624	
JOSH MOORE, VP OPERATIONAL SVCS	(i) (ii)	130,561	24,700	432	5,662	7,050	168,405	
JULIA WEEKS, PHYSICIAN	(i) (ii)	317,594		1,380	20,464	5,105	344,543	
DINESH B PATEL MD, PHYSICIAN	(i) (ii)	174,629	137,647	234	16,200	6,447	335,157	
STEPHEN RUBENDALL MD, PHYSICIAN	(i) (ii)	192,440	88,711	3,659	13,899	6,522	305,231	
JASON H SMITH, PHYSICIAN	(i) (ii)	188,247	60,911	14,159	12,825	5,105	281,247	
RAMESAN NAIR MD, PHYSICIST	(i) (ii)	256,399		1,059	42,877	7,055	307,390	
JOHN FISCHER, FORMER COO	(i) (ii)	17,236		279,338	318	3,452	300,344	

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization
JOHN D ARCHBOLD MEMORIAL
HOSPITAL INC

Employer identification number
58-0566121

Part I Bond Issues												
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing		
						Yes	No	Yes	No	Yes	No	
A HOSP AUTH OF THE CITY OF THOMASVILL	58-1719301	884633AS7	05-11-2010	85,000,000	BLDG CONSTRUCTION		X	X				X
B HOSP AUTH OF THE CITY OF THOMASVILL	58-1719301	NONENONEN	06-12-2013	17,985,000	REFUNDING OF SERIES 2009A CERTIFICATES		X	X				X
C HOSP AUTH OF THE CITY OF THOMASVILL	58-1719301	NONENONEN	06-12-2013	22,760,000	REFUNDING OF SERIES 2009B CERTIFICATES		X	X				X

Part II Proceeds												
					A	B		C		D		
1	Amount of bonds retired				1,680,000			3,510,000				
2	Amount of bonds legally defeased											
3	Total proceeds of issue				85,000,000	17,985,000		22,760,000				
4	Gross proceeds in reserve funds				7,374,851	17,985,000		22,760,000				
5	Capitalized interest from proceeds											
6	Proceeds in refunding escrows				10,000,000							
7	Issuance costs from proceeds				1,437,504	145,000		145,000				
8	Credit enhancement from proceeds											
9	Working capital expenditures from proceeds											
10	Capital expenditures from proceeds				65,537,920							
11	Other spent proceeds					17,840,000		22,615,000				
12	Other unspent proceeds											
13	Year of substantial completion				2012	2013		2013				
					Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?					X	X		X			
15	Were the bonds issued as part of an advance refunding issue?					X		X		X		
16	Has the final allocation of proceeds been made?				X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				X		X		X			

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		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?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		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								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		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		X		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		X		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		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		
b	Exception to rebate?		X		X		X		
c	No rebate due?		X		X		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	X		X			
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

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		X		X		
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V

Procedures To Undertake Corrective Action

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

Part VI

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

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ.
► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization JOHN D ARCHBOLD MEMORIAL HOSPITAL INC	Employer identification number 58-0566121
---	--

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?
				YesNo

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
See Additional Data Table					

Part V Supplemental Information	
Provide additional information for responses to questions on Schedule L (see instructions)	
Return Reference	Explanation
SCHEDULE L, PART IV	LINDSEY SCANLAN 40,672 FAMILY MEMBER COMPENSATION HAILE MCCOLLUM 242,173,230 BOARD TRUSTEE DIRECTOR OF BANK GARY BONVILLIAN 282,163 BOARD TRUSTEE TU SCHOLARSHIPS ALSTON WATT 6,792,351 BOARD TRUSTEE DIRECTOR OF BANK
SCHEDULE L, PART V	JOHN CARICO, MD - PAYMENT TO PROFESSIONAL CORPORATION FOR HOSPITAL-BASED RADIOLOGY SERVICES, TRAUMA READINESS COMPENSATION THOMAS J CALLAWAY III - INVESTMENT MANAGER WITH ALLEN, MOONEY & BARNES WHICH MANAGES A PORTION OF THE SERP POOLED ACCOUNT AND SELF INSURANCE TRUST AMOUNT REFLECTS TOTAL FEES AND BALANCES AT 9/30/15 FOR THE FILING AND ALL RELATED ORGANIZATIONS MARY ANNE BULLARD GRAYSON, MD, THE SPOUSE OF TIMOTHY GRAYSON, MD, IS COMPENSATED THROUGH HER PROFESSIONAL MEDICAL CORPORATION FOR HOSPITAL-BASED RADIOLOGY SERVICES TIMOTHY GRAYSON, MD - RENTAL OF PROFESSIONAL OFFICE SPACE, PAYMENTS TO HIS PRACTICE TO TREAT UNINSURED EMERGENCY PATIENTS, HEALTH PLAN PAYMENTS GREG HAMIL - DIRECTOR WITH COMMERCIAL BANK AMOUNT REFLECTS TOTAL FEES AND BALANCES AT 9/30/15 FOR THE FILING AND ALL RELATED ORGANIZATIONS CHARLES R SANDERS, JR , MD - RENT OF PROPERTY, MEDICAL SERVICES TO PRACTICE, PAYMENTS TO TREAT UNINSURED EMERGENCY PATIENTS PAUL STEINBERG, MD - PAYMENTS TO PROFESSIONAL CORPORATION FOR CONTRACTED EMERGENCY PHYSICIAN SERVICES, PAYMENTS FOR DIAGNOSTIC MEDICAL SERVICES JAMES S KARAS, MD - OUTREACH SERVICES, MEDICAL SERVICES, PAYMENT TO TREAT UNINSURED EMERGENCY PATIENTS, CLAIMS SETTLEMENT GUARANTEE PAYMENTS, MEDICAL STAFF LEADERSHIP COMPENSATION, PROFESSIONAL SERVICES AGREEMENT LAURA C KARAS IS THE SPOUSE OF BOARD TRUSTEE, JAMES S KARAS, MD, AND IS EMPLOYED AND COMPENSATED BY JDAMH LINDSEY SCANLAN IS THE STEPDAUGHTER OF BOARD TRUSTEE, JAMES S KARAS, MD, AND IS EMPLOYED AND COMPENSATED BY JDAMH HAILE MCCOLLUM - DIRECTOR WITH THOMASVILLE NATIONAL BANK AMOUNT REFLECTS TOTAL FEES AND BALANCES AT 9/30/15 FOR THE FILING AND ALL RELATED ORGANIZATIONS CORDELL L BRAGG, III, MD - HOSPITAL BASED ANESTHESIOLOGY SERVICES THROUGH PROFESSIONAL CORPORATION OF WHICH HE IS A PARTNER, STATE TRAUMA CENTER UNCOMPENSATED CARE, PAYMENT TO TREAT UNINSURED EMERGENCY PATIENTS, MEDICAL DIRECTOR, MISCELLANEOUS PATIENT CARE PAYMENTS, INCENTIVE COMPENSATION, MEDICAL STAFF LEADERSHIP COMPENSATION, PROFESSIONAL SERVICES AGREEMENT GARY BONVILLIAN, A BOARD TRUSTEE, IS THE UNIVERSITY PRESIDENT OF THOMAS UNIVERSITY THE FILING ORGANIZATION PROVIDES FINANCIAL SUPPORT FOR CERTAIN MEDICAL PROGRAMS AT THE UNIVERSITY ALSTON WATT - DIRECTOR WITH COMMERCIAL BANK AMOUNT REFLECTS TOTAL FEES AND BALANCES AT 9/30/15 FOR THE FILING AND ALL RELATED ORGANIZATIONS

Additional Data

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CORDELL L BRAGG III MD	BOARD TRUSTEE	1,678,856	PROFESSIONAL MED SVC		No
(2) TIMOTHY GRAYSON MD	BOARD TRUSTEE	111,316	RENTAL, PATIENT SVCS		No
(3) THOMAS J CALLAWAY III	BOARD TRUSTEE	9,262,747	INVESTMENT MANAGER		No
(4) PAUL STEINBERG MD	BOARD TRUSTEE	1,381,778	MEDICAL SERVICES		No
(5) MARY ANNE BULLARD GRAYSON MD	FAMILY MEMBER	7,074,651	PROF MED CORP		No
(6) JOHN B CARICO MD	BOARD TRUSTEE	7,074,651	RADIOLOGY SERVICES		No
(7) GREG HAMIL	BOARD TRUSTEE	6,792,351	DIRECTOR OF BANK		No
(8) CHARLES R SANDERS JR MD	BOARD TRUSTEE	224,982	RENTAL, PATIENT SVCS		No
(9) JAMES S KARAS MD	BOARD TRUSTEE	3,714,455	RENTAL, PATIENT SVCS		No
(10) LAURA C KARAS	FAMILY MEMBER	66,166	COMPENSATION		No
(11) LINDSEY SCANLAN	FAMILY MEMBER	40,672	COMPENSATION		No
(12) HAILE MCCOLLUM	BOARD TRUSTEE	242,173,230	DIRECTOR OF BANK		No
(13) GARY BONVILLIAN	BOARD TRUSTEE	282,163	TU SCHOLARSHIPS		No
(14) ALSTON WATT	BOARD TRUSTEE	6,792,351	DIRECTOR OF BANK		No

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization JOHN D ARCHBOLD MEMORIAL HOSPITAL INC	Employer identification number 58-0566121
--	--

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	
FORM 990, PAGE 2, PART III, LINE 4D	MITCHELL COUNTY HOSPITAL AND NURSING HOMES OPERATE IN CAMILLA, GEORGIA AS A CRITICAL ACCES S HOSPITAL WITH 25 ACUTE CARE BEDS AND 156 NURSING HOME BEDS IT SERVES MITCHELL COUNTY AN D 63% OF ITS PATIENTS WERE MEDICARE/MEDICAID IN 2015, OVER 5 3 MILLION OF INDIGENT CARE W AS PROVIDED TO THE COMMUNITY IN ADDITION, MITCHELL COUNTY HOSPITAL PROVIDED OVER 2 7 MILL ION ADDITIONAL UNCOMPENSATED CARE EIN 58-6001207 FILED UNDER EIN 58-0566121
FORM 990, PAGE 6, PART VI, LINE 6	THE ORGANIZATION HAS A SOLE MEMBER, ARCHBOLD MEDICAL CENTER, INC (AMC) WITH THE POWER TO ELECT OR REPLACE AND TO REMOVE THE TRUSTEES OF THE GOVERNING BODY , AS WELL AS THE AUTHORIT Y TO APPROVE THE DECISIONS OF THE GOVERNING BODY
FORM 990, PAGE 6, PART VI, LINE 7A	THE BOARD OF TRUSTEES OF THE FILING ENTITY ARE ELECTED ANNUALLY BY THE SOLE MEMBER, AMC I N ADDITION, AMC HAS THE POWER TO ELECT OR REPLACE AND TO REMOVE THE TRUSTEES OF THE GOVERN ING BODY THE CEO OF AMC SHALL BE A MEMBER OF THE BOARD WITH THE POWER TO VOTE
FORM 990, PAGE 6, PART VI, LINE 7B	THE SOLE MEMBER, AMC HAS THE AUTHORITY TO APPROVE THE DECISIONS OF THE GOVERNING BODY , INC LUDING BUT NOT LIMITED TO, CAPITAL AND OPERATING BUDGETS, MERGERS OR ACQUISITIONS, CONTRAC TS AND TRANSACTIONS OVER A CERTAIN AMOUNT, DISSOLUTION, ETC
FORM 990, PAGE 6, PART VI, LINE 11B	THE ORGANIZATION'S CFO PRESENTED THE FORM 990 TO TRUSTEES IN ATTENDANCE DURING THE BOARD M EETING PRIOR TO FILING THE RETURN WITH THE IRS THE TRUSTEES HAD THE OPPORTUNITY TO ASK QU ESTIONS AND MAKE COMMENTS A COPY OF THE RETURN WAS MADE AVAILABLE TO THOSE BOARD MEMBERS WHO WERE UNABLE TO ATTEND THE MEETING
FORM 990, PAGE 6, PART VI, LINE 12C	ON AN ANNUAL BASIS, THE ORGANIZATION DISTRIBUTES A CONFLICT OF INTEREST QUESTIONNAIRE AND DISCLOSURE STATEMENT TO EACH TRUSTEE THIS QUESTIONNAIRE INCLUDES QUESTIONS RELATED TO FIN ANCIAL INTERESTS, OUTSIDE INTERESTS OR ACTIVITIES, AND GIFTS, MEALS, AND ENTERTAINMENT IN ADDITION TO DISCLOSING ANY APPLICABLE INFORMATION ON THE QUESTIONNAIRE, THE TRUSTEE SIGNS AN ACKNOWLEDGMENT STATEMENT THAT (S)HE HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST PO LICY , HAS READ, UNDERSTANDS, AND AGREES TO COMPLY WITH IT, AND UNDERSTANDS THAT THE ORGANI ZATION IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTIO N STATUS IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX- EX EMPT PURPOSES RESPONSES ARE SUMMARIZED AND COLLECTIVELY REVIEWED BY THE AUDIT & COMPLIANC E COMMITTEE OF ARCHBOLD MEDICAL CENTER, INC DURING EACH BOARD MEETING, THE CHAIRMAN INQUI RES IF ANY TRUSTEE HAS AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST RELATED TO ANY AGENDA I TEM IF THE TRUSTEE DISCLOSES ANY SUCH INTEREST, THE TRUSTEE IS EXCUSED FROM THE MEETING W HILE THE DETERMINATION AS TO WHETHER AN ACTUAL CONFLICT OF INTEREST EXISTS IS DISCUSSED AN D VOTED UPON BY DISINTERESTED MEMBERS OF THE BOARD AND COMMITTEE IF INVITED TO DO SO, THE TRUSTEE WITH A POTENTIAL CONFLICT MAY RESPOND TO QUESTIONS PUT FORTH BY FELLOW DISINTERES TED TRUSTEES REGARDING ANY PROPOSED TRANSACTION OR ARRANGEMENT THE MINUTES OF THE BOARD A ND ALL COMMITTEES WITH BOARD-DELEGATED POWERS DOCUMENTS THE NAME OF ANY INTERESTED PERSON/ TRUSTEE WHO DISCLOSED OR WAS FOUND TO HAVE A FINANCIAL INTEREST IN CONNECTION WITH A TRANS ACTION OR ARRANGEMENT RESULTING IN AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, THE NATURE OF THE FINANCIAL INTEREST, ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OF INTEREST W AS PRESENT, AND THE BOARD'S OR COMMITTEE'S DECISION AS TO WHETHER A CONFLICT OF INTEREST I N FACT EXISTED, AND THE NAMES OF THE PERSONS WHO WERE PRESENT FOR DISCUSSIONS AND VOTES RE LATED TO THE TRANSACTION OR ARRANGEMENT, THE CONTENT OF THE DISCUSSIONS, AND A RECORD OF A NY VOTES TAKEN IN CONNECTION THEREWITH
FORM 990, PAGE 6, PART VI, LINE 15B	ARCHBOLD MEDICAL CENTER'S PRESIDENT ALSO PRESENTS RECOMMENDATIONS FOR ALL SENIOR VICE PRES IDENT'S AND HOSPITAL VICE PRESIDENTS AND OTHER KEY EMPLOYEES TO THE COMPENSATION COMMITTEE IN 2008, INTEGRATED HEALTHCARE SOLUTIONS (IHS) WAS ENGAGED BY THE BOARD TO REVIEW THE EXE CUTIVE COMPENSATION PROGRAM AND MAKE RECOMMENDATIONS REGARDING PLAN DESIGN AND ACTUAL COMP ENSATION INCLUDING BENEFITS IN 2009, IHS PROVIDED UPDATED RECOMMENDATIONS ON COMPENSATION TO THE COMPENSATION COMMITTEE FOR YEARS 2010-2015, THE BOARD CONTINUED TO UTILIZE IHS TO PERFORM MARKET ANALY SIS, REVIEW EXECUTIVE COMPENSATION, AND MAKE RECOMMENDATIONS
FORM 990, PAGE 6, PART VI, LINE 19	NO DOCUMENTS ARE OR WILL BE MADE AVAILABLE TO THE PUBLIC
FORM 990, PART IX, LINE 11G	CONSULTANT FEES JDAMH 156,321 78,845 0 CONTRACT SERVICES JDAMH 11,506,150 3,874,877 0 CONT RACT SERVICES BROOKS 1,360,004 0 0 CONTRACT SERVICES GRADY 1,440,085 0 0 CONTRACT SERVICES MITCHELL 3,846,702 0 0 OUTSIDE LAB REFERRAL FEES JDA 915,037 0 0 OUTSIDE LAB REFERRAL GRA DY 103,075 0 0 OUTSIDE LAB REFERRAL BROOKS 140 0 0 PROFESSIONAL FEES JDAMH 12,519,308 4,10 8,251 0 PROFESSIONAL FEES GRADY 2,048,454 0 0 PROFESSIONAL FEES BROOKS 766,404 0 0 PROFESS IONAL FEES MITCHELL 992,204 0 0

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
JOHN D ARCHBOLD MEMORIAL
HOSPITAL INC

Employer identification number

58-0566121

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ARCHBOLD FOUNDATION INC PO BOX 620 THOMASVILLE, GA 317990620 58-1559677	FOUNDATION	GA	501C3	11B	AMC ARCHBOLD MEDICAL CENTER INC		No
(2) ARCHBOLD HEALTH SERVICES INC PO BOX 620 THOMASVILLE, GA 317990620 58-1376434	HEALTHCARE	GA	501C3	9	AMC ARCHBOLD MEDICAL CENTER INC		No
(3) ARCHBOLD MEDICAL CENTER INC PO BOX 1018 THOMASVILLE, GA 317991018 58-1552650	H/C MGMT	GA	501C3	11C	NA		No
(4) ARCHBOLD MEDICAL GROUP INC P O BOX 620 THOMASVILLE, GA 317990620 26-2988454	PHYSICIANS	GA	501C3	3	AMC ARCHBOLD MEDICAL CENTER INC		No

Part III

Identification of Related Organizations Taxable as a Partnership

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

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

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

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

No

No

Yes

Yes

No

No

No

No

Yes

No

Yes

Yes

Yes

Yes

No

No

Yes

No

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

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

Schedule R (Form 990) 2014

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		Yes	No	

Part VII

Supplemental Information

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

Return Reference	Explanation
------------------	-------------