

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

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
LIMA MEMORIAL JOINT OPERATING COMPANY

Doing business as
LIMA MEMORIAL HEALTH SYSTEM

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1001 BELLEFONTAINE AVENUE

City or town, state or province, country, and ZIP or foreign postal code
LIMA, OH 45804

D Employer identification number
34-1883284

E Telephone number
(419) 228-3335

G Gross receipts \$ 202,678,726

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

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

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

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

J Website: ▶ WWW.LIMAMEMORIAL.ORG

H(c) Group exemption number ▶

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1999

M State of legal domicile
OH

Part I Summary

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

Activities & Governance

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3 12
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 10
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5 1,690
6 Total number of volunteers (estimate if necessary)	6 300
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 429,833
b Net unrelated business taxable income from Form 990-T, line 34	7b -106,158

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	49,868	3,837
9 Program service revenue (Part VIII, line 2g)	199,112,046	195,929,070
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,550,656	2,880,450
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,630,495	3,694,348
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	203,343,065	202,507,705
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	615,563	653,445
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	82,649,070	79,206,491
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 93,964		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	100,091,616	102,813,970
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	183,356,249	182,673,906
19 Revenue less expenses Subtract line 18 from line 12	19,986,816	19,833,799

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	328,758,731	352,031,914
21 Total liabilities (Part X, line 26)	102,624,152	102,225,447
22 Net assets or fund balances Subtract line 21 from line 20	226,134,579	249,806,467

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: _____ Date: 2018-11-01

MICHAEL D SWICK PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name BERNIE OSTROWSKI	Preparer's signature BERNIE OSTROWSKI	Date 2018-11-01	Check <input type="checkbox"/> if self-employed	PTIN P00366367
Firm's name ▶ PLANTE & MORAN PLLC			Firm's EIN ▶ 38-1357951	
Firm's address ▶ 250 S HIGH ST SUITE 100 COLUMBUS, OH 43215			Phone no (614) 849-3000	

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the 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 \$ 151,034,025 including grants of \$ 653,445) (Revenue \$ 197,294,730)
See Additional Data

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

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

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

4e Total program service expenses ▶ 151,034,025

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		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?		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (12), 1b (10), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 (List states), 18 (Public inspection), 19 (Schedule O), 20 (State name/address).

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

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

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN H JOHNSON CHAIR	1 00	X		X				0	0	0
(2) KERMIT F STROH TREASURER	1 00	X		X				0	0	0
(3) BARRETT P RYDELL BOARD MEMBER	1 00	X						0	0	0
(4) DEBRA MCCURDY BOARD MEMBER	1 00	X						0	0	0
(5) ROBERT L THOMPSON BOARD MEMBER	1 00	X						0	0	0
(6) PHILLIP R BUELL BOARD MEMBER	1 00	X						0	0	0
(7) LORI A JOHNSTON BOARD MEMBER	1 00	X						0	0	0
(8) JAMES F BLAIR BOARD MEMBER	1 00	X						0	0	0
(9) PRAVEEN K MALHOTRA BOARD MEMBER	1 00	X						0	0	0
(10) MICHAEL P BROWNING BOARD MEMBER	1 00	X						0	0	0
(11) KEVIN C WEBB BOARD MEMBER	1 00	X						0	0	0
(12) RUTH WALL BOARD MEMBER	1 00	X						11,709	0	0
(13) MICHAEL D SWICK PRESIDENT/CEO (SEE SCH J)	34 00			X				903,103	0	255,678
(14) ROBERT E ARMSTRONG JR SENIOR VP/COO (SEE SCH J)	30 00			X				487,869	0	123,727
(15) JOHN T FISCHBACH VP OF FINANCE/CFO (SEE SCH J)	34 00			X				306,883	0	111,975
(16) KHA H TRAN MD THRU 917 VP OF MEDICAL AFFAIRS (SEE SCH J)	20 00				X			391,383	0	93,986
(17) ANN-MARIE JEAN POHL VICE PRESIDENT/CNO (SEE SCH J)	40 00				X			323,137	0	65,841

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LYNN C CARPENTER EXECUTIVE DIRECTOR	40 00 0 00					X		157,476	0	31,495
(19) DENISE G KIRALY DIRECTOR - HUMAN RESOURCS	40 00 0 00					X		165,666	0	32,835
(20) MARK W RECKER THRU 917 DIRECTOR - PHARMACY	40 00 0 00					X		157,545	0	17,238
(21) DENNIS E MORRIS PHYSICIAN ADVISOR	40 00 0 00					X		153,587	0	14,662
(22) JAMES J STRAUB MANAGER - OUTPATIENT PHARM	40 00 0 00					X		142,617	0	14,346
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)								3,200,975	0	761,783

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 ▶ 51
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	Yes	No
3		No
4	Yes	
5		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LIMA ANESTHESIA & PAIN TREATMENT PC PO BOX 33058 PALM BEACH GARDENS, FL 33420	MEDICAL SERVICES	1,766,675
OHIO CARDIOTHORACIC & VASCULAR 951 COMMERCE PARKWAY SUITE 201 LIMA, OH 45804	MEDICAL SERVICES	1,309,363
MARSHALL & MELHORN LLC FOUR SEAGATE EIGHTH FLOOR TOLEDO, OH 43604	LEGAL SERVICES	1,079,981
EMERGENCY PHYSICIANS OF NW OHIO INC PO BOX 638133 CINCINNATI, OH 45263	MEDICAL SERVICES	899,728
MAYO COLLABORATIVE SERVICES INC PO BOX 9146 MINNEAPOLIS, MN 55480	MEDICAL SERVICES	809,276

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 ▶ 29

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					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,837				
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f			3,837			
Program Service Revenue		Business Code					
	2a PATIENT SERVICE REV	621110	193,625,048	193,625,048			
	b PHARMACY	900099	2,178,291	2,178,291			
	c CLINIC REVENUE	621110	89,591	89,591			
	d WELLNESS CENTER	900099	23,903	23,903			
	e MEDICAL RECORDS	900099	7,166	7,166			
	f All other program service revenue		5,071	5,071			
g Total. Add lines 2a-2f			195,929,070				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,946,840			2,946,840	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		1,012,242					
		b Less rental expenses	12,907				
		c Rental income or (loss)	999,335				
	d Net rental income or (loss)		999,335	999,335			
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other	91,724				
		b Less cost or other basis and sales expenses	158,114				
		c Gain or (loss)	-66,390				
	d Net gain or (loss)		-66,390			-66,390	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b				
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities See Part IV, line 19	a						
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
11a INTEREST RATE SWAP	900099	875,435			875,435		
b UBI- REFERENCE LAB	621500	429,833		429,833			
c MEANINGFUL USE REVENUE	900099	42,093	42,093				
d All other revenue		1,347,652	1,324,232		23,420		
e Total. Add lines 11a-11d			2,695,013				
12 Total revenue. See Instructions			202,507,705	198,294,730	429,833	3,779,305	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	653,445	653,445		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,952,125		1,952,125	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	60,041,790	50,346,406	9,638,177	57,207
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,045,435	1,715,144	328,342	1,949
9 Other employee benefits	10,251,073	8,595,758	1,645,548	9,767
10 Payroll taxes	4,916,068	4,122,235	789,149	4,684
11 Fees for services (non-employees)				
a Management				
b Legal	1,110,619		1,110,619	
c Accounting	110,525		110,525	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	26,787,214	15,044,387	11,742,827	
12 Advertising and promotion				
13 Office expenses	6,660,492	6,077,943	571,479	11,070
14 Information technology				
15 Royalties				
16 Occupancy	2,590,505	2,239,233	349,718	1,554
17 Travel	234,312	150,511	83,347	454
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	2,375,286	2,375,286		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,454,641	10,765,792	1,688,849	
23 Insurance	1,084,035	745,207	338,828	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	29,982,453	29,982,453		
b BAD DEBT EXPENSE	13,867,267	13,867,267		
c RECRUITING	678,091	560,974	117,117	
d EDUCATION & REWARDS	505,247	124,887	379,517	843
e All other expenses	4,373,283	3,667,097	699,750	6,436
25 Total functional expenses. Add lines 1 through 24e	182,673,906	151,034,025	31,545,917	93,964
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	21,621,649	1	21,524,375
	2 Savings and temporary cash investments	6,638,147	2	6,626,566
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	22,253,560	4	23,460,174
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	3,057,587	7	6,869,326
	8 Inventories for sale or use	4,439,507	8	4,961,826
	9 Prepaid expenses and deferred charges	8,162,469	9	5,754,345
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 270,364,500		
	b Less accumulated depreciation	10b 167,583,858	105,166,649	10c 102,780,642
	11 Investments—publicly traded securities	49,336,094	11	57,313,158
	12 Investments—other securities See Part IV, line 11	3,391,601	12	3,609,013
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	104,691,468	15	119,132,489
16 Total assets. Add lines 1 through 15 (must equal line 34)	328,758,731	16	352,031,914	
Liabilities	17 Accounts payable and accrued expenses	17,651,334	17	17,940,847
	18 Grants payable		18	
	19 Deferred revenue	132,000	19	132,000
	20 Tax-exempt bond liabilities	48,185,514	20	47,387,344
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	9,692,539	23	7,149,085
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	26,962,765	25	29,616,171
	26 Total liabilities. Add lines 17 through 25	102,624,152	26	102,225,447
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	225,997,775	27	249,806,467
	28 Temporarily restricted net assets	136,804	28	0
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	226,134,579	33	249,806,467
	34 Total liabilities and net assets/fund balances	328,758,731	34	352,031,914

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	202,507,705
2	Total expenses (must equal Part IX, column (A), line 25)	2	182,673,906
3	Revenue less expenses Subtract line 2 from line 1	3	19,833,799
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	226,134,579
5	Net unrealized gains (losses) on investments	5	2,700,670
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	1,137,419
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	249,806,467

Part XII Financial Statements and Reporting

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

	Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>		
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a	No
<p>b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes
<p>c 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</p>	2c	Yes
<p>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?</p>	3a	No
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>	3b	

Additional Data

Software ID:

Software Version:

EIN: 34-1883284

Name: LIMA MEMORIAL JOINT OPERATING COMPANY

Form 990 (2017)

Form 990, Part III, Line 4a:

AS ONE OF THE LARGEST NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS IN WEST CENTRAL OHIO, LIMA MEMORIAL HEALTH SYSTEM IS COMMITTED TO IMPROVING THE QUALITY OF LIFE IN OUR COMMUNITIES THROUGH COMPREHENSIVE HEALTH SERVICES. LIMA MEMORIAL IS CONTINUALLY IMPROVING ITS SERVICES AND FACILITIES BY KEEPING UP WITH THE LATEST TECHNOLOGIES, PROVIDING CONTINUING EDUCATION TO OUR HEALTHCARE TEAM AND UPDATING OUR FACILITIES. OUR PATIENT SATISFACTION NUMBERS CONTINUE TO IMPROVE AND WE CONTINUALLY ACHIEVE QUALITY SCORES THAT ARE BETTER THAN STATE AND NATIONAL AVERAGES. THE HEALTH SYSTEM PROVIDES COMPREHENSIVE HEALTHCARE THAT ALLOWS US TO CARE FOR PATIENTS FROM BIRTH THROUGH ELDER YEARS. THESE SERVICES INCLUDE, BUT ARE NOT LIMITED TO - 24-HOUR EMERGENCY SERVICES INCLUDING LEVEL II TRAUMA- ACCREDITED CHEST PAIN CENTER- THE HEART AND VASCULAR INSTITUTE-COMMISSION ON CANCER ACCREDITED CANCER INSTITUTE- ORTHOPEDICS- OBSTETRICS, LEVEL II NURSERY AND PEDIATRICS- WOMEN'S HEALTH CENTER- ROBOTIC SURGERY PROGRAM- DIAGNOSTIC & IMAGING- LABORATORY- INPATIENT AND OUTPATIENT REHABILITATION SERVICES- NEUROSCIENCE PROGRAM- UROLOGY IN 2017, LIMA MEMORIAL CONTRIBUTED AN ESTIMATED \$33 MILLION IN COMMUNITY VALUE IN TERMS OF COMMUNITY BENEFIT EXPENDITURES, CHARITY CARE AND GOVERNMENT-SPONSORED HEALTH CARE. THIS NUMBER NOT ONLY INDICATES OUR COMMITMENT TO OUR COMMUNITIES, BUT ALSO FULFILLS OUR PURPOSE AS A NOT-FOR-PROFIT ORGANIZATION BY POSITIVELY IMPACTING THE MEMBERS OF THE COMMUNITIES THAT WE SERVE. THOUSANDS OF PEOPLE HAVE BENEFITED FROM THE COMPASSIONATE CARE AND EXPERTISE OF OUR PHYSICIANS, NURSES, ASSOCIATES AND VOLUNTEERS. EXAMPLES OF PROGRAMS BENEFITTING THE BROADER COMMUNITY INCLUDE, BUT ARE NOT LIMITED TO - EMS OUTREACH & EDUCATION- GO RED - HEART HEALTH AWARENESS CAMPAIGN- COLORECTAL AWARENESS CAMPAIGN- JOURNEY TO REMEMBER RAISED FUNDS FOR THE HEART PROGRAM- BREAST CANCER AWARENESS CAMPAIGN- KIDS CLINIC FOR CHILDREN WHO HAVE BEEN SEXUALLY ABUSED- CHILDREN'S DEVELOPMENTAL CENTER SUPPORT- BABY FAIR- CHEST PAIN CENTER- BONE DENSITY SCREENINGS- CARDIAC RISK ASSESSMENT SCREENINGS- PROSTATE CANCER AWARENESS CAMPAIGN & SCREENINGS- KIDNEY DISEASE SCREENINGS- SKIN CANCER SCREENINGS- CANCER RESOURCE CENTER- MEDICARE ELIGIBILITY PROGRAM- BREAST CANCER SURVIVOR SUPPORT GROUP- MENDED HEARTS SUPPORT GROUP- FAMILY BIRTH EDUCATION & CLINICS- DIABETIC EDUCATION- WOMEN'S RESOURCE CENTER- CONGESTIVE HEART FAILURE CLINIC- TV AND RADIO PSAS- BREASTFEEDING CLASS AND CLINIC- SMOKING CESSATION- COMMUNITY BLOOD DRIVES. AS HEALTHCARE CONTINUES TO CHANGE, LIMA MEMORIAL WILL CONTINUE TO PROVIDE THE HIGHEST QUALITY OF CARE IN A FAMILY ATMOSPHERE TO OUR PATIENTS BY CONTINUALLY ADVANCING OUR SERVICES AND FACILITIES. IN ADDITION, THE HEALTH SYSTEM SUPPORTS OUR COMMUNITIES, NOT ONLY THROUGH COMPREHENSIVE HEALTHCARE, BUT THROUGH OUTREACH ACTIVITIES SUCH AS HEALTHCARE AWARENESS AND PREVENTION PROGRAMS, FREE PUBLIC HEALTH SCREENINGS, FINANCIAL SUPPORT FOR MANY COMMUNITY NON-PROFIT ORGANIZATIONS, AND OUTREACH TO THE UNDERSERVED COMMUNITY BENEFIT DEFINITIONS. LIMA MEMORIAL HEALTH SYSTEM'S 2017 COMMUNITY BENEFIT REPORT WAS PREPARED IN ACCORDANCE WITH THE REPORTING GUIDELINES PUBLISHED BY THE CATHOLIC HEALTH ASSOCIATION. COMMUNITY BENEFITS REPORTED BY THE HEALTH SYSTEM RESPOND TO AN IDENTIFIED COMMUNITY NEED AND MEET AT LEAST ONE OF THE FOLLOWING CRITERIA - GENERATE A LOW OR NEGATIVE MARGIN, - RESPOND TO THE NEEDS OF SPECIAL POPULATIONS, SUCH AS MINORITIES, FRAIL, ELDERLY, POOR PERSONS WITH DISABILITIES, THE CHRONICALLY MENTALLY ILL, AND PERSONS WITH AIDS, AND-SUPPLY SERVICES OR PROGRAMS THAT WOULD LIKELY BE DISCONTINUED IF THE DECISION WERE MADE ON A PURELY FINANCIAL BASIS. THESE SERVICES INCLUDE - COMMUNITY HEALTH SERVICES- HEALTH PROFESSIONS EDUCATION- SUBSIDIZED HEALTH SERVICES- RESEARCH ACTIVITIES- FINANCIAL CONTRIBUTIONS- COMMUNITY BUILDING ACTIVITIES- COMMUNITY BENEFIT OPERATIONS- COST OF CHARITY CARE- GOVERNMENT SPONSORED HEALTH CARE.

SCHEDULE A
(Form 990 or
990EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

LIMA MEMORIAL JOINT OPERATING COMPANY

Employer identification number

34-1883284

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

The organization is not a private foundation because it is (For lines 1 through 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 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)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - 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- 10 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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 34-1883284

Name: LIMA MEMORIAL JOINT OPERATING COMPANY

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

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 LIMA MEMORIAL JOINT OPERATING COMPANY	Employer identification number 34-1883284
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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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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

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

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

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

(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-
1				
2				
3				
4				
5				
6				

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		10,603
j Total Add lines 1c through 1i			10,603
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ 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.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
LIMA MEMORIAL JOINT OPERATING COMPANY

Employer identification number
34-1883284

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" 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
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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" on Form 990, Part IV, line 10.

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages 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 | Yes | No |
| (ii) related organizations | | |
| 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,205,111		4,205,111
b Buildings		155,796,915	100,770,321	55,026,594
c Leasehold improvements				
d Equipment		107,697,154	64,500,477	43,196,677
e Other		2,665,320	2,313,060	352,260
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				102,780,642

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

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

(a) Description	(b) Book value
(1) INVESTMENTS IN AFFILIATED ORG	119,132,489
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	119,132,489

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
ACCRUED PENSION LIABILITY	3,848,430
PROFESSIONAL LIABILITY RESERVE	5,200,988
FIN 47 ASBESTOS LIABILITY	2,987,862
THIRD PARTY PAYOR SETTLEMENTS	4,540,500
FAIR VALUE OF INTEREST RATE SWAP AG	13,038,391
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	29,616,171

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Additional Data

Software ID:

Software Version:

EIN: 34-1883284

Name: LIMA MEMORIAL JOINT OPERATING COMPANY

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE HEALTH SYSTEM, LIMA MEMORIAL HOSPITAL, LIMA MEMORIAL PROFESSIONAL CORPORATION, LIMA MEMORIAL HOSPITAL FOUNDATION, AND LIMA MEMORIAL HOSPITAL AUXILIARY ARE NOT-FOR-PROFIT CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE") AND ARE EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO SECTION 501(A) OF THE CODE ELM TREE FOUNDATION, THE FOR-PROFIT SUBSIDIARY, IS A TAXABLE CORPORATION ELM TREE FOUNDATION HAD NET OPERATING LOSS CARRYFORWARDS OF \$853,131 AND \$763,936 ON ITS FILED INCOME TAX RETURNS IN 2017 AND 2016, RESPECTIVELY ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE HEALTH SYSTEM AND TO RECOGNIZE A TAX LIABILITY IF THE HEALTH SYSTEM HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE OR OTHER APPLICABLE TAXING AUTHORITIES

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service
Name of the organization
 LIMA MEMORIAL JOINT OPERATING COMPANY

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.**

Employer identification number
 34-1883284

OMB No 1545-0047
2017
Open to Public Inspection

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	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 <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	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	No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a Did the organization prepare a community benefit report during the tax year?	6a	No
b If "Yes," did the organization make it available to the public?	6b	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			2,529,515	3,739,947	0	0 %
b Medicaid (from Worksheet 3, column a)			26,821,969	16,917,436	9,904,533	5 900 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			29,351,484	20,657,383	9,904,533	5 900 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			14,460,177	0	14,460,177	8 610 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			14,460,177		14,460,177	8 610 %
k Total. Add lines 7d and 7j			43,811,661	20,657,383	24,364,710	14 510 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	Yes	
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.		
			13,867,267
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.		
			1,248,054
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	45,630,049
6	Enter Medicare allowable costs of care relating to payments on line 5.	6	54,608,944
7	Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-8,978,895
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
	<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 LMHS WOMEN'S HEALTH CO-MANAGEMENT COMPANY LLC	CO-MANAGEMENT	50.000 %		50.000 %
2				
3				
4				
5				
6				
7				
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9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

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

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

1

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

See Additional Data Table	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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 1 _____

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		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		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)	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"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 17</u>		
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 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	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		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)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW LIMAMEMORIAL ORG</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 17</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>WWW LIMAMEMORIAL ORG</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
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)**

LIMA MEMORIAL HEALTH SYSTEM

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>HTTP //WWW LIMAMEMORIAL ORG/PATIENT-RESOURCES/FINANCIAL-ASSISTANCE</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>HTTP //WWW LIMAMEMORIAL ORG/PATIENT-RESOURCES/FINANCIAL-ASSISTANCE</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>HTTP //WWW LIMAMEMORIAL ORG/PATIENT-RESOURCES/FINANCIAL-ASSISTANCE</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

LIMA MEMORIAL HEALTH SYSTEM

Name of hospital facility or letter of facility reporting group _____

		Yes	No	
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
	a <input type="checkbox"/> Reporting to credit agency(ies)			
	b <input type="checkbox"/> Selling an individual's debt to another party			
	c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
	d <input type="checkbox"/> Actions that require a legal or judicial process			
	e <input type="checkbox"/> Other similar actions (describe in Section C)			
	f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19	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?	19		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a <input type="checkbox"/> Reporting to credit agency(ies)			
	b <input type="checkbox"/> Selling an individual's debt to another party			
	c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
	d <input type="checkbox"/> Actions that require a legal or judicial process			
	e <input type="checkbox"/> Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
	a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
	b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
	c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
	d <input checked="" type="checkbox"/> Made presumptive eligibility determinations			
	e <input checked="" type="checkbox"/> Other (describe in Section C)			
	f <input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

LIMA MEMORIAL HEALTH SYSTEM

Name of hospital facility or letter of facility reporting group _____

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care
- a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		No
24		No

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? 3

Name and address	Type of Facility (describe)
1 1 - MEDICAL PARK 525 EASTOWN RD LIMA, OH 45807	MRI, CT
2 2 - YMCA - WELLNESS CENTER 345 S ELIZABETH ST LIMA, OH 45801	WELLNESS CENTER
3 3 - HINO 951 COMMERCE PKWY LIMA, OH 45804	CARDIAC TREATMENT
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7	COLUMN C, LINE 7A & 7B THE HOSPITAL USED A COST-TO-CHARGE COSTING METHODOLOGY TO CALCULATE THE AMOUNTS REPORTED IN LINE 7 THE HOSPITAL DERIVED THE COST-TO-CHARGE RATIO FROM THE USE OF WORKSHEET 2 PART I, LINE 7E IN ADDITION TO LIMA MEMORIAL JOINT OPERATING COMPANY'S COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS, THIS LINE AMOUNT ALSO INCLUDES COMMUNITY BENEFIT PROVIDED BY LIMA MEMORIAL PROFESSIONAL CORPORATION, WHICH IS A RELATED ENTITY, IN AS MUCH AS LIMA MEMORIAL PROFESSIONAL CORPORATION'S ACTIVITY, ARE CARRIED ON IN A MANNER CONSISTENT WITH AND DIRECTLY IN CONNECTION WITH THE TAX EXEMPT PURPOSE OF LIMA MEMORIAL JOINT OPERATING COMPANY
PART I, LN 7 COL(F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 24B, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE OF THIS COLUMN IS \$13,867,267

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	LIMA MEMORIAL HEALTH SYSTEM PROMOTES THE HEALTH OF OUR COMMUNITIES BY PROVIDING SERVICE REGARDLESS OF ABILITY TO PAY, FUNDING THROUGH SPONSORSHIP, HEALTH SCREENINGS AND EDUCATION WE WORK WITH A NUMBER OF ORGANIZATIONS THROUGHOUT THE REGION, INCLUDING THE CHAMBER OF COMMERCE, TO PROMOTE THE ECONOMIC GROWTH OF THE COMMUNITY WE ARE ACTIVELY INVOLVED WITH THE RHODES STATE SCHOOL OF NURSING, THE UNIVERSITY OF NORTHWEST OHIO, APOLLO CAREER CENTER, AS WELL AS CONTINUING EDUCATION AND TRAINING FOR EMTS AND PARAMEDICS
PART III, LINE 2	BASED ON GROSS AS PRESENTED IN THE FINANCIAL STATEMENTS

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8	SECTION B BASED ON A COST-TO-CHARGE RATIO DETERMINED IN ACCORDANCE WITH THE MEDICARE COST REPORT REQUIREMENTS, THE COSTS OF PROVIDING CARE TO THE MEDICARE POPULATION IN 2017 WAS \$54,608,944 THE PAYMENTS RELATED TO THESE SERVICES WERE \$45,630,049 LEAVING A MEDICARE SHORTFALL OF \$8,978,895 FOR THE YEAR THE MEDICARE SHORTFALL IS A COMMUNITY BENEFIT BECAUSE PROVIDING SERVICES TO THE ELDERLY IS A TAX EXEMPT PURPOSE CONSISTENT WITH LIMA MEMORIAL JOINT OPERATING COMPANY'S OVERALL EXEMPT STATUS, AND THE HOSPITAL ACCEPTS THESE PATIENTS REGARDLESS OF ITS IMPACT ON OVERALL PROFITABILITY
PART III, LINE 9B	PATIENTS DO NOT RECEIVE ANY NOTICE FROM LMH UNTIL BALANCES ARE DETERMINED TO BE THE PATIENT'S RESPONSIBILITY ONCE A FAP APPLICATION IS RECEIVED THE COLLECTION PROCESS IS PUT ON HOLD UNTIL ELIGIBILITY IS DETERMINED PRIMARY SELF-PAY ACCOUNTS ARE REFERRED TO AN OUTSIDE AGENCY AS AN EXTENSION OF THE BUSINESS OFFICE AT DAY 45 ACCOUNTS REMAIN WITH THE AGENCY UNTIL IT IS AT A ZERO BALANCE OR 150 DAYS AT 150 DAYS THE ACCOUNT IS CLOSED BACK AND GIVEN TO THE SUBSEQUENT AGENCY FOR REGULAR COLLECTION FOLLOW UP BALANCE AFTER INSURANCE ACCOUNTS ARE REFERRED TO AN OUTSIDE AGENCY ONCE ANY MONEY IS MOVED INTO SELF-PAY THE ACCOUNT IS KEPT FOR A MINIMUM OF 90 DAYS AND THEN REFERRED TO A COLLECTION AGENCY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2	<p>LIMA MEMORIAL HEALTH SYSTEM (LMHS) REGULARLY PARTICIPATES IN COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENTS TO IDENTIFY FAR-REACHING HEALTH NEEDS FACED BY PEOPLE IN THE COMMUNITIES SERVED BY THE HEALTH SYSTEM ASSESSMENT RESULTS ARE EVALUATED OVER TIME AND SERVE AS THE BASIS TO DEVELOP NEW OR EXPANDED PLANS TO ADDRESS SERVICES IN RESPONSE TO NEEDS LMHS JOINED OTHER AREA ORGANIZATIONS TO DEVELOP, IMPLEMENT AND UTILIZE THE 2016 ALLEN COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT THE NEEDS ASSESSMENT COLLECTED DATA FOR ALLEN COUNTY ADULTS (AGES 19 YEARS OF AGE AND OLDER) AND YOUTH (AGES 12 THROUGH 18) WHO PARTICIPATED IN A COUNTY-WIDE ASSESSMENT SURVEY DURING 2016-17 THE FINDINGS ARE BASED ON SELF-ADMINISTERED SURVEYS USING A STRUCTURED QUESTIONNAIRE THE QUESTIONS WERE MODELED AFTER SURVEY INSTRUMENTS USED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION FOR THEIR NATIONAL AND STATE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM AND YOUTH RISK BEHAVIOR SURVEILLANCE SYSTEM THE SURVEY ASSESSED THE FOLLOWING AREAS COMMUNITY CONCERNS AND SERVICES, PHYSICAL HEALTH ISSUES AND BEHAVIORAL HEALTH ISSUES FOR AREAS OUTSIDE OF ALLEN COUNTY, LIMA MEMORIAL UTILIZES DATA FROM ADDITIONAL COUNTY-BASED NEEDS ASSESSMENT WHEN AVAILABLE SURVEY RESULTS ARE BEING USED TO SHAPE COMMUNITY OUTREACH EFFORTS IN 2017, LIMA MEMORIAL WAS INVOLVED WITH THE COMMUNITY HEALTH IMPROVEMENT PLANNING COMMITTEE THROUGH PARTICIPATION AND FUNDING IN CONJUNCTION WITH THE CITY OF LIMA AND THE ALLEN COUNTY YMCA A PORTION OF THIS PROGRAM IS DEDICATED TO REVIEWING THE NEEDS AND RISKS OF ALLEN COUNTY OBESITY, ESPECIALLY CHILDHOOD OBESITY, WAS DETERMINED TO BE A SIGNIFICANT HEALTH RISK LIMA MEMORIAL HEALTH SYSTEM IS PART OF THE ACTIVATE ALLEN COUNTY LEADERSHIP COMMITTEE, WHICH ADDRESSES A VARIETY OF HEALTH-RELATED NEEDS IN THE COMMUNITIES WE SERVE THIS COMMITTEE IS COMMITTED TO REDUCING OBESITY AND SMOKING IN LIMA AND ALLEN COUNTY BY PROMOTING HEALTHY EATING, ACTIVE LIVING AND A TOBACCO-FREE LIFESTYLE ASSESSMENT SUMMARY DESIRED OUTCOMES FOR ALLEN COUNTY RESIDENTS REDUCE RISK FOR CHRONIC DISEASE, REDUCE POOR BIRTH OUTCOMES (E G LOW BIRTHWEIGHT AND PRETERM DELIVERIES), REDUCE INFANT MORTALITY, REDUCE SUICIDE RATE, REDUCE SUBSTANCE ABUSE, AND INCREASE ACCESS TO HEALTH CARE</p>
PART VI, LINE 3	<p>ALL PATIENTS OF LIMA MEMORIAL HOSPITAL ARE EDUCATED ON THE HOSPITAL'S CHARITY CARE PROGRAM DURING THE REGISTRATION PROCESS VIA WALL-POSTED STATEMENTS, HOSPITAL PERSONNEL INQUIRIES, ETC INFORMATION REGARDING THE HOSPITAL'S CHARITY CARE IS ALSO FOUND ON LIMA MEMORIAL'S WEBSITE STATEMENTS GOING TO PATIENTS ALSO IDENTIFY THIS PROGRAM</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4	<p>AS OF THE CENSUS OF 2000, THERE WERE 108,473 PEOPLE, 40,066 HOUSEHOLDS, AND 28,208 FAMILIES RESIDING IN THE COUNTY THE POPULATION DENSITY WAS 268 PEOPLE PER SQUARE MILE THERE WERE 44,245 HOUSING UNITS AT AN AVERAGE DENSITY OF 109 PER SQUARE MILE THE RACIAL MAKEUP OF THE COUNTY WAS 84 95% CAUCASIAN, 12 19% AFRICAN AMERICAN, 0 21% NATIVE AMERICAN, 0 55% ASIAN, 0 01% PACIFIC ISLANDER, 0 63% FROM OTHER RACES, AND 1 45% FROM TWO OR MORE RACES 1 42% OF THE POPULATION WERE HISPANIC/LATINO, 33 8% WERE GERMAN, 14 2% AMERICAN, 8 8% IRISH AND 6 6% ENGLISH ANCESTRY ACCORDING TO THE CENSUS 2000 THERE ARE 40,646 HOUSEHOLDS OUT OF WHICH 32 9% HAD CHILDREN UNDER THE AGE OF 18 LIVING WITH THEM, 53% WERE MARRIED COUPLES LIVING TOGETHER, 12 4% HAD A FEMALE HOUSEHOLDER WITH NO HUSBAND PRESENT AND 30 6% WERE NON-FAMILIES 26 3% OF ALL HOUSEHOLDS WERE MADE UP OF INDIVIDUALS AND 11 2% HAD SOMEONE LIVING ALONE WHO WAS 65 YEARS OF AGE OR OLDER THE AVERAGE HOUSEHOLD SIZE WAS 2 52 AND THE AVERAGE FAMILY SIZE WAS 3 05 IN THE COUNTY THE POPULATION WAS SPREAD OUT WITH 25 9% UNDER THE AGE OF 18, 9 9% FROM 18 TO 24, 27 6% FROM 25 TO 44, 22 4% FROM 45 TO 64, AND 14 2% WHO WERE 65 YEARS OF AGE OR OLDER THE MEDIAN AGE WAS 36 YEARS FOR EVERY 100 FEMALES THERE WERE 100 MALES FOR EVERY 100 FEMALES AGE 18 AND OVER THERE WERE 98 MALES THE MEDIAN INCOME FOR A HOUSEHOLD IN THE COUNTY WAS \$37,408 AND THE MEDIAN INCOME FOR A FAMILY WAS \$44,723 MALES HAD A MEDIAN INCOME OF \$35,546 VERSUS \$23,537 FOR FEMALES THE PER CAPITA INCOME FOR THE COUNTY WAS \$17,511 ABOUT 9 6% OF FAMILIES AND 12 1% OF THE POPULATION WERE BELOW THE POVERTY LINE, INCLUDING 17% OF THOSE UNDER AGE 18 AND 9 6% OF THOSE AGE 65 OR OVER LIMA MEMORIAL HEALTH SYSTEM SERVES A 10 COUNTY AREA THAT INCLUDES MORE THAN 475,000 PEOPLE THE COUNTIES INCLUDE ALLEN, AUGLAIZE, PUTNAM, HANCOCK, MERCER, HARDIN, LOGAN, SHELBY, PAULDING AND VAN WERT THE MEDIAN HOUSEHOLD INCOME FOR THE REGION IS \$44,300 24% OF RESIDENTS ARE UNDER 18 YEARS OLD, WHILE 14 5% OF RESIDENTS ARE 65 YEARS OLD OR OLDER 95 4% OF OUR ENTIRE SERVICE AREA IS CAUCASIAN, WHILE 2 75% ARE AFRICAN AMERICAN IN OUR PRIMARY SERVICE AREA OF ALLEN COUNTY 85 6% ARE CAUCASIAN, WHILE 11 7% ARE AFRICAN AMERICAN THE REGION IS PRIMARILY RURAL WITH SMALL COMMUNITIES THE LARGEST CITY IN THE REGION IS LIMA WITH A POPULATION OF 38,771</p>
PART VI, LINE 5	<p>LIMA MEMORIAL HEALTH SYSTEM CONTINUES TO INCREASE OUR COMMUNITY INVESTMENT THROUGH PARTICIPATION AND SPONSORSHIP OF LOCAL AND REGIONAL EVENTS THAT PROMOTE HEALTHY LIFESTYLE CHOICES, PREVENTATIVE CARE AND CHRONIC DISEASE MANAGEMENT BEYOND THE NUMBERS KEY COMMUNITY BENEFIT ACTIVITIES OF 2017 LIMA MEMORIAL HEALTH SYSTEM DEVELOPS PROGRAMS AND SERVICES TO ADDRESS COMMUNITY HEALTH NEEDS AND MAKES INVESTMENTS IN INITIATIVES THAT ALIGN WITH OUR MISSION, VISION AND VALUES MUCH OF LIMA MEMORIAL HEALTH SYSTEM'S COMMUNITY BENEFIT INVESTMENT FOR 2017 WAS IN THE AREA OF CHARITABLE CARE AND WELLNESS THIS ENABLED THOSE WITHOUT INSURANCE OR WITH LIMITED INSURANCE TO ACCESS MEDICAL CARE AND SCREENING HEALTH TESTS BEYOND THAT FOCUS ARE PROGRAMS AND SERVICES THAT BENEFIT EVERY RESIDENT AND SUPPORT THE FAR REACHING GOAL OF A HEALTHIER WEST CENTRAL OHIO LIMA MEMORIAL HEALTH SYSTEM CANNOT MEET ALL OF THE HEALTHCARE NEEDS WITHOUT THE ENGAGEMENT AND SUPPORT OF KEY STAKEHOLDERS INCLUDING OUR MEDICAL STAFF AND OTHER COMMUNITY ORGANIZATIONS COMMUNITY HEALTH SERVICES IN 2017, LIMA MEMORIAL HEALTH SYSTEM PROVIDED AND/OR PARTICIPATED IN NUMEROUS COMMUNITY HEALTH SERVICE PROGRAMS INCLUDED IN THIS CATEGORY ARE HEALTH AND WELLNESS EDUCATION, HEALTH SCREENINGS, COMMUNITY DEVELOPMENT AND SERVICES TO HELP PEOPLE ADOPT HEALTHY LIFESTYLE CHANGES ALSO INCLUDED ARE THE MYRIAD OF SUPPORT GROUP ACTIVITIES THAT HELP PATIENTS AND THEIR FAMILIES MANAGE CHRONIC HEALTH CONDITIONS KEY INITIATIVES THE PAST YEAR INCLUDE DIAGNOSTIC HEART AND VASCULAR SCREENINGS FOR AT-RISK ADULTS, CHILDHOOD DIABETES EDUCATION IN AREA SCHOOLS, INJURY PREVENTION AND AWARENESS, BREAST AND LUNG SCREENINGS AND HEALTHY EATING EVENTS A THIRD SUBSET OF THIS CATEGORY INCLUDES HEALTH CARE SUPPORT SERVICES, OR THOSE SERVICES THAT ARE PROVIDED TO ASSIST COMMUNITY MEMBERS IN ACCESSING BOTH INFORMATION AND THE MEDICAL CARE THAT THEY NEED CHIEF AMONG THE HEALTH SYSTEM'S SUPPORT INITIATIVES ARE THE FINANCIAL COUNSELORS THAT ENSURE THAT PATIENTS WHO ARE STRUGGLING FINANCIALLY AND/OR LACK MEDICAL INSURANCE ARE AFFORDED THE CARE THAT THEY NEED HEALTH PROFESSIONS EDUCATION LIMA MEMORIAL HEALTH SYSTEM BELIEVES THAT HAVING HIGHLY TRAINED MEDICAL PERSONNEL BENEFITS EVERYONE IN THE COMMUNITY BEYOND ONGOING EDUCATION FOR PHYSICIANS, NURSES, TECHNICIANS, AND OTHER CLINICIANS, THE HEALTH SYSTEM SUPPORTED NUMEROUS SPECIAL INITIATIVES IN 2017 TO FURTHER CAPABILITIES OF AREA MEDICAL PERSONNEL OUR SCHOOLS OF NURSING PROGRAM PROVIDED A TRAINING SITE FOR OVER 450 NURSING STUDENTS IN 2017 LIMA MEMORIAL HEALTH SYSTEM ALSO PROVIDES EDUCATIONAL SUPPORT IN THE MEDICAL COMMUNITY BY PROVIDING HUNDREDS OF HOURS OF TRAINING FOR AREA EMT'S AND PARAMEDICS FINANCIAL CONTRIBUTIONS LIMA MEMORIAL PROVIDES BOTH CASH AND IN-KIND SUPPORT TO INDIVIDUALS AND OTHER COMMUNITY ORGANIZATIONS THE SPONSORSHIP FUND PROVIDES FUNDING SUPPORT TO WEST CENTRAL OHIO PROGRAMS THAT ADDRESS IDENTIFIED COMMUNITY NEEDS AND SERVE VULNERABLE POPULATIONS IN 2017, LIMA MEMORIAL CONTRIBUTED TO MORE THAN 55 ORGANIZATIONS INCLUDING YMCA OF LIMA, THE UNITED WAY, COMMUNITY HEALTH SERVICES, AND THE GREATER LIMA REGION COMMUNITY BENEFIT OPERATIONS FOR 2017, COMMUNITY BENEFITS EXPENSES RECORDED INCLUDES THE REPORT ON THE HEALTH SYSTEM'S COMMUNITY BENEFIT INVESTMENT THE APPLICABLE COSTS FOR STAFF ENGAGING IN ACTUAL COMMUNITY BENEFIT SERVICES AND PROGRAMMING ARE REPORTED WITHIN SPECIFIC INITIATIVES AND ACTIVITIES CHARITY CARE IN ACCORDANCE WITH REPORTING REQUIREMENTS, LIMA MEMORIAL'S CHARITY CARE EXPENSE IS BASED UPON COSTS VERSUS CHARGES CHARITY CARE INCLUDES LIMA MEMORIAL'S TRADITIONAL INPATIENT AND EMERGENCY SERVICES UPON APPROVAL FOR FINANCIAL ASSISTANCE, ALL HOSPITAL CARE IN THE ENSUING SIX MONTH PERIOD IS INCLUDED THIS APPROACH ASSURES THAT ASSISTANCE IS PORTABLE AND THAT PATIENTS HAVE ACCESS TO NEEDED MEDICAL SERVICES BY MAKING A SINGLE APPLICATION A KEY GOAL IS TO IDENTIFY COMMUNITY MEMBERS IN NEED SOONER THE RESULT IS MORE CHARITY CARE AND FEWER BAD DEBTS GOVERNMENT SPONSORED HEALTHCARE PAYMENT SHORTFALLS FOR PUBLIC INSURANCE PROGRAMS, INCLUDING MEDICAID AND MEDICARE, WERE \$33,381,227 IN 2017</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6	LIMA MEMORIAL HEALTH SYSTEM DEVELOPS PROGRAMS AND SERVICES TO ADDRESS COMMUNITY HEALTH NEEDS TO SUPPORT THE GOAL OF A HEALTHIER WEST CENTRAL OHIO
PART VI, LINE 7, REPORTS FILED WITH STATES	OH

Schedule H (Form 990) 2017

Additional Data**Software ID:****Software Version:****EIN:** 34-1883284**Name:** LIMA MEMORIAL JOINT OPERATING COMPANY**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? <u>1</u>		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	LIMA MEMORIAL HEALTH SYSTEM 1001 BELLEFONTAINE AVE LIMA, OH 45804	X	X						X		

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

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

Form and Line Reference	Explanation
LIMA MEMORIAL HEALTH SYSTEM	PART V, SECTION B, LINE 5 COMMUNITY MEMBERS FROM THE GROUPS, ORGANIZATIONS, AND SECTORS ESTABLISHED THE COMMUNITY SUSTAINABILITY ADVISORY COMMITTEE UNDER THE LIMA-ALLEN COUNTY REGIONAL PLANNING COMMISSION THE COMMUNITY SUSTAINABILITY ADVISORY COMMITTEE WAS RESPONSIBLE FOR THE IMPLEMENTATION OF THE HEALTHY COMMUNITIES INSTITUTE SOFTWARE, WHICH HAS BEEN USED AS THE BASIS FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT THE HEALTHY COMMUNITIES INSTITUTE WEBSITE PROVIDED A LIST OF IDENTIFIED HEALTH CONDITIONS AND RELATED INDICATORS FOR ALLEN COUNTY THE INFORMATION FOR AUGLAIZE AND PUTNAM COUNTIES WAS ANALYZED UNDER THE SAME QUARTILE SYSTEM ORGANIZATION'S CONTACTED ALLEN COUNTY ECONOMIC DEVELOPMENT GROUP ALLEN COUNTY HEALTH DEPARTMENT LIMA/ALLEN COUNTY CHAMBER OF COMMERCE SHAWNEE TOWNSHIP POLICE ST. RITA'S MEDICAL CENTER UNITED WAY OF GREATER LIMA YMCAIN ADDITION, LEADERS, REPRESENTATIVES, OR MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS AND POPULATIONS WITH CHRONIC DISEASE NEEDS WERE CONTACTED THE HOSPITAL ALSO DERIVES ADDITIONAL INFORMATION FROM THE COMMUNITY HEALTH IMPROVEMENT PLAN COMMITTEE AND THE HEALTHY PEOPLE 2020 COMMITTEE
LIMA MEMORIAL HEALTH SYSTEM	PART V, SECTION B, LINE 11 THE HOSPITAL HAS ADOPTED AN IMPLEMENTATION STRATEGY FOR 2016-2018 THAT ADDRESSES THE COMMUNITY HEALTH NEEDS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT THIS REPORT IS POSTED ON THE HOSPITAL'S WEBSITE WWW.LIMAMEMORIAL.ORG WHICH IS PAIRED WITH THE HEALTH SYSTEM'S STRATEGIC PLAN

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

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

Form and Line Reference	Explanation
LIMA MEMORIAL HEALTH SYSTEM	PART V, SECTION B, LINE 20E - CONSPICUOUS NOTICE ON BILLING STATEMENTS- PHONE CALLS

**Schedule I
(Form 990)**

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

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

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

Name of the organization
LIMA MEMORIAL JOINT OPERATING COMPANY

Employer identification number
34-1883284

Part I General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____ 12

3 Enter total number of other organizations listed in the line 1 table ▶ _____ 0

Part III Grants 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIMA MEMORIAL FOUNDATION 1001 BELLEFONTAINE AVE LIMA, OH 45804	34-1707570	501(C)3	12,500				HEALTH INITIATIVE
AUGLAIZE COUNTY AGRICULTURAL SOCIETY 101 FAIRVIEW DR WAPAKONETA, OH 45895	34-4427752	501(C)3	14,625				COMMUNITY DEVELOPMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
RHODES STATE COLLEGE 4240 CAMPUS DRIVE LIMA, OH 45804	34-1266573	501(C)3	5,000				COMMUNITY DEVELOPMENT/HEALTH AND WELLNESS
ALLEN COUNTY AGRICULTURAL SOCIETY 2750 HARDING HWY LIMA, OH 45804	34-6570403	501(C)3	10,175				COMMUNITY DEVELOPMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIMA AREA FAMILY YMCA 345 S ELIZABETH ST LIMA, OH 45801	34-4431173	501(C)3	267,994				COMMUNITY DEVELOPMENT/HEALTH AND WELLNESS
UNITED WAY 616 S COLLETT ST SUITE 101 LIMA, OH 45805	34-4466356	501(C)3	10,000				COMMUNITY DEVELOPMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
GREATER LIMA REGION 144 S MAIN STREET LIMA, OH 45801	81-5315417	501(C)3	101,000				COMMUNITY DEVELOPMENT
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501(C)3	5,000				COMMUNITY DEVELOPMENT/HEALTH AND WELLNESS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIMA AREA CHAMBER FOUNDATION 144 S MAIN STREET LIMA, OH 45801	34-4179070	501(C)3	22,500				COMMUNITY DEVELOPMENT
LIMA SYMPHONY ORCHESTRA 67 TOWN SQUARE PO BOX 1651 LIMA, OH 45802	34-4465022	501(C)3	10,800				COMMUNITY DEVELOPMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
COMMUNITY HEALTH SERVICES 410 BIRCHARD AVENUE FREMONT, OH 43420	34-1120194	501(C)3	151,683				COMMUNITY DEVELOPMENT/HEALTH AND WELLNESS
MENTAL HEALTH & RECOVERY SERVICES BOARD 529 S ELIZABETH STREET LIMA, OH 45804	34-6400019	GOV'T	5,000				COMMUNITY DEVELOPMENT/HEALTH AND WELLNESS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

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.**

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
LIMA MEMORIAL JOINT OPERATING COMPANY

Employer identification number
34-1883284

Part I Questions Regarding Compensation

	Yes	No								
<p>1a 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</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>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</p>	1b Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2 Yes									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 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</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a Yes									
	4b Yes									
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 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</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a	No								
	5b	No								
<p>6 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</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	No								
<p>8 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</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	LIMA MEMORIAL JOINT OPERATING COMPANY PROVIDES SOCIAL CLUB DUES TO THE CEO, THEY ARE TREATED AS TAXABLE COMPENSATION
PART I, LINES 4A-B	THE FOLLOWING INDIVIDUALS PARTICIPATED IN AN IRC 457(F) NON-QUALIFIED DEFERRED COMPENSATION PLAN. THIS PLAN IS FUNDED BY THE HOSPITAL AND VESTS WITH SERVICE THEREFORE IS SUBJECT TO RISK OF FORFEITURE. ROBERT E ARMSTRONG, JR \$55,943 MICHAEL D SWICK \$190,178 KHA H TRAN, MD \$27,534 JOHN FISCHBACH \$40,597 ANN-MARIE JEAN POHL \$23,631. THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS DURING THE YEAR: MARK RECKER \$45,734 KHA H TRAN \$9,443

Additional Data

Software ID:

Software Version:

EIN: 34-1883284

Name: LIMA MEMORIAL JOINT OPERATING COMPANY

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MICHAEL D SWICK PRESIDENT/CEO (SEE SCH J)	(i)	359,360	239,399	304,344	232,478	23,200	1,158,781	293,973
	(ii)	0	0	0	0	0	0	0
1 ROBERT E ARMSTRONG JR SENIOR VP/COO (SEE SCH J)	(i)	240,588	118,987	128,294	98,243	25,484	611,596	121,178
	(ii)	0	0	0	0	0	0	0
2 JOHN T FISCHBACH VP OF FINANCE/CFO (SEE SCH J)	(i)	209,058	91,217	6,608	92,602	19,373	418,858	0
	(ii)	0	0	0	0	0	0	0
3 KHA H TRAN MD THRU 917 VP OF MEDICAL AFFAIRS (SEE SCH J)	(i)	242,532	89,257	59,594	68,754	25,232	485,369	54,910
	(ii)	0	0	0	0	0	0	0
4 ANN-MARIE JEAN POHL VICE PRESIDENT/CNO (SEE SCH J)	(i)	168,832	78,540	75,765	65,841	0	388,978	70,892
	(ii)	0	0	0	0	0	0	0
5 LYNN C CARPENTER EXECUTIVE DIRECTOR	(i)	138,039	14,900	4,537	4,984	26,511	188,971	0
	(ii)	0	0	0	0	0	0	0
6 DENISE G KIRALY DIRECTOR - HUMAN RESOURCS	(i)	150,466	15,200	0	5,202	27,633	198,501	0
	(ii)	0	0	0	0	0	0	0
7 MARK W RECKER THRU 917 DIRECTOR - PHARMACY	(i)	142,684	14,200	661	3,422	13,816	174,783	0
	(ii)	0	0	0	0	0	0	0
8 DENNIS E MORRIS PHYSICIAN ADVISOR	(i)	153,587	0	0	4,658	10,004	168,249	0
	(ii)	0	0	0	0	0	0	0
9 JAMES J STRAUB MANAGER - OUTPATIENT PHARM	(i)	130,017	12,600	0	4,342	10,004	156,963	0
	(ii)	0	0	0	0	0	0	0

Schedule K (Form 990)
 Department of the Treasury
 Internal Revenue Service
 Name of the organization
 LIMA MEMORIAL JOINT OPERATING COMPANY

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

OMB No 1545-0047
2017
Open to Public Inspection
 Employer identification number
 34-1883284

Part I Bond Issues

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

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	2,330,000			
2 Amount of bonds legally defeased				
3 Total proceeds of issue	50,215,000			
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds	1,385,653			
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds				
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds	7,183,784			
11 Other spent proceeds	41,645,563			
12 Other unspent proceeds				
13 Year of substantial completion	2014			
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X			
15 Were the bonds issued as part of an advance refunding issue?		X		
16 Has the final allocation of proceeds been made?		X		
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

Part III Private Business Use

	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						
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X							

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X						
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	1 900 %							
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5	1 900 %							
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?	X							
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b Name of provider	PNC BANK NATIONAL ASSOCIATION							
c Term of hedge	3040 0000000000 %							
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
PART 1 ROW A COLUMN (F)	CONSTRUCT HOSPITAL FACILITIES, AND REFUND IN A CURRENT REFUNDING ISSUE THE FOLLOWING ISSUES OF OBLIGATIONS (1) CITY OF LIMA, OHIO ADJUSTABLE RATE HOSPITAL FACILITIES REFUNDING BONDS SERIES 2003 (LIMA MEMORIAL HOSPITAL PROJECT), ISSUED ON APRIL 10, 2003, (2) CITY OF LIMA, OHIO VARIABLE RATE DEMAND HOSPITAL FACILITIES REVENUE BONDS, SERIES 2007 (LIMA MEMORIAL HOSPITAL PROJECT), ISSUED ON JULY 18, 2007, (3) VILLAGE OF ELIDA, OHIO, HOSPITALS FACILITIES REVENUE BONDS, SERIES 2000 (LIMA MEMORIAL PROJECT), AS REISSUED ON MAY 22, 2007, AND (4) THE THEN OUTSTANDING PRINCIPAL AMOUNT OF A TAXABLE BANK LOAN FROM J P MORGAN CHASE, BANK N A , PURSUANT TO A CONSTRUCTION LOAN AGREEMENT DATED NOVEMBER 23, 2004

Return Reference	Explanation
PART II ROW 5, COLUMN A	INCLUDES AMOUNTS EXCEPTED FROM THE "PROCEEDS-SPENT-LAST" RULE UNDER TREASURY REGULATIONS 1 148-6(D)(3)(II)(3)

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
LIMA MEMORIAL JOINT OPERATING COMPANY

Employer identification number
34-1883284

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JJ JOHNSON	J J JOHNSON IS THE SON OF BOARD MEMBER JOHN JOHNSON	67,259	EMPLOYMENT		No
(2) GINA M FISCHBACH	GINA M FISCHBACH IS THE WIFE OF VP/CFO JOHN T FISCHBACH	33,632	EMPLOYMENT		No
(3) RONALD L POHL - PRESIDENT OF OHIO	RONALD L POHL IS THE HUSBAND OF VP/CNO ANN-MARIE JEAN POHL	750,000	MANAGEMENT AGREEMENT WITH OHIO CARDIOTHORACIC & VASCULAR SURGEONS		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

LIMA MEMORIAL JOINT OPERATING COMPANY

Employer identification number

34-1883284

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE PROCESS FOR DETERMINING THE ORGANIZATION'S CEO, OTHER OFFICERS AND KEY EMPLOYEES' COMPENSATION INCLUDES 1) REVIEW AND APPROVAL BY THE COMPENSATION COMMITTEE, 2) THE UTILIZATION OF AN INDEPENDENT COMPENSATION CONSULTANT, 3) COMPARABLE DATA, AND 4) CONTEMPORANEOUS DOCUMENTATION THIS PROCESS WAS LAST COMPLETED IN 2017

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	<p>PURCHASE SERVICE PROGRAM SERVICE EXPENSES 2,492,395 MANAGEMENT AND GENERAL EXPENSES 3,887,885 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 6,380,280 HEARING AID REPAIR PROGRAM SERVICE EXPENSES 4,141 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 4,141 PROF PURCHASE SERVICE PROGRAM SERVICE EXPENSES 4,475,198 MANAGEMENT AND GENERAL EXPENSES 2,165 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 4,477,363 CONSULTING PROGRAM SERVICE EXPENSES 37,368 MANAGEMENT AND GENERAL EXPENSES 69,467 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 106,835 COLLECTION PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 665,510 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 665,510 RENTAL PROGRAM SERVICE EXPENSES 988,133 MANAGEMENT AND GENERAL EXPENSES 550,814 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,538,947 COPIER RENTAL PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 94,235 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 94,235 CELL PHONE RENTAL PROGRAM SERVICE EXPENSES 32,191 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 32,191 SERVICE CONTRACTS PROGRAM SERVICE EXPENSES 1,472,141 MANAGEMENT AND GENERAL EXPENSES 6,108,715 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 7,580,856 FREIGHT PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 290,008 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 290,008 WASTE PROGRAM SERVICE EXPENSES 12,437 MANAGEMENT AND GENERAL EXPENSES 9,949 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 22,386 COURTESY TRANSPORT-PARKING PROGRAM SERVICE EXPENSES 150,806 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 150,806 CLEANING PROGRAM SERVICE EXPENSES 43,113 MANAGEMENT AND GENERAL EXPENSES 64,079 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 107,192 PHYSICIAN FEES PROGRAM SERVICE EXPENSES 5,166,105 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 5,166,105 CORPORATE FEE PROGRAM SERVICE EXPENSES 170,359 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 170,359</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	IMPLEMENTATION OF NEW ACCOUNTING PRONOUNCEMENT 32,269 INVESTMENT IN LMHS WOMEN'S HEALTH C O-MANAGEMENT K-1 -3,838 INTERCOMPANY ALLOCATIONS -779 TRANSFER FROM AFFILIATE - UNRESTRI CTED 1,109,767

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, SUPPLEMENTAL FINANCIAL INFORMATION	THE CALCULATION RECONCILES THE ORGANIZATION'S OPERATIONS TO THE LIMA MEMORIAL HEALTH SYSTEM'S CONSOLIDATED FINANCIAL STATEMENTS GAIN (LOSS) FROM OPERATIONS LMH \$ 16,302,923 LMP \$ (13,718,887) ELM TREE \$ 50,750 FOUNDATION \$ 154,714 TOTAL GAIN (LOSS) FROM OPERATIONS \$ 2,789,500 NON-OPERATING REVENUES, NET* \$ 6,049,275 INTEREST RATE SWAP \$ 875,435 AUDITED EXCESS REVENUE \$ 9,714,210 NET ASSETS RELEASED FROM RESTRICTION \$ - PPA \$ - NET \$ 9,714,210 OTHER 990 ADJUSTMENTS WOMEN'S HEALTH K-1 \$ 3,838 UNREALIZED GAIN/LOSS \$(3,377,802) CARDINAL HEALTH K-1 \$(62,584) TOTAL OTHER 990 ADJUSTMENTS \$(3,436,548) NET \$ 6,277,662 LMJOC 990 \$ 19,833,799 LMPC 990 \$(13,718,203) ELM TREE 1120 \$ 49,006 LMH 990EZ \$(62,584) LM FOUNDATION 990 \$200,931 LM AUXILIARY 990 \$(25,287) NET TAX RETURNS \$ 6,277,662 DIFFERENCE FINANCIAL STATEMENTS VS TAX RETURN \$ 0 * INCLUDES UNREALIZED GAIN/LOSS OF \$3,377,802

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
LIMA MEMORIAL JOINT OPERATING COMPANY

Employer identification number

34-1883284

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) LMHS WOMEN'S HEALTH CO-MANAGEMENT COMPANY LLC 1001 BELLEFONTAINE AVE LIMA, OH 45804 27-1023520	WOMEN'S HEALTH CO-MANAGEMENT	OH	LIMA MEMORIAL JOINT OPERATING COMPANY	RELATED	3,838	90,633		No		Yes		50 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)ELM TREE FOUNDATION 1220 EAST ELM STREET LIMA, OH 45804 34-1417720	RENTAL REAL ESTATE	OH	LIMA MEMORIAL JOINT OPERATING COMPANY	C	1,023,235	6,748,129	100 000 %	Yes	

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

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

1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		Yes	No
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o	Sharing of paid employees with related organization(s)	1o	Yes	
p	Reimbursement paid to related organization(s) for expenses	1p	Yes	
q	Reimbursement paid by related organization(s) for expenses	1q	Yes	
r	Other transfer of cash or property to related organization(s)	1r	Yes	
s	Other transfer of cash or property from related organization(s)	1s	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LIMA MEMORIAL HOSPITAL FOUNDATION	S	1,109,767	EQUITY TRANSFER
(2) LIMA MEMORIAL PROFESSIONAL CORPORATION	R	14,282,825	EQUITY TRANSFER
(3) LIMA MEMORIAL PROFESSIONAL CORPORATION	J	828,198	LEASE CONTRACT
(4) ELM TREE FOUNDATION	K	450,999	LEASE CONTRACT
(5) ELM TREE FOUNDATION	Q	150,000	CASH TRANSACTION

Part VII **Supplemental Information**

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