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A For the 2015 calendar year, or tax year beginning 10-01-2015 , and ending 09-30-2016

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) Room/suite

P O BOX 1018

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  
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 ▶

D Employer identification number  
58-0566121

E Telephone number  
(229) 228-2853

G Gross receipts \$ 332,099,708

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	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	0
Revenue	6 Total number of volunteers (estimate if necessary)	6	112
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,066,028
	b Net unrelated business taxable income from Form 990-T, line 34	7b	
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	8,951,237	5,796,587
Expenses	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	310,010,448	320,481,788
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,627,490	2,279,780
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,801,737	2,679,176
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )	323,390,912	331,237,331
	14 Benefits paid to or for members (Part IX, column (A), line 4)	578,106	558,097
Net Assets or Fund Balances	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	119,343,852	128,238,139
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	163,590,637	172,221,034
	19 Revenue less expenses Subtract line 18 from line 12	283,512,595	301,017,270
	20 Total assets (Part X, line 16)	39,878,317	30,220,061
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances Subtract line 21 from line 20	616,656,098	652,733,673
		155,175,929	160,043,559
		461,480,169	492,690,114

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

2017-08-15  
Date

J PERRY MUSTIAN PRESIDENT/CEO  
Type or print name and title

Paid Preparer Use Only

Prnt/Type preparer's name  
JACQUELINE G ATKINS

Preparer's signature  
JACQUELINE G ATKINS

Date  
2017-08-02

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 317081309

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(2015)

**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 \$ 206,845,580 including grants of \$ 558,097 ) (Revenue \$ 260,859,359 )  
See Additional Data

**4b** (Code ) (Expenses \$ 16,210,345 including grants of \$ ) (Revenue \$ 24,024,888 )  
See Additional Data














**4c** (Code ) (Expenses \$ 9,178,944 including grants of \$ ) (Revenue \$ 9,562,555 )  
See Additional Data

See Additional Data

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 19,646,303 including grants of \$ ) (Revenue \$ 25,735,537 )

**4e** Total program service expenses ▶ 251,881,172

**Part IV** Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	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? If "Yes," complete Schedule J . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .	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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b>			
	Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	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? If "Yes," complete Schedule L, Part IV . . . . .	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	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)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
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.		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		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? If "No" to line 3b, provide an explanation in Schedule O.		3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
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?			
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? <b>Note.</b> 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? If "No," provide an explanation in Schedule O.		14b	

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	5	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its 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	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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
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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		No
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
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	GREG HEMBREE 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

[illegible]

## Part VII

<b>1b</b>	<b>Sub-Total</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A</b>			
<b>d</b>	<b>Total (add lines 1b and 1c)</b>	3,526,482	2,367,735	1,275,010

**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 ► 102

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b>	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> . . . . .	<b>4</b> Yes	
<b>5</b>	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> . . . . .	<b>5</b>	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)	(B)	(C)
Name and business address	Description of services	Compensation
RED HILLS RADIOLOGY 714 N DAWSON STREET THOMASVILLE, GA 317924451	RADIOLOGY SVC	6,986,807
MORRISON MANAGEMENT SPECIALISTS 5801 PEACHTREE DUNWOODY RD ATLANTA, GA 303421503	DIETARY SVCS	6,333,247
THOMASVILLE PHYSICAL THERAPY P O BOX 2476 THOMASVILLE, GA 31799	REHAB SVCS	3,217,106
SOUTH GEORGIA EMERGENCY MEDICINE P O BOX 1913 THOMASVILLE, GA 317991913	ER PHYSICIAN	2,591,935
SOUTHLAND HOSPITALIST GROUP PO BOX 1276 THOMASVILLE, GA 317991276	HOSPITALIST SVC	2,425,340

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 ▶ 45

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . . .	1b					
	c	Fundraising events . . . .	1c					
	d	Related organizations . . .	1d	351,745				
	e	Government grants (contributions)	1e	5,444,842				
	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 . . . . .		5,796,587				
Program Service Revenue	2a	PATIENT SERVICE REVENUE	Business Code 623000	319,415,760	319,415,760			
	b	LAB SERVICES	621500	1,066,028		1,066,028		
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .		320,481,788				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		2,590,130			2,590,130
4		Income from investment of tax-exempt bond proceeds . .						
5		Royalties . . . . .						
6a		Gross rents	(i) Real 977,349	(ii) Personal				
		b	Less rental expenses	110,161				
		c	Rental income or (loss)	867,188				
		d	Net rental income or (loss) . . . . .		867,188			867,188
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other 180,150				
		b	Less cost or other basis and sales expenses		490,500			
		c	Gain or (loss)		-310,350			
		d	Net gain or (loss) . . . . .		-310,350			-310,350
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					
				421,180				
		b	Less cost of goods sold . . .	b	261,716			
		c	Net income or (loss) from sales of inventory . .		159,464			159,464
Miscellaneous Revenue		Business Code						
11a	DRUG SALES	621990	884,304			884,304		
b	RESEARCH STUDIES	722210	274,709	274,709				
c	MISCELLANEOUS REVENUE	623000	222,051	222,051				
d	All other revenue . . . . .		271,460	269,819			1,641	
e	Total. Add lines 11a-11d . . . . .		1,652,524					
12	Total revenue. See Instructions . . . . .		331,237,331	320,182,339	1,066,028		4,192,377	

**Part IX Statement of Functional Expenses**

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

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



Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	96,000	96,000		
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	462,097	462,097		
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b>	Benefits paid to or for members . . . . .				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	2,361,080	10,400	2,350,680	
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages . . . . .	100,427,822	86,421,838	14,005,984	
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	1,662,334	1,544,654	117,680	
<b>9</b>	Other employee benefits . . . . .	14,732,042	12,456,383	2,275,659	
<b>10</b>	Payroll taxes . . . . .	9,054,861	7,630,344	1,424,517	
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .	364,266		364,266	
<b>b</b>	Legal . . . . .	32,363		32,363	
<b>c</b>	Accounting . . . . .	99,456		99,456	
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b>	Investment management fees . . . . .				
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	47,351,377	39,630,535	7,720,842	
<b>12</b>	Advertising and promotion . . . . .	271,088	32,278	238,810	
<b>13</b>	Office expenses . . . . .	24,955,386	13,961,452	10,993,934	
<b>14</b>	Information technology . . . . .	1,799,059	1,785,010	14,049	
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	9,590,474	8,506,750	1,083,724	
<b>17</b>	Travel . . . . .	991,789	730,193	261,596	
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	68,363	68,363		
<b>20</b>	Interest . . . . .				
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	24,854,249	22,045,719	2,808,530	
<b>23</b>	Insurance . . . . .	2,092,017	2,092,017		
<b>24</b>	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) . . . . .				
<b>a</b>	MEDICAL SUPPLIES JDAMH	46,561,967	46,561,967		
<b>b</b>	PROVIDER FEES	4,529,836		4,529,836	
<b>c</b>	REPAIRS & MAINTENANCE JDA	2,833,107	2,543,057	290,050	
<b>d</b>	MEDICAL SUPPLIES GRADY	2,255,709	2,255,709		
<b>e</b>	All other expenses	3,570,528	3,046,406	524,122	
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	301,017,270	251,881,172	49,136,098	0
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X**

**Balance Sheet**

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

				(A)		(B)	
				Beginning of year		End of year	
Assets	<b>1</b>	Cash—non-interest-bearing . . . . .		21,868,418	<b>1</b>	8,813,003	
	<b>2</b>	Savings and temporary cash investments . . . . .			<b>2</b>		
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>		
	<b>4</b>	Accounts receivable, net . . . . .		51,895,791	<b>4</b>	57,227,238	
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			<b>5</b>		
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .			<b>6</b>		
	<b>7</b>	Notes and loans receivable, net . . . . .			<b>7</b>		
	<b>8</b>	Inventories for sale or use . . . . .		3,758,246	<b>8</b>	3,992,584	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		3,940,001	<b>9</b>	3,630,801	
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>	518,876,270			
	<b>b</b>	Less: accumulated depreciation . . . . .	<b>10b</b>	273,803,804	251,608,904	<b>10c</b>	245,072,466
	<b>11</b>	Investments—publicly traded securities . . . . .		203,256,539	<b>11</b>	235,615,247	
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		26,572	<b>12</b>	26,572	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .			<b>13</b>		
	<b>14</b>	Intangible assets . . . . .			<b>14</b>		
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		80,301,627	<b>15</b>	98,355,762	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		616,656,098	<b>16</b>	652,733,673		
Liabilities	<b>17</b>	Accounts payable and accrued expenses . . . . .		33,898,485	<b>17</b>	41,417,812	
	<b>18</b>	Grants payable . . . . .			<b>18</b>		
	<b>19</b>	Deferred revenue . . . . .		722,444	<b>19</b>	760,747	
	<b>20</b>	Tax-exempt bond liabilities . . . . .		120,555,000	<b>20</b>	117,865,000	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			<b>21</b>		
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			<b>22</b>		
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .			<b>23</b>		
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>		
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .			<b>25</b>		
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		155,175,929	<b>26</b>	160,043,559	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>						
	<b>27</b>	Unrestricted net assets . . . . .		458,116,818	<b>27</b>	488,891,776	
	<b>28</b>	Temporarily restricted net assets . . . . .			<b>28</b>		
	<b>29</b>	Permanently restricted net assets . . . . .		3,363,351	<b>29</b>	3,798,338	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>						
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>		
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>		
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>32</b>		
	<b>33</b>	<b>Total net assets or fund balances . . . . .</b>		461,480,169	<b>33</b>	492,690,114	
	<b>34</b>	<b>Total liabilities and net assets/fund balances . . . . .</b>		616,656,098	<b>34</b>	652,733,673	

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	331,237,331
2	Total expenses (must equal Part IX, column (A), line 25)	2	301,017,270
3	Revenue less expenses Subtract line 2 from line 1	3	30,220,061
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	461,480,169
5	Net unrealized gains (losses) on investments	5	989,884
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	492,690,114

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 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 4a**

<b>4a</b>	(Code	) (Expenses \$	206,845,580	including grants of \$	558,097	) (Revenue \$	260,859,359
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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 4 0% OF PATIENT REVENUE WAS PROVIDED AS INDIGENT CARE IN 2016, JDAMH PROVIDED OVER 22 4 MILLION IN INDIGENT CARE CHARGES JDAMH TREATS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY IN ADDITION JDAMH PROVIDED APPROXIMATELY 45 4 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

**Form 990, Part III, Line 4b**

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**4b** (Code ) (Expenses \$ 16,210,345 including grants of \$ ) (Revenue \$ 24,024,888 )

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 60% OF ITS PATIENTS WERE MEDICARE/MEDICAID IN 2016, GGH PROVIDED OVER 1.9 MILLION IN INDIGENT CARE IN ADDITION, GRADY GENERAL HOSPITAL PROVIDED OVER 9.2 MILLION IN ADDITIONAL UNCOMPENSATED CARE EIN 58-1646537 FILED UNDER EIN 58-0566121

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**Form 990, Part III, Line 4c**

**4c** (Code ) (Expenses \$ 9,178,944 including grants of \$ ) (Revenue \$ 9,562,555 )

BROOKS COUNTY HOSPITAL OPERATES IN QUITMAN, GEORGIA AS A CRITICAL ACCESS HOSPITAL WITH 25 ACUTE CARE BEDS IT SERVES BROOKS COUNTY AND 68% OF ITS PATIENTS WERE MEDICARE/MEDICAID IN 2016, 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

**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

(Code ) (Expenses \$ 19,646,303 including grants of \$ ) (Revenue \$ 25,735,537 )

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 64% OF ITS PATIENTS WERE MEDICARE/MEDICAID IN 2016, OVER 5.8 MILLION OF INDIGENT CARE WAS PROVIDED TO THE COMMUNITY. IN ADDITION, MITCHELL COUNTY HOSPITAL PROVIDED OVER 3.0 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			
J PERRY MUSTIAN ..... PRESIDENT/CE	1 00 ..... 49 00	X		X				0	805,868	915,117
DARYL CRENSHAW MD ..... TRUSTEE	1 00 ..... 40 00	X						0	744,241	14,952
JASON NESMITH MD ..... TRUSTEE	1 00 ..... 40 00	X						0	316,705	12,632
JAMES S KARAS MD ..... TRUSTEE	1 00 ..... 1 00	X						9,400	0	0
JOHN B CARICO MD ..... PAST TRUSTEE	1 00 ..... 1 00	X						0	1,000	0
HAILE MCCOLLUM ..... CHAIRMAN	1 00 ..... 2 00	X		X				0	0	0
CHARLES R SANDERS JR MD ..... VICE CHAIRMA	1 00 .....	X		X				0	0	0
IMOGENE CONYERS ..... SECRETARY	1 00 ..... 1 00	X		X				0	0	0
NATHANIEL H ABRAMS JR ..... TREASURER	1 00 ..... 1 00	X		X				0	0	0
VICTOR MCMILLAN ..... TRUSTEE	1 00 ..... 1 00	X						0	0	0

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			
SUZANNE ANDERSON ..... TRUSTEE	1 00 .....	X						0	0	0
CORDELL BRAGG MD ..... TRUSTEE	1 00 .....	X						0	0	0
JOE BROWN ..... TRUSTEE	1 00 .....	X						0	0	0
MELISSA S BRUHN ..... TRUSTEE	1 00 .....	X						0	0	0
THOMAS J CALLAWAY III ..... TRUSTEE	1 00 .....	X						0	0	0
CLARK CONNELL MD ..... TRUSTEE	1 00 .....	X						0	0	0
JAMES TREY W FALCONER III MD ..... TRUSTEE	1 00 .....	X						0	0	0
DEBORAH GASKINS ..... TRUSTEE	1 00 .....	X						0	0	0
GREG HAMIL ..... TRUSTEE	1 00 .....	X						0	0	0
JANET SCHMIDT ..... TRUSTEE	1 00 .....	X						0	0	0

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			
ALSTON WATT ..... TRUSTEE	1 00 .....	X						0	0	0
BENJAMIN WILDS MD ..... PAST TRUSTEE	1 00 ..... 1 00	X						0	0	0
GARY BONVILLIAN PHD ..... PAST TRUSTEE	1 00 .....	X						0	0	0
BRYANT BEADLES ..... PAST TRUSTEE	1 00 ..... 1 00	X						0	0	0
TIMOTHY GRAYSON MD ..... PAST TRUSTEE	1 00 .....	X						0	0	0
MARTA TURNER ..... PAST TRUSTEE	1 00 ..... 1 00	X						0	0	0
WALLACE GOODMAN ..... PAST TRUSTEE	1 00 ..... 2 00	X						0	0	0
STEPHEN R AVERA ..... PAST TRUSTEE	1 00 ..... 1 00	X						0	0	0
CHARLES D HIGHTOWER JR ..... ASST SEC/CFO	1 00 ..... 49 00			X				0	499,921	27,955
JIM CARTER ..... COO	40 00 .....			X				297,299	0	41,423

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			
MEL HARTSFIELD MD ..... VP MEDICAL A	40 00 .....				X			384,049	0	45,125
KEN BROOKER ..... VP CLINICAL	40 00 .....				X			259,825	0	26,021
AMY GRIFFIN ..... VP PATIENT C	40 00 .....				X			248,418	0	30,552
LADON TOOLE ..... VP NETWORK O	40 00 .....				X			219,959	0	27,893
JIM BUE ..... VP FACILITY	40 00 .....				X			207,857	0	9,471
JOSH MOORE ..... VP OPERATION	40 00 .....				X			199,027	0	23,471
JOE BARRON ..... ASST VP HEAR	40 00 .....				X			186,814	0	9,651
STEPHEN RUBENDALL MD ..... PHYSICIAN	40 00 .....					X		355,251	0	12,809
DINESH B PATEL MD ..... PHYSICIAN	40 00 .....					X		326,523	0	15,585
JASON H SMITH MD ..... PHYSICIAN	40 00 .....					X		285,909	0	38,983

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			
MICHAEL K SOPT MD ..... PHYSICIAN	40 00 .....					X		273,380	0	10,785
RAMESAN NAIR MD ..... PHYSICIAN	40 00 .....					X		272,771	0	12,585

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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

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 (Form 990 or 990-EZ))

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 (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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2014 Schedule A , Part II, line 14	15
16a	33 1/3% support test—2015.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—2014.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—2015.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—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	
18	Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

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

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a 33 1/3% support tests—2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>b 33 1/3% support tests—2014.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <span style="float: right;">► <input type="checkbox"/></span>		

**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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>b</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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>10a</b> 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)? <i>If "Yes," answer b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Part IV** Supporting Organizations (continued)

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>If "No," describe in <b>Part VI</b> 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.</i>		
<b>2</b> 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? <i>If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> <u>Activities Test</u> <b>Answer (a) and (b) below.</b>	Yes	No
<b>a</b> 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? <i>If "Yes," then in <b>Part VI</b> 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.</i>		
<b>b</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? <i>If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> <u>Parent of Supported Organizations</u> <b>Answer (a) and (b) below.</b>		
<b>a</b> 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? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions). <input type="checkbox"/>		

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

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. . . . .			
e From 2014. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013. . . . .			
d From 2014. . . . .			
e From 2015. . . . .			

**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).

<b>Facts And Circumstances Test</b>

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](http://www.irs.gov/form990).

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If the organization answered "Yes" on 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" on 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" on 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
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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-
2				
3				
4				
5				
6				

**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												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	8,655													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	8,655													
<b>d</b>	Other exempt purpose expenditures	251,872,517													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	251,881,172													
<b>f</b>	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></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														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
<b>h</b>	Subtract line 1g from line 1a If zero or less, enter -0-														
<b>i</b>	Subtract line 1f from line 1c If zero or less, enter -0-														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

☒ **Y e s** ☐ **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)2012	(b)2013	(c)2014	(d)2015	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	10,308	6,274	7,061	8,655	32,298
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures					

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

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

► Complete if the organization answered "Yes," on 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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization JOHN D ARCHBOLD MEMORIAL HOSPITAL INC	Employer identification number 58-0566121
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on 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" on Form 990, Part IV, line 7.

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education)<div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space</div><input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Preservation of a certified historic structure</div>
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
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
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" on 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 on 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 on Form 990, Part VIII, line 1 ► \$ _____
b	Assets included in Form 990, Part X ► \$ _____

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

(continued)

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

a ☐ 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" on 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 . . . . .	3,363,351	3,515,803	3,066,204	2,817,109	2,446,192
b Contributions . . . . .					
c Net investment earnings, gains, and losses	434,987	-152,452	449,599	249,095	370,917
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .	3,798,338	3,363,351	3,515,803	3,066,204	2,817,109

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 on 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" on 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)	Accumulated (c) depreciation	(d) Book value
1a Land . . . . .		8,924,638		8,924,638
b Buildings . . . . .		152,168,447	57,234,409	94,934,038
c Leasehold improvements . . . . .		26,008,565	13,296,665	12,711,900
d Equipment . . . . .		330,111,434	203,272,730	126,838,704
e Other . . . . .		1,663,186		1,663,186
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . . . ▶				245,072,466



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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII**   **Supplemental Information** *(continued)*

Return Reference	Explanation

## 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	67,462,871
(2) OTHER RECEIVABLES	16,271,511
(3) DUE FROM MEDICARE/MEDICAID	4,809,637
(4) DUE FROM SELF INSURANCE TRUST	3,559,129
(5) PHYSICIAN RECEIVABLES	2,258,458
(6) DEFERRED BOND ISSUE COST - 2003	1,699,674
(7) SCHOLARSHIP/TUITION RECEIVABLE	1,678,128
(8) INTEREST RECEIVABLE	616,354

### Supplemental 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 WHI CH WAS ESTABLISHED TO SUPPORT HEALTH CARE SERVICES

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	THE MEDICAL CENTER, WITH THE EXCEPTION OF ARCHBOLD MEDICAL ENTERPRISES, INC , IS A NOT-FOR-PROFIT CORPORATION THAT HAS BEEN RECOGNIZED AS TAX- EXEMPT PURSUANT TO SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE THE MEDICAL CENTER APPLIES ACCOUNTING POLICIES THAT PRESCRIB E WHEN TO RECOGNIZE AND HOW TO MEASURE THE CONSOLIDATED FINANCIAL STATEMENT EFFECTS OF INC OME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON ITS INCOME TAX RETURNS THESE RULES REQ UIRE MANAGEMENT TO EVALUATE THE LIKELIHOOD THAT, UPON EXAMINATION BY THE RELEVANT TAXING J URISDICTIONS, 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 MO RE 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 UNR ECOGNIZED BENEFITS, ALONG WITH ANY INTEREST AND PENALTIES THAT WOULD RESULT FROM DISALLOWA NCE OF THE POSITION SHOULD ANY SUCH PENALTIES AND INTEREST BE INCURRED, THEY WOULD BE REC OGNIZED AS OPERATING EXPENSES BASED ON THE RESULTS OF MANAGEMENT'S EVALUATION, NO LIABILI TY IS RECOGNIZED IN THE ACCOMPANYING CONSOLIDATED BALANCE SHEETS FOR UNRECOGNIZED INCOME T AX POSITIONS FURTHER, NO INTEREST OR PENALTIES HAVE BEEN ACCRUED OR CHARGED TO EXPENSE AS OF SEPTEMBER 30, 2016 AND 2015 OR FOR THE YEARS THEN ENDED THE MEDICAL CENTER'S TAX RETU RNS 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

SCHEDULE H  
(Form 990)

Department of the  
Treasury  
Internal Revenue  
Service

Hospitals

► Complete if the organization answered "Yes" on 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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization JOHN D ARCHBOLD MEMORIAL HOSPITAL INC	Employer identification number 58-0566121
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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 <div><input type="checkbox"/> Applied uniformly to all hospital facilities</div> <div><input checked="" type="checkbox"/> Applied uniformly to most hospital facilities</div> <div><input type="checkbox"/> Generally tailored to individual hospital facilities</div>			
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 <div><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %</div>	3a	Yes	
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 <div><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 00000000000 %</div>	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	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)			10,200,893		10,200,893	3 380 %
b Medicaid (from Worksheet 3, column a)			32,540,840	32,381,846	158,994	0 050 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			405,579	348,594	56,985	0 020 %
d Total Financial Assistance and Means-Tested Government Programs			43,147,312	32,730,440	10,416,872	3 450 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			609,133		609,133	0 200 %
f Health professions education (from Worksheet 5)			1,393,242		1,393,242	0 460 %
g Subsidized health services (from Worksheet 6)			16,881,798		16,881,798	5 600 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			96,000		96,000	0 030 %
j Total. Other Benefits			18,980,173		18,980,173	6 290 %
k Total. Add lines 7d and 7j			62,127,485	32,730,440	29,397,045	9 740 %

Part II Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development					
3	Community support					
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building		27,662		27,662	0.010 %
7	Community health improvement advocacy					
8	Workforce development					
9	Other					
10	Total		27,662		27,662	0.010 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

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

1

Yes

No

2

Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

59,025,013

3

Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

4

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5

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

5

84,565,900

6

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

6

91,518,232

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-6,952,332

8

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.  
☐ Cost accounting system    ☐ Cost to charge ratio    ☒ Other

Section C. Collection Practices

9a

Did the organization have a written debt collection policy during the tax year?

9a

Yes

No

b

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

9b

Yes

No

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
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										

## Section B. Facility Policies and Practices

A

1234

Community Health Needs Assessment		Yes	No
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 16		
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 16		
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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on 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)

Financial Assistance Policy (FAP)

A

Name of hospital facility or letter of facility reporting group

		Yes	No
<div>13</div> <div>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</div> <div><div>a</div><div><input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 325 000000000000 %</div><div><div>b</div><div><input type="checkbox"/> Income level other than FPG (describe in Section C)</div></div><div><div>c</div><div><input checked="" type="checkbox"/> Asset level</div></div><div><div>d</div><div><input type="checkbox"/> Medical indigency</div></div><div><div>e</div><div><input type="checkbox"/> Insurance status</div></div><div><div>f</div><div><input type="checkbox"/> Underinsurance discount</div></div><div><div>g</div><div><input type="checkbox"/> Residency</div></div><div><div>h</div><div><input type="checkbox"/> Other (describe in Section C)</div></div></div>			

Part V

Facility Information (continued)

A

Name of hospital facility or letter of facility reporting group

		Yes	No
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C)	<b>19</b> Yes	
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply) <b>a</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission <b>b</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge <b>c</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills <b>d</b> <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		
<b>Policy Relating to Emergency Medical Care</b>			
<b>21</b>	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? . . . . . If "No," indicate why <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)	<b>21</b> Yes	
<b>Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)</b>			
<b>22</b>	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 <b>a</b> <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged <b>b</b> <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged <b>c</b> <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged <b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>23</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C	<b>23</b>	No
<b>24</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C	<b>24</b>	No

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

**Section C. Supplemental Information for Part V, Section B.**

Provide descriptions required for Part V, Section B, lines 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

**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)
<b>1</b> See Additional Data Table	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

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 25 301,017,270 ADD EXPENSES REPORTED IN PART VIII 371,877 DENOMINATOR FOR COLUMN (F) 301,389,147

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, INPUT FROM A GROUP MEETING OF THE DOUGLASS HIGH SCHOOL ALUMNI ASSOCIATION, SEVERAL WRITTEN SURVEYS AND A TELEPHONE INTERVIEW 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 2016-2017 CHNA'S AND THE RELATED IMPLEMENTATION PLAN CAN BE FOUND AT THE FOLLOWING WEB ADDRESSES <a href="https://archbold.org/uploads/groups/3/documents/brooks-keyhealthissues-2016-aug18.pdf">HTTPS //ARCHBOLD ORG/UPLOADS/GROUPS/3/DOCUMENTS/BROOKS-KEYHEALTHISSUES- 2016-AUG18 PDF</a> <a href="https://archbold.org/uploads/groups/3/documents/grady-keyhealthissues-2016-aug18.pdf">HTTPS //ARCHBOLD ORG/UPLOADS/GROUPS/3/DOCUMENTS/GRADY-KEYHEALTHISSUES-2016 -AUG18 PDF</a> <a href="https://archbold.org/uploads/groups/3/documents/mitchell-keyhealthissues-2016-aug18.pdf">HTTPS //ARCHBOLD ORG/UPLOADS/GROUPS/3/DOCUMENTS/MITCHELL-KEYHEALTHISSUES- 2016-AUG18 PDF</a> <a href="https://archbold.org/uploads/groups/3/documents/thomas-keyhealthissues-2016-aug18.pdf">HTTPS //ARCHBOLD ORG/UPLOADS/GROUPS/3/DOCUMENTS/THOMAS-KEYHEALTHISSUES-2016-AUG18 PDF</a></p>

Form and Line Reference	Explanation
PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	ANNUAL NOTICES ARE PLACED IN THE NEWSPAPERS FOR THE COUNTIES WE SERVE WITH HEALTHCARE NOTICE OF THE FAP PROGRAM IS CONTAINED IN THE PATIENT HANDBOOK, SIGNS AND BROCHURES OUTLINING THE AVAILABILITY OF THE FAP PROGRAM ARE AVAILABLE AT POINTS OF ACCESS FOR PATIENTS, PAPER APPLICATIONS ARE AVAILABLE AT ALL ADMISSION AREAS AND BUSINESS OFFICES, ELECTRONIC VERSION OF THE APPLICATION CAN BE DOWNLOADED FREE OF CHARGE VIA WEBSITE AND THE ASSISTANCE PROGRAM IS DISCUSSED IN DETAIL DURING COLLECTION CALLS WITH PATIENTS

Form and Line Reference	Explanation
PART VI, LINE 4 - COMMUNITY INFORMATION	<p>COUNTIES SERVED IN GEORGIA INCLUDE BROOKS, GRADY, MITCHELL, THOMAS</p> <p>DISPROPORTIONATE HEALTHCARE NEEDS, FEDERALLY DESIGNATED AS MEDICALLY UNDERSERVED AREAS(MUA) OR HEALTH PROFESSIONAL SHORTAGE AREAS(HSPA), LOW-INCOME, PUBLIC HOUSING RESIDENTS, SENIORS, MIGRANT WORKERS, UNINSURED, UNDERINSURED, MIXTURE OF ETHNICITIES, ALL AGES, MIXTURE OF EDUCATIONAL LEVELS</p> <p>BROOKS COUNTY ESTIMATED POPULATION 15,687, 62 2% WHITE/35 4% BLACK, MEDIAN HOUSEHOLD INCOME 32,663, 25 4% LIVING IN POVERTY, 19 4% UNDER 65 UNINSURED</p> <p>GRADY COUNTY ESTIMATED POPULATION 24,808, 67 4% WHITE/29 1% BLACK, MEDIAN HOUSEHOLD INCOME 34,187, 29 3% LIVING IN POVERTY, 22 3% UNDER 65 UNINSURED</p> <p>MITCHELL COUNTY ESTIMATED POPULATION 22,459, 49 8% WHITE/48 0% BLACK, MEDIAN HOUSEHOLD INCOME 31,915, 28 0% LIVING IN POVERTY, 17 9% UNDER 65 UNINSURED</p> <p>THOMAS COUNTY ESTIMATED POPULATION 45,248, 60 5% WHITE/36 8% BLACK, MEDIAN HOUSEHOLD INCOME 36,641, 21 7% LIVING IN POVERTY, 16 0% UNDER 65 UNINSURED</p> <p>INFORMATION OBTAINED FROM WWW CENSUS GOV</p>

Form and Line Reference	Explanation
PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	<p>LIVE BETTER IS THE NAME THAT REPRESENTS AN ARCHBOLD-LED EFFORT OF KEY COMMUNITY LEADERS AND COMMUNITY FOCUSED ON IMPROVING THE HEALTH OF THE CITIZENS OF THOMAS COUNTY LIVE BETTER IS STEERED BY LEADERS OF MAJOR SECTORS OF THE COMMUNITY (GOVERNMENT, EDUCATION, MEDIA, BUSINESS) THAT ARE WORKING TOGETHER WITH ARCHBOLD TO LEVERAGE THE STRENGTHS OF THEIR ORGANIZATIONS TO ACHIEVE MEASURED HEALTH GOALS THE GROUP HAS MEASURABLE GOALS TO REDUCE THE OBESITY RATE IN THOMAS COUNTY, THE BIGGEST COMMON DENOMINATOR OF POOR HEALTH OBESITY IS A PREVENTABLE CONDITION, YET THE COMMON RISK FACTOR WITH THE MOST PROMINENT HEALTH ISSUES IN THOMAS COUNTY HEART DISEASE, HYPERTENSION, STROKE, COPD, VASCULAR DISEASE, DIABETES AND CANCER 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</p>

Form and Line Reference	Explanation
PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEM	<p>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 ARCHBOLD MEDICAL GROUP, INC ALSO SERVES AS THE SOLE MEMBER OF CCSG, INC A 501 (C)(3) ORGANIZATION WHICH OPERATES A MEDICAL CLINIC</p>

**Schedule H (Form 990) 2015**

Additional Data

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

Form 990 Schedule H, Part V Section A. Hospital Facilities

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

		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
1	JOHN D ARCHBOLD MEM HOSP P O BOX 1018 THOMASVILLE,GA 317991018 WWW ARCHBOLD ORG 136-91	X	X					X		PSYCH, REHAB, NURSING HOME	A
2	GRADY GENERAL HOSPITAL 1155 FIFTH STREET SE CAIRO,GA 31728 WWW ARCHBOLD ORG 065-413	X	X					X		SWING BED SNF	A
3	BROOKS COUNTY HOSPITAL 903 N COURT ST QUITMAN,GA 31643 WWW ARCHBOLD ORG 014-028	X				X		X		RHC, SWING BED SNF	A
4	MITCHELL COUNTY HOSPITAL 90 STEPHENS ST CAMILLA,GA 31730 WWW ARCHBOLD ORG 101-120	X				X		X		NURSING HOME, RHC, SWING BED	A

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)
<b>1</b> GLENN-MOR NURSING HOME 10629 U S HIGHWAY 19 S THOMASVILLE,GA 31792	SKILLED NURSING HOME
<b>1</b> JDA PSYCHIATRIC UNIT P O BOX 1018 THOMASVILLE,GA 31792	PSYCHIATRIC UNIT
<b>2</b> JDA REHABILITATION UNIT P O BOX 1018 THOMASVILLE,GA 31792	REHABILITATION UNIT
<b>3</b> DECATUR COUNTY DIALYSIS FACILITY P O BOX 1018 THOMASVILLE,GA 31792	DIALYSIS FACILITY
<b>4</b> MITCHELL COUNTY DIALYSIS FACILITY P O BOX 1018 THOMASVILLE,GA 31792	DIALYSIS FACILITY
<b>5</b> BROOKS COUNTY DIALYSIS FACILITY P O BOX 1018 THOMASVILLE,GA 31792	DIALYSIS FACILITY
<b>6</b> GRADY COUNTY DIALYSIS FACILITY P O BOX 1018 THOMASVILLE,GA 31792	DIALYSIS FACILITY
<b>7</b> SOUTHWEST GA DIALYSIS FACILITY P O BOX 1018 THOMASVILLE,GA 31792	DIALYSIS FACILITY
<b>8</b> BROOKS MEDICAL ASSOCIATES P O BOX 5000 QUITMAN,GA 31643	RURAL HEALTH CLINIC
<b>9</b> MITCHELL CO CONVALESCENT CENTER 90 STEPHENS STREET CAMILLA,GA 31728	SKILLED NURSING HOME
<b>10</b> CAMILLA PEDIATRICS CENTER P O BOX 360 CAMILLA,GA 31728	RURAL HEALTH CLINIC
<b>11</b> MEDICAL GROUP OF MITCHELL COUNTY P O BOX 360 CAMILLA,GA 31728	RURAL HEALTH CLINIC
<b>12</b> ARCHBOLD PELHAM PRIMARY CARE CLINIC P O BOX 360 CAMILLA,GA 31728	RURAL HEALTH CLINIC

# 2015

**Open to Public  
Inspection**

58-0566121

## Schedule I (Form 990) 2015

Part IIIGrants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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) SCHOLARSHP/TUITION PROG	133	367,883			
(2) MED STUDENT HOUSING	65		94,214	FMV	HOUSING/UTIL

Part IVSupplemental 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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
THOMAS UNIVERSITY 1501 MILLPOND ROAD THOMASVILLE,GA 31792	58-0644897	501C3	11,000				MEDICAL TECH ED PROG
THOMAS UNIVERSITY 1501 MILLPOND ROAD THOMASVILLE,GA 31792	58-0644897	501C3	85,000				NURSG LEADERSHIP ED

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" on 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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

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
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b Yes	
<b>2</b> 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?	2 Yes	
<b>3</b> 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><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization <b>a</b> Receive a severance payment or change-of-control payment?	4a	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of <b>a</b> The organization?	5a	No
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b	No
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of <b>a</b> The organization?	6a	No
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b	No
<b>7</b> For persons listed on 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	7	No
<b>8</b> Were any amounts reported on 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	8	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	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 on 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 on 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
See Additional Data	

Additional Data

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

Part III, Supplemental Information

Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE 1A	SOCIAL CLUB DUES ARE PAID BY THE ORGANIZATION ON BEHALF OF OFFICERS AND EXECUTIVES OF THE FILING ORGANIZATION 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 0 868,000 0 JIM CARTER 0 26,400 0 MEL HARTSFIELD, M D 0 24,970 0 KEN BROOKER 0 1,469 0 AMY GRIFFIN 0 16,000 0 LADON TOOLE 0 14,200 0 JIM BUE 0 1,215 0 JOSH MOORE 0 12,800 0

Part III, Supplemental Information

Return Reference	Explanation
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

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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1PERRY MUSTIAN PRESIDENT/CEO	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	624,570	164,733	16,565	881,100	- 34,017	- 1,720,985	
1DARYL CRENSHAW MD TRUSTEE	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	577,037	166,664	540	7,897	- 7,055	- 759,193	
2JASON NESMITH MD TRUSTEE	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	162,064	115,585	39,056	6,122	- 6,510	- 329,337	
3CHARLES D HIGHTOWER JR ASST SEC/CFO	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	380,938	112,125	6,858	20,900	- 7,055	- 527,876	
4JIM CARTERCOO	(i)	229,697 -----	63,250 -----	4,352 -----	35,192 -----	6,231 -----	338,722 -----	
	(ii)					-	-	
5MEL HARTSFIELD MD VP MEDICAL AFFAIRS	(i)	330,475 -----	46,818 -----	6,756 -----	38,070 -----	7,055 -----	429,174 -----	
	(ii)					-	-	
6KEN BROOKER VP CLINICAL SERVICES	(i)	211,595 -----	45,908 -----	2,322 -----	19,069 -----	6,952 -----	285,846 -----	
	(ii)					-	-	
7AMY GRIFFIN VP PATIENT CARE	(i)	204,808 -----	42,800 -----	810 -----	25,947 -----	4,605 -----	278,970 -----	
	(ii)					-	-	
8LADON TOOLE VP NETWORK OPS	(i)	183,919 -----	35,500 -----	540 -----	21,490 -----	6,403 -----	247,852 -----	
	(ii)					-	-	
9JIM BUE VP FACILITY SERVICES	(i)	169,079 -----	36,456 -----	2,322 -----	8,829 -----	642 -----	217,328 -----	
	(ii)					-	-	
10JOSH MOORE VP OPERATIONAL SVCS	(i)	166,275 -----	32,320 -----	432 -----	16,746 -----	6,725 -----	222,498 -----	
	(ii)					-	-	
11JOE BARRON ASST VP HEART SERVIC	(i)	165,866 -----	18,968 -----	1,980 -----	2,768 -----	6,883 -----	196,465 -----	
	(ii)					-	-	
12STEPHEN RUBENDALL MD PHYSICIAN	(i)	207,273 -----	147,816 -----	162 -----	6,274 -----	6,535 -----	368,060 -----	
	(ii)					-	-	
13DINESH B PATEL MD PHYSICIAN	(i)	181,527 -----	144,762 -----	234 -----	9,138 -----	6,447 -----	342,108 -----	
	(ii)					-	-	
14JASON H SMITH MD PHYSICIAN	(i)	180,060 -----	95,693 -----	10,156 -----	4,988 -----	33,995 -----	324,892 -----	
	(ii)					-	-	
15MICHAEL K SOPT MD PHYSICIAN	(i)	193,833 -----	79,284 -----	263 -----	4,268 -----	6,517 -----	284,165 -----	
	(ii)					-	-	
16RAMESAN NAIR MD PHYSICIAN	(i)	271,686 -----		1,085 -----	5,530 -----	7,055 -----	285,356 -----	
	(ii)					-	-	

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As Filed Data -

DLN: 93493220002277

Schedule K  
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

JOHN D ARCHBOLD MEMORIAL HOSPITAL INC

Employer identification number

58-0566121

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](http://www.irs.gov/form990).

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 . . . . .	2,465,000				5,415,000			
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
<b>5a</b>	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
<b>b</b>	Name of provider . . . . .								
<b>c</b>	Term of GIC . . . . .								
<b>d</b>	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b>	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
<b>7</b>	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X			

**Part V Procedures To Undertake Corrective Action**

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

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



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	GARY BONVILLIAN 315,523 BOARD TRUSTEE TU SCHOLARSHIPS ALSTON WATT 6,721,135 BOARD TRUSTEE DIRECTOR OF BANK MELISSA BRUHN, M D 318,974 BOARD TRUSTEE PROFESSIONAL MED SVC W CLARK CONNELL, M D 2,355,952 BOARD TRUSTEE MEDICAL SERVICES JAMES W FALCONER, III, M D 669,054 BOARD TRUSTEE RENTAL, PATIENT SVCS DEBORAH GASKINS 5,939,419 BOARD TRUSTEE INVESTMENT MANAGER VICTOR MCMILLAN, MD 669,054 BOARD TRUSTEE RENTAL, PATIENT SVCS
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 9/30/16 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 GREG HAMIL - DIRECTOR WITH COMMERCIAL BANK AMOUNT REFLECTS TOTAL FEES AND BALANCES AT 9/30/16 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 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 SLIGER 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 9/30/16 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 9/30/16 FOR THE FILING AND ALL RELATED ORGANIZATIONS MELISSA BRUHN, MD, A BOARD TRUSTEE, IS A PARTNER IN A MEDICAL PRACTICE WHICH IS COMPENSATED FOR SERVICES PROVIDED AS MEDICAL DIRECTOR, PAYMENTS TO TREAT UNINSURED EMERGENCY PATIENTS, MEDICAL STAFF LEADERSHIP COMPENSATION, HEALTH PLAN PAYMENTS W CLARK CONNELL, MD, A BOARD TRUSTEE, IS PARTNER IN A GROUP WHICH PROVIDES EMERGENCY MEDICAL SERVICES JAMES W FALCONER, III, MD - RENT OF PROPERTY, MEDICAL SERVICES TO PRACTICE, PAYMENTS TO TREAT UNINSURED EMERGENCY PATIENTS VICTOR MCMILLAN, MD - RENT OF PROPERTY, MEDICAL SERVICES TO PRACTICE, PAYMENTS TO TREAT UNINSURED EMERGENCY PATIENTS DEBORAH GASKINS - INVESTMENT MANAGER WITH WELLINGTON, SHIELDS & CO, LLC WHICH MANAGES A PORTION OF THE SELF INSURANCE TRUST AMOUNT REFLECTS TOTAL FEES AND BALANCES AT 9/30/16 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	2,688,342	PROFESSIONAL MED SVC		No
(1) THOMAS J CALLAWAY III	BOARD TRUSTEE	7,716,923	INVESTMENT MANAGER		No
(2) MARY ANNE BULLARD GRAYSON MD	FAMILY MEMBER	6,663,176	PROF MED CORP		No

**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
(4) JOHN B CARICO MD	BOARD TRUSTEE	6,663,176	RADIOLOGY SERVICES		No
(1) GREG HAMIL	BOARD TRUSTEE	6,721,135	DIRECTOR OF BANK		No
(2) CHARLES R SANDERS JR MD	BOARD TRUSTEE	233,577	RENTAL, PATIENT SVCS		No

**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
(7) JAMES S KARAS MD	BOARD TRUSTEE	3,785,831	RENTAL, PATIENT SVCS		No
(1) LAURA C KARAS	FAMILY MEMBER	60,068	COMPENSATION		No
(2) LINDSEY SLIGER	FAMILY MEMBER	44,772	COMPENSATION		No

**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
(10) HAILE MCCOLLUM	BOARD TRUSTEE	272,036,954	DIRECTOR OF BANK		No
(1) GARY BONVILLIAN	BOARD TRUSTEE	315,523	TU SCHOLARSHIPS		No
(2) ALSTON WATT	BOARD TRUSTEE	6,721,135	DIRECTOR OF BANK		No

**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
(13) MELISSA BRUHN MD	BOARD TRUSTEE	318,974	PROFESSIONAL MED SVC		No
(1) W CLARK CONNELL MD	BOARD TRUSTEE	2,355,952	MEDICAL SERVICES		No
(2) JAMES W FALCONER III MD	BOARD TRUSTEE	669,054	RENTAL, PATIENT SVCS		No

**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
(16) DEBORAH GASKINS	BOARD TRUSTEE	5,939,419	INVESTMENT MANAGER		No
(1) VICTOR MCMILLAN MD	BOARD TRUSTEE	669,054	RENTAL, PATIENT SVCS		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](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

**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	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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	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 64% OF ITS PATIENTS WERE MEDICARE/MEDICAID IN 2016, OVER 5.8 MILLION OF INDIGENT CARE WAS PROVIDED TO THE COMMUNITY IN ADDITION, MITCHELL COUNTY HOSPITAL PROVIDED OVER 3.0 MILLION ADDITIONAL UNCOMPENSATED CARE EIN 58-6001207 FILED UNDER EIN 58-0566121

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 2	JAMES FALCONER III, MD VICTOR MCMILLAN, MD TRUSTEE TRUSTEE BUSINESS RELATIONSHIP

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
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 AUTHORITY TO APPROVE THE DECISIONS OF THE GOVERNING BODY

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7B	THE SOLE MEMBER, AMC HAS THE AUTHORITY TO APPROVE THE DECISIONS OF THE GOVERNING BODY, INCLUDING BUT NOT LIMITED TO, CAPITAL AND OPERATING BUDGETS, MERGERS OR ACQUISITIONS, CONTRACTS AND TRANSACTIONS OVER A CERTAIN AMOUNT, DISSOLUTION, ETC

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE ORGANIZATION'S CFO PRESENTED THE FORM 990 TO TRUSTEES IN ATTENDANCE DURING THE BOARD MEETING PRIOR TO FILING THE RETURN WITH THE IRS. THE TRUSTEES HAD THE OPPORTUNITY TO ASK QUESTIONS AND MAKE COMMENTS. A COPY OF THE RETURN WAS MADE AVAILABLE TO THOSE BOARD MEMBERS WHO WERE UNABLE TO ATTEND THE MEETING.

990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	ARCHBOLD MEDICAL CENTER'S PRESIDENT ALSO PRESENTS RECOMMENDATIONS FOR ALL SENIOR VICE PRESIDENTS AND VICE PRESIDENTS AND OTHER KEY EMPLOYEES TO THE COMPENSATION COMMITTEE. IN 2008, INTEGRATED HEALTHCARE SOLUTIONS (IHS) WAS ENGAGED BY THE BOARD TO REVIEW THE EXECUTIVE COMPENSATION PROGRAM AND MAKE RECOMMENDATIONS REGARDING PLAN DESIGN AND ACTUAL COMPENSATION INCLUDING BENEFITS. IN 2009, IHS PROVIDED UPDATED RECOMMENDATIONS ON COMPENSATION TO THE COMPENSATION COMMITTEE. FOR YEARS 2010-2016, THE BOARD CONTINUED TO UTILIZE IHS TO PERFORM MARKET ANALYSIS, REVIEW EXECUTIVE COMPENSATION, AND MAKE RECOMMENDATIONS.

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONSULTANT FEES JDAMH 300 75,566 0 CONTRACT SERVICES JDAMH 14,368,514 4,397,508 0 CONTRACT SERVICES BROOKS 1,334,263 0 0 CONTRACT SERVICES GRADY 1,865,360 0 0 CONTRACT SERVICES MIT CHELL 3,900,374 0 0 OUTSIDE LAB REFERRAL FEES JDA 883,281 0 0 OUTSIDE LAB REFERRAL GRADY 1 11,120 0 0 OUTSIDE LAB REFERRAL BROOKS 581 0 0 PROFESSIONAL FEES JDAMH 13,352,812 3,247,76 8 0 PROFESSIONAL FEES GRADY 2,064,436 0 0 PROFESSIONAL FEES BROOKS 761,826 0 0 PROFESSIONA L FEES MITCHELL 987,668 0 0

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
JOHN D ARCHBOLD MEMORIAL  
HOSPITAL INC

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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

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
(5)CCSG INC 915 GORDON AVENUE  THOMASVILLE, GA 317926614 47-3501366	MED CLINIC	GA	501C3	3	AMG		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
ARCHBOLD MEDICAL (1)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

<b>1</b> 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?		<b>Yes</b>	<b>No</b>
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>		<b>No</b>
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>		<b>No</b>
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	<b>Yes</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	<b>Yes</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>		<b>No</b>
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>		<b>No</b>
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>		<b>No</b>
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>		<b>No</b>
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>		<b>No</b>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	<b>Yes</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>		<b>No</b>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	<b>Yes</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	<b>Yes</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	<b>Yes</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	<b>Yes</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>		<b>No</b>
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>		<b>No</b>
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	<b>Yes</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>		<b>No</b>

**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

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.

[illegible]

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

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

Return Reference	Explanation
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