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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☐ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

ASHTABULA COUNTY MEDICAL CENTER
GROUP RETURN

Doing business as

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

2420 LAKE AVE

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

ASHTABULA, OH 44004

F Name and address of principal officer

MICHAEL HABOWSKI
2420 LAKE AVE
ASHTABULA, OH 44004

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

☒ Yes ☐ No

H(b) Are all subordinates included?

☒ Yes ☐ No

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

H(c) Group exemption number

6026

D Employer identification number

38-3975135

E Telephone number

(440) 997-2262

G Gross receipts \$

39,702,873

I Tax-exempt status

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

J Website: ▶

WWW.ACMCHEALTH.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

M State of legal domicile

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

TO PROVIDE THE BEST POSSIBLE MEDICAL CARE THROUGH ALL PHASES OF LIFE TO THOSE SEEKING HELP

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)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶196,252

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Prior Year

Current Year

Beginning of Current Year

End of Year

Part II Signature Block

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

Sign Here

Signature of officer

2017-11-14

Date

DON KEPNER VP FINANCE/CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

LISA HILLING

Preparer's signature

LISA HILLING

Date

Check ☐ if self-employed

PTIN

P01624111

Firm's name ▶

CLIFTONLARSONALLEN LLP

Firm's EIN ▶

41-0746749

Firm's address ▶

388 S MAIN STREET SUITE 403

Phone no (330) 376-0100

AKRON, OH 44311

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

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

TO PROVIDE THE BEST POSSIBLE MEDICAL CARE THROUGH ALL PHASES OF LIFE TO THOSE SEEKING HELP THE ASHTABULA COUNTY MEDICAL CENTER SYSTEM HEALTH CARE TEAM IS COMMITTED TO PRESERVING THE HUMAN RIGHTS AND DIGNITY OF THOSE WHO RECEIVE OUR CARE AND THOSE WHO PROVIDE IT

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 \$ 28,856,020 including grants of \$ 15,000,000) (Revenue \$ 33,957,810)
	See Additional Data
















4b	(Code) (Expenses \$ 4,788,402 including grants of \$ 0) (Revenue \$ 5,594,646)
	See Additional Data

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

4e	Total program service expenses ▶ 33,644,422
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Part IV Checklist of Required Schedules

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

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	71	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	517	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments?If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒**Section A. Governing Body and Management**

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

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: OH

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 ▶ DON KEPNER VP FINANCECFO 2420 LAKE AVENUE ASHTABULA, OH 44004 (440) 997-2262

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) SUSAN STOCKER PHD CHAIRPERSON	0 30 0 60	X		X				0	0	0
(2) NANCY KISTER VICE-CHAIRPERSON	0 30 0 30	X		X				0	0	0
(3) JOE GIANGOLA SECRETARY/TREASURER	0 30 0 30	X		X				0	0	0
(4) MICHAEL HABOWSKI PRESIDENT/CEO	0 30 40 00	X		X				0	0	0
(5) PEG CARLO BOARD MEMBER	0 30 0 30	X						0	0	0
(6) BILL DINGLEDINE BOARD MEMBER	0 30 0 30	X						0	0	0
(7) ELENA MARQUETTI BOARD MEMBER	0 30 0 30	X						0	0	0
(8) REV VERNON PALO BOARD MEMBER	0 30 0 30	X						0	0	0
(9) MARLENE SARTINI BOARD MEMBER	0 30 0 30	X						0	0	0
(10) JIM TIMONERE BOARD MEMBER	0 30 0 30	X						0	0	0
(11) KELLY HANCOCK BOARD MEMBER/CCF REPRESENTATIVE	0 30 0 30	X						0	0	0
(12) JASON HERGENROEDER BOARD MEMBER/CCF REPRESENTATIVE	0 30 0 30	X						0	0	0
(13) JOSHUA MILLER BOARD MEMBER/CCF REPRESENTATIVE	0 30 0 30	X						0	0	0
(14) JUDE CAUWENBERGH DO BOARD MEMBER/CHIEF OF STAFF	0 30 60 00	X						0	281,448	12,998
(15) DANIEL KEATON MD BOARD MEMBER/VICE-CHIEF OF STAFF	0 30 60 00	X						0	176,469	10,745
(16) PAT WESTON-HALL GLENBEIGH CEO	40 00 0 30			X				243,455	0	14,104
(17) KERRY GERKEN ARHHS CEO (THROUGH 5/13/16)	40 00 0 00			X				91,201	0	3,785

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) SUSAN SHADLE ARHHS EXECUTIVE DIRECTOR	40 00 0 00			X				81,884	0	3,654
(19) DON KEPNER VP FINANCE/CFO	0 30 40 00			X				0	0	0
(20) GARY SEECH GLENBEIGH DIR OF REGIONAL OPERATIONS	40 00 0 00					X		146,077	0	12,349
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								562,617	457,917	57,635

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 **▶ 2**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
US FOODSERVICE PO BOX 642561 PITTSBURGH, PA 15264 GMA CONSULTANTS INC	DIETARY GOODS & SERVICES	759,536
2351 EAST 22ND STREET CLEVELAND, OH 44115 CSS INC	MEDICAL	211,666
20 E CLEMENTON ROAD 201-S GIBBSBORO, NJ 08026 KEISEL HOME THERAPY & REHAB	DRUG SCREENS/KITS	187,423
2141 W PROSPECT RD ASHTABULA, OH 44004 BAKER BEDNAR SNYDER & ASSOC	THERAPY SERVICES	165,545
626 NILES CORTLAND ROAD SE WARREN, OH 44484	ARCHITECTURAL	133,320

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 **▶ 9**

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	14,399			
	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	134,288			
	g Noncash contributions included in lines 1a-1f \$ _____		69,516			
	h Total. Add lines 1a-1f ▶			148,687		
Program Service Revenue		Business Code				
	2a GLENBEIGH PATIENT REVENUE	624100	33,876,652	33,876,652		
	b HOME HEALTH PATIENT REVENUE	621610	5,570,320	5,570,320		
	c MISCELLANEOUS REVENUE	900099	105,484	105,484		
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▶		39,552,456			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		1,730			1,730
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) ▶					
	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						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d ▶						
12 Total revenue. See Instructions ▶		39,702,873	39,552,456	0	1,730	

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	15,000,000	15,000,000		
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.	318,629		318,629	
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.	13,130,735	9,656,716	3,377,800	96,219
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	418,041	275,858	139,220	2,963
9 Other employee benefits.	3,224,628	2,069,720	1,128,854	26,054
10 Payroll taxes.	1,174,262	789,210	376,727	8,325
11 Fees for services (non-employees):				
a Management.	723,071	631,008	92,063	
b Legal.				
c Accounting.	209,943		209,943	
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).	2,474,152	279,511	2,194,641	
12 Advertising and promotion.	121,311	72,208	48,744	359
13 Office expenses.	90,184	78,460	11,724	
14 Information technology.				
15 Royalties.				
16 Occupancy.	687,322	47,559	639,763	
17 Travel.	253,280	250,747	2,533	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	4,458	3,477	981	
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	571,277	32,236	485,314	53,727
23 Insurance.	18,250		18,250	
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 BAD DEBT EXPENSE	2,960,500	2,960,500	0	0
b SUPPLIES	2,669,502	854,241	1,815,261	0
c MISCELLANEOUS EXPENSES	496,971	398,399	98,572	0
d EQUIPMENT RENTAL/MAINTENANCE	460,602	188,240	263,757	8,605
e All other expenses	278,262	56,332	221,930	
25 Total functional expenses. Add lines 1 through 24e.	45,285,380	33,644,422	11,444,706	196,252
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		8,137,090	1	4,485,885
	2	Savings and temporary cash investments		234,069	2	104,788
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		5,687,781	4	3,826,890
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		6,257	8	5,745
	9	Prepaid expenses and deferred charges		165,806	9	197,294
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	12,565,856		
	b	Less: accumulated depreciation	10b	6,272,228		
				6,450,818	10c	6,293,628
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11		126,784	15	128,811	
16	Total assets. Add lines 1 through 15 (must equal line 34)		20,808,605	16	15,043,041	
Liabilities	17	Accounts payable and accrued expenses		3,249,994	17	3,136,383
	18	Grants payable			18	
	19	Deferred revenue		184,516	19	58,647
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		466,113	25	521,012
	26	Total liabilities. Add lines 17 through 25		3,900,623	26	3,716,042
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		16,786,886	27	11,214,376
	28	Temporarily restricted net assets		121,096	28	112,623
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		16,907,982	33	11,326,999
34	Total liabilities and net assets/fund balances		20,808,605	34	15,043,041	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	39,702,873
2	Total expenses (must equal Part IX, column (A), line 25)	2	45,285,380
3	Revenue less expenses Subtract line 2 from line 1	3	-5,582,507
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,907,982
5	Net unrealized gains (losses) on investments	5	1,524
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	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,326,999

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

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

Additional Data

Software ID:
Software Version:
EIN: 38-3975135
Name: ASHTABULA COUNTY MEDICAL CENTER
GROUP RETURN

Form 990 (2016)

Form 990, Part III, Line 4a:

ROCK CREEK MEDICAL CENTER (DBA GLENBEIGH) OPERATES AND MAINTAINS A HOSPITAL AND OUTPATIENT CENTERS FOR THE TREATMENT OF ALCOHOL AND CHEMICALLY DEPENDENT INDIVIDUALS OFFERING A FULL CONTINUUM OF CARE, INCLUDING INPATIENT REHABILITATION, OUTPATIENT SERVICES, TRANSITIONAL RESIDENTIAL LIVING PROGRAMS AND FACILITIES, AND COMMUNITY EDUCATION AND HEALTHCARE PLANNING, ALL TO PROVIDE CLIENTELE WITH HIGH QUALITY, COST EFFECTIVE TREATMENT PROGRAMS FOR ALCOHOL AND CHEMICAL DEPENDENCE GLENBEIGH PROVIDES A SOLID FOUNDATION IN RECOVERY TO OUR PATIENTS SO THAT THEY CAN ESTABLISH AND MAINTAIN LASTING RECOVERY FROM ALCOHOL AND/OR DRUG ADDICTION GLENBEIGH PROVIDES QUALITY TREATMENT TO CHEMICALLY DEPENDENT ADULTS REGARDLESS OF RACE, CREED, GENDER, NATIONAL ORIGIN, SEXUAL ORIENTATION, DISABILITY OR SOCIAL/ECONOMIC STANDING GLENBEIGH IS COMMITTED TO CREATING A RECOVERY COMMUNITY FILLED WITH PEOPLE WHO ARE LIVING LONGER, MORE FULFILLING LIVES, FREE FROM ALCOHOL AND DRUG ADDICTION DURING 2016, 3,207 INPATIENTS AND 89,951 OUTPATIENT VISITS WERE TREATED GLENBEIGH PROVIDED OVER \$4.9 MILLION IN CHARITABLE CARE IN THE FORM OF FULL OR PARTIAL SCHOLARSHIPS TO PATIENTS GLENBEIGH REMAINED COMMITTED TO PROMOTING HEALING BY OFFERING FREE FAMILY EDUCATION PROGRAMS THAT WERE ATTENDED BY MORE THAN X,XXX INDIVIDUALS GLENBEIGH IS COMMITTED TO CREATING A RECOVERY COMMUNITY FILLED WITH PEOPLE WHO ARE LIVING LONGER, MORE FULFILLING LIVES, FREE FROM ALCOHOL AND DRUG ADDICTION GLENBEIGH OFFERED SOBER ACTIVITIES INCLUDING A SPRING BANQUET, MEMORIAL DAY PICNIC, INDEPENDENCE DAY PICNIC, ALUMNI AND RECOVERY COMMUNITY PICNIC, LABOR DAY PICNIC AND A HOLIDAY BANQUET FOR ANYONE IN RECOVERY GLENBEIGH IS A COMMUNITY RESOURCE WHICH SUPPORTED GROWTH PARTNERSHIP OF ASHTABULA COUNTY, AMERICAN CANCER SOCIETY, AMERICAN HEART ASSOCIATION, LEADERSHIP ASHTABULA COUNTY, ASHTABULA COUNTY 503 CORPORATION, ASHTABULA COUNTY CIVIC DEVELOPMENT CORPORATION, ALLIANCE FOR SUBSTANCE ABUSE PREVENTION AND UNITED WAY OUR IMPACT IS A POSITIVE FORCE THAT EXTENDS BEYOND OUR PATIENTS GLENBEIGH SHARED OUR EXPERTISE IN THE FIELD OF CHEMICAL DEPENDENCY WITH REGIONAL NURSING STUDENTS AND COUNSELOR/SOCIAL WORKER INTERNS FROM LOCAL COLLEGES AND UNIVERSITIES OFFERING PROGRAMS THAT EDUCATE, EMPOWER, MOTIVATE AND HELP BRING RECOVERY TO THE WORLD THROUGHOUT 2016, GLENBEIGH PROVIDED CONTINUING EDUCATION ON ADDICTION-RELATED TOPICS AT NO COST TO 305 PROFESSIONALS AND 106 NURSING STUDENTS

Form 990, Part III, Line 4b:

ASHTABULA REGIONAL HOME HEALTH SERVICES (ARHHS) IS A PRIVATE, NOT-FOR-PROFIT, COMMUNITY ORIENTED HOME CARE AGENCY THAT PROVIDES THE BEST POSSIBLE HOME CARE THROUGH ALL PHASES OF LIFE FOR THOSE IN NEED OF HOME CARE WE ARE COMMITTED TO PRESERVING HUMAN RIGHTS AND DIGNITY OF THOSE WHO RECEIVE OUR CARE AND THOSE WHO PROVIDE IT ACUTE CARE PROGRAM - PROVIDES COMPREHENSIVE HOME HEALTH SERVICES OF SKILLED NURSING, THERAPY SERVICES OF PHYSICAL, OCCUPATIONAL, AND SPEECH, MEDICAL SOCIAL SERVICE, AND HOME HEALTH AIDE TO ALL PATIENTS, BASED ON ADMISSION CRITERIA, DESPITE ABILITY TO PAY TOTAL VISITS = 46,181 ARHHS - PRIVATE DUTY PROGRAM - PROVIDES LONG-TERM CUSTODIAL CARE BASED ON ADMISSIONS AND COMMUNITY NEED PATIENTS ACCEPTED ARE MEDICAID WAIVER, MEDICAID STATE PLAN, PASSPORT, VA PRIVATE DUTY AND PRIVATE DUTY SELF PAY TOTAL VISITS = 16,220 ARHHS - SENIOR LEVY DIRECT PROGRAM AND ALZHEIMER'S RESPITE PROGRAM - PROVIDES HOME HEALTH AIDE/HOMEMAKER SERVICES AND SUPERVISORY NURSING VISITS TO CHRONICALLY ILL PATIENTS BASED ON INCOME REQUIREMENTS AND COMMUNITY NEEDS TOTAL SR LEVY DIRECT VISITS = 9,388 , TOTAL ALZHEIMER'S RESPITE PROGRAM VISITS = 2,016 ARHHS - TITLE III-B & TITLE XX PROGRAM - PROVIDES HOME HEALTH AIDE/HOMEMAKER SERVICES AND SUPERVISORY NURSING VISITS TO CHRONICALLY ILL PATIENTS BASED ON INCOME REQUIREMENTS AND COMMUNITY NEEDS TOTAL TITLE III-B VISITS = 3,675 , TOTAL TILE XX VISITS = 883

SCHEDULE A (Form 990 or 990-EZ)	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047 2016 Open to Public Inspection
Department of the Treasury Internal Revenue Service Name of the organization ASHTABULA COUNTY MEDICAL CENTER GROUP RETURN		Employer identification number 38-3975135

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 **section 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) and 170(b)(1)(A)(vi)
(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						
<div>Calendar year (or fiscal year beginning in) ▶</div>	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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						
<div>Calendar year (or fiscal year beginning in) ▶</div>	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI.))						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2015 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2016. 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 ▶ <input type="checkbox"/>						
b 33 1/3% support test—2015. 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 ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2016. 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 ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2015. 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 ▶ <input type="checkbox"/>						
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 ▶ <input type="checkbox"/>						

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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** 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? <i>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.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	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>		
11a		
11b		
11c		

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>		
1		
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>		
2		

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>		
1		

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?		
1		
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>		
2		
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>		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <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>		
2a		
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>		
2b		
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>		
3a		
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>		
3b		

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

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

Section A - Adjusted Net Income

	(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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART I, PUBLIC CHARITY STATUS	<p>PURSUANT TO THE INSTRUCTIONS FOR GROUP FILINGS, PART I, PUBLIC CHARITY STATUS, HAS BEEN COMPLETED BASED ON THE LARGEST NUMBER OF SUBORDINATES IN THE GROUP AS THE GROUP CONTAINS ONLY TWO SUBORDINATES, PART I WAS COMPLETED BASED UPON THE SUBORDINATE THAT CONSTITUTES THE MAJORITY OF THE ASSETS AND ACTIVITY OF THE GROUP, WHICH IS GLENBEIGH ROCK CREEK MEDICAL CENTER (DBA GLENBEIGH) (34-1789783) 2863 STATE ROUTE 45 PO BOX 298, ROCK CREEK, OH 44084 GLENBEIGH IS NOT A PRIVATE FOUNDATION BECAUSE IT IS A HOSPITAL OR A COOPERATIVE HOSPITAL SERVICE ORGANIZATION DESCRIBED IN SECTION 170(B)(1)(A)(III) (BOX 3) ASHTABULA REGIONAL HOME HEALTH SERVICES (34-1143158) PO BOX 1428, ASHTABULA, OH 44005 ARHHS IS NOT A PRIVATE FOUNDATION BECAUSE IT IS 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) (BOX 10)</p>



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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

2016

Open to Public Inspection

Name of the organization
ASHTABULA COUNTY MEDICAL CENTER
GROUP RETURN

Employer identification number
38-3975135

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?

☐ Yes

☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes

☐ No

Part II

Conservation Easements. Complete if the organization answered "Yes" 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

2a

2b

2c

2d

Held at the End of the Year

a

Total number of conservation easements

b

Total acreage restricted by conservation easements

c

Number of conservation easements on a certified historic structure included in (a)

d

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes

☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, 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

► \$

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

Cat No 52283D

Schedule D (Form 990) 2016

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" 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

(ii) related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' 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		113,715		113,715
b Buildings		9,075,716	3,843,818	5,231,898
c Leasehold improvements		465,668	371,006	94,662
d Equipment		2,757,037	2,057,404	699,633
e Other		153,720		153,720
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				6,293,628

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
RESERVE FOR SELF-INSURANCE LIABILITIES	326,428
THIRD-PARTY PAYABLES	194,584
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	521,012

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	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 38-3975135
Name: ASHTABULA COUNTY MEDICAL CENTER
GROUP RETURN

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	WHEN TAX RETURNS ARE FILED, IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN WOULD BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, WHILE OTHERS ARE SUBJECT TO UNCERTAINTY ABOUT THE MERITS OF THE POSITION TAKEN OR THE AMOUNT OF THE POSITION THAT WOULD BE ULTIMATELY SUSTAINED. IN ACCORDANCE WITH THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION, THE BENEFIT OF A TAX POSITION IS RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS IN THE PERIOD DURING WHICH, BASED ON ALL AVAILABLE EVIDENCE, MANAGEMENT BELIEVES IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING THE RESOLUTION OF APPEALS OR LITIGATION PROCESSES, IF ANY TAX POSITIONS TAKEN ARE NOT OFFSET OR AGGREGATED WITH OTHER POSITIONS. TAX POSITIONS THAT MEET THE MORE LIKELY THAN NOT RECOGNITION THRESHOLD ARE MEASURED AS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS MORE THAN 50% LIKELY OF BEING REALIZED UPON SETTLEMENT WITH THE APPLICABLE TAXING AUTHORITY. THE PORTION OF THE BENEFITS ASSOCIATED WITH TAX POSITIONS TAKEN THAT EXCEEDS THE AMOUNT MEASURED AS DESCRIBED ABOVE IS RECORDED AS A LIABILITY FOR UNRECOGNIZED TAX BENEFITS ALONG WITH ANY ASSOCIATED INTEREST AND PENALTIES THAT WOULD BE PAYABLE TO THE TAXING AUTHORITIES UPON EXAMINATION.

SCHEDULE H (Form 990) Department of the Treasury Internal Revenue Service	<h2 style="margin:0;">Hospitals</h2> <p>► 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.</p>	OMB No 1545-0047 <div style="font-size: 2em; font-weight: bold; text-align: center;">2016</div> Open to Public Inspection
Name of the organization ASHTABULA COUNTY MEDICAL CENTER GROUP RETURN		Employer identification number 38-3975135

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 <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a		No
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b		No
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	Yes	
b If "Yes," did the organization make it available to the public?	6b	Yes	
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)			1,207,044		1,207,044	2 850 %
b Medicaid (from Worksheet 3, column a)			524,769	662,941	0	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			1,731,813	662,941	1,207,044	2 850 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)			12,035		12,035	0 030 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,430		1,430	0 %
j Total. Other Benefits			13,465		13,465	0 030 %
k Total. Add lines 7d and 7j			1,745,278	662,941	1,220,509	2 880 %

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?	1	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.	2		
	2,960,500		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
	0		
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	3,396,960
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	3,182,844
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	214,116
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?	9a	Yes
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes

Part IV Management Companies and Joint Ventures

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

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

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

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

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

1

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

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

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

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> 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 20 <u>16</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 of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
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	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.GLENBEIGH.COM/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C) _____		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>WWW.GLENBEIGH.COM/COMMUNITY-HEALTH-IMPLEMENTATION-STRATEGY</u>	10 Yes	
a _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

GLENBEIGH HOSPITAL OF ROCK CREEK

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 type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of _____% and FPG family income limit for eligibility for discounted care of _____%		
b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input type="checkbox"/> Medical indigency		
e <input type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance discount		
g <input type="checkbox"/> Residency		
h <input checked="" 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 checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input checked="" 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 type="checkbox"/> The FAP was widely available on a website (list url)		
b <input type="checkbox"/> The FAP application form was widely available on a website (list url)		
c <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url)		
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 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 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 checked="" type="checkbox"/> Other (describe in Section C)		

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

GLENBEIGH HOSPITAL OF ROCK CREEK

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 non-payment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a <input checked="" 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 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 Yes	
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input checked="" 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 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 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	No
If "No," indicate why		
a <input checked="" 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)**

GLENBEIGH HOSPITAL OF ROCK CREEK

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

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

[illegible]

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? 6

Name and address	Type of Facility (describe)
1 1 - OUTPATIENT CENTER OF BEACHWOOD 3789B SOUTH GREEN ROAD BEACHWOOD, OH 44122	OUTPATIENT REHABILITATION CENTER
2 2 - OUTPATIENT CENTER OF CANTON 4661 BELPAR NW CANTON, OH 44718	OUTPATIENT REHABILITATION CENTER
3 3 - OUTPATIENT CENTER OF ERIE 4906 RICHMOND ST ERIE, PA 16509	OUTPATIENT REHABILITATION CENTER
4 4 - OUTPATIENT CENTER OF NILES 29 NORTH ROAD SE NILES, OH 44446	OUTPATIENT REHABILITATION CENTER
5 5 - OUTPATIENT CENTER OF ROCKY RIVER 20800 CENTER RIDGE RD SUITE 410 ROCKY RIVER, OH 44116	OUTPATIENT REHABILITATION CENTER
6 6 - OUTPATIENT CENTER OF TOLEDO 3425 EXECUTIVE PARKWAY SUITE 207 TOLEDO, OH 43606	OUTPATIENT REHABILITATION CENTER
7	
8	
9	
10	

Part VI

Supplemental Information

Provide the following information

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

Form and Line Reference	Explanation
PART I, LINE 3C	SINCE 1981, GLENBEIGH HAS SERVED PATIENTS AND THEIR FAMILIES BY SUPPLEMENTING THEIR PERSONAL RESOURCES IN ORDER THAT SUFFERING ALCOHOLICS, ADDICTS AND THEIR FAMILY MEMBERS MAY OBTAIN TREATMENT AND OTHER RELATED SERVICES AT GLENBEIGH PROVIDING FINANCIAL ASSISTANCE IS FUNDAMENTALLY IMPORTANT TO THE NON-PROFIT MISSION, VISION AND VALUES OF GLENBEIGH BECAUSE THERE IS A WIDE DISPARITY IN AVAILABLE RESOURCES TO PAY FOR THE TREATMENT OF ADDICTION, GLENBEIGH PROVIDES FINANCIAL ASSISTANCE TO MAXIMIZE ACCESS TO TREATMENT WHILE BALANCING THE NEED TO SUSTAIN GLENBEIGH AND ITS MISSION FOR FUTURE GENERATIONS GLENBEIGH WILL CONTINUE TO PROMOTE ACCESS TO TREATMENT AND FUNDING OF TREATMENT FOR THIS DISEASE IN KEEPING WITH OUR GOAL OF SUSTAINING GLENBEIGH FOR FUTURE GENERATIONS, FINANCIAL ASSISTANCE IS BUDGETED ANNUALLY GLENBEIGH OFFERS FINANCIAL ASSISTANCE DISCOUNTS FROM ESTABLISHED RATES FOR PATIENTS WHO DO NOT HAVE INSURANCE COVERAGE FOR THE SERVICES NEEDED GLENBEIGH ALSO OFFERS FINANCIAL ASSISTANCE TO PATIENTS WITH UNPAID COINSURANCE, DEDUCTIBLES AND NON-COVERED SERVICES IF THE PATIENT MEETS THE GLENBEIGH FINANCIAL ASSISTANCE ELIGIBILITY CRITERIA THE FINANCIAL ASSISTANCE IS AVAILABLE BASED UPON A FINANCIAL ASSISTANCE SLIDING FEE SCALE THE FINANCIAL ASSISTANCE DISCOUNTS ARE GRANTED AS PERCENTAGE OF THE ESTABLISHED RATES FOR THE PRIMARY SERVICES OR THE UNPAID BALANCES OF COINSURANCE, DEDUCTIBLES AND NON-COVERED SERVICES BASED UPON A COMBINATION OF THE PATIENT'S HOUSEHOLD INCOME AND HOUSEHOLD ASSETS THE FINANCIAL ASSISTANCE SLIDING FEE SCALE ALLOWS PATIENTS WITH LOW-INCOME, WITH MINIMAL NET ASSETS, AND WITHOUT HEALTH INSURANCE TO ACCESS HEALTH CARE AT DISCOUNTED RATES OR POSSIBLY FREE OF CHARGE THE FINANCIAL ASSISTANCE DISCOUNT WILL VARY BECAUSE OF THE WIDE DISPARITY IN AVAILABLE RESOURCES TO PAY FOR THE TREATMENT SOME HEALTH CARE PROVIDERS ARE REQUIRED BY FEDERAL LAW TO PROVIDE SERVICES BASED UPON A SLIDING FEE SCALE GLENBEIGH IS NOT REQUIRED TO PROVIDE FINANCIAL ASSISTANCE AND HAS VOLUNTARILY ESTABLISHED A FINANCIAL ASSISTANCE SLIDING FEE SCALE TO PROVIDE FINANCIAL ASSISTANCE AND INCREASE ACCESS TO HEALTH CARE SERVICES TO THOSE THAT WOULD OTHERWISE BE UNABLE TO AFFORD CARE THE GLENBEIGH FINANCIAL ASSISTANCE SLIDING FEE SCALE HAS FIVE POSSIBLE RESULTS, DEPENDING ON THE RESULTS OF THE FOUR FACTORS IN THE MEANS TESTING FORMULA A PATIENT IS ASSIGNED TO A FINANCIAL ASSISTANCE TIER BASED ON THE SUM OF THE POINTS ASSIGNED FOR EACH OF THE FOUR FACTORS THE INCOME, EQUITY IN PRIMARY RESIDENCE AND OTHER NET ASSET FACTORS AT GLENBEIGH ARE BASED ON THE FEDERAL POVERTY GUIDELINES AND ARE UPDATED AS THE FEDERAL POVERTY GUIDELINES CHANGE

Form and Line Reference	Explanation
PART I, LINE 6A	N/A

Form and Line Reference	Explanation
PART I, LINE 7	<p>GLENBEIGH ESTIMATED CHARITY CARE COSTS BY CALCULATING A RATIO OF COST TO GROSS CHARGES AND THEN MULTIPLYING THAT RATIO BY THE GROSS UNCOMPENSATED CHARGES ASSOCIATED WITH PROVIDING CARE TO CHARITY PATIENTS GLENBEIGH IS PAID A PROSPECTIVELY DETERMINED RATE FOR THE MAJORITY OF REHABILITATION SERVICES PROVIDED FOR MEDICAID THESE RATES VARY ACCORDING TO A PATIENT CLASSIFICATION SYSTEM THAT IS BASED ON CLINICAL, DIAGNOSTIC, AND OTHER FACTORS MEDICAID PAYMENTS FOR CAPITAL ARE RECEIVED ON A COST REIMBURSEMENT METHODOLOGY PAYMENTS ARE RECEIVED ON A PROSPECTIVE BASIS FOR GLENBEIGH'S MEDICAL EDUCATION COSTS, SUBJECT TO CERTAIN LIMITS PROVISION FOR ESTIMATED RETROACTIVE ADJUSTMENTS, IF ANY, RESULTING FROM REGULATORY MATTERS OR OTHER ADJUSTMENTS UNDER PAYMENT AGREEMENTS ARE ESTIMATED IN THE PERIOD THE RELATED SERVICES ARE PROVIDED</p>

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN (F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 2,960,500

Form and Line Reference	Explanation
PART III, LINE 2	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX IS EQUAL TO THE TOTAL GROSS CHARGES WRITTEN OFF AS REPORTED ON THE 2016 MEDICARE COST REPORT BAD DEBTS ARE AMOUNTS DUE FROM A PATIENT OR PATIENT'S RESPONSIBLE PARTY RESULTING FROM TREATMENT FOR SERVICES PROVIDED TO A PATIENT AND FOR WHOM THE PATIENT AND/OR PATIENT'S RESPONSIBLE PARTY, HAVING THE REQUISITE FINANCIAL RESOURCES TO PAY FOR THE TREATMENT SERVICES, HAS DEMONSTRATED AN UNWILLINGNESS TO PAY A BILL

Form and Line Reference	Explanation
PART III, LINE 3	GLENBEIGH DOES NOT HAVE A METHOD TO REASONABLY ESTIMATE THE PORTION OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS WHO WOULD QUALIFY FOR FINANCIAL ASSISTANCE BUT DID NOT COMPLETE AN APPLICATION

Form and Line Reference	Explanation
PART II	N/A

Form and Line Reference	Explanation
PART III, LINE 4	SEE THE "NET PATIENT SERVICE REVENUE AND PATIENT RECEIVABLES" PARAGRAPHS IN NOTE 1 ON PAGES 11-12 IN THE ATTACHED AUDITED FINANCIAL STATEMENTS GLENBEIGH PROVIDES CARE TO PATIENTS WHO DO NOT HAVE THE ABILITY TO PAY AND WHO QUALIFY FOR CHARITY SERVICES PURSUANT TO ESTABLISHED POLICIES OF GLENBEIGH CHARITY SERVICES ARE DEFINED AS THOSE FOR WHICH PATIENTS HAVE THE OBLIGATION AND WILLINGNESS TO PAY BUT DO NOT HAVE THE ABILITY TO DO SO GLENBEIGH DOES NOT INCLUDE CHARITY CARE IN NET PATIENT SERVICE REVENUE

Form and Line Reference	Explanation
PART III, LINE 8	<p>THE AMOUNTS REPORTED WERE GENERATED FROM THE MEDICARE COST REPORT FILED FOR 2016</p> <p>GLENBEIGH IS PAID A PROSPECTIVELY DETERMINED RATE FOR THE MAJORITY OF REHABILITATION SERVICES PROVIDED FOR MEDICARE. THESE RATES VARY ACCORDING TO A PATIENT CLASSIFICATION SYSTEM THAT IS BASED ON CLINICAL, DIAGNOSTIC, AND OTHER FACTORS. MEDICARE PAYMENTS FOR CAPITAL ARE RECEIVED ON A PROSPECTIVE BASIS. PAYMENTS ARE RECEIVED ON A PROSPECTIVE BASIS FOR GLENBEIGH'S MEDICAL EDUCATION COSTS, SUBJECT TO CERTAIN LIMITS. GLENBEIGH IS PAID FOR COST REIMBURSABLE ITEMS AT A TENTATIVE RATE, WITH FINAL SETTLEMENT DETERMINED AFTER SUBMISSION OF ANNUAL COST REPORTS BY GLENBEIGH AND AUDITS THEREOF BY THE MEDICARE FISCAL INTERMEDIARY. PROVISION FOR ESTIMATED RETROACTIVE ADJUSTMENTS, IF ANY, RESULTING FROM REGULATORY MATTERS OR OTHER ADJUSTMENTS UNDER PAYMENT AGREEMENTS ARE ESTIMATED IN THE PERIOD THE RELATED SERVICES ARE PROVIDED. LAWS AND REGULATIONS GOVERNING MEDICARE ARE COMPLEX AND SUBJECT TO INTERPRETATION AS WELL AS SIGNIFICANT REGULATORY ACTION, AND, IN THE NORMAL COURSE OF BUSINESS, GLENBEIGH IS SUBJECT TO CONTRACTUAL REVIEWS AND AUDITS. AS A RESULT, THERE IS AT LEAST A REASONABLE POSSIBILITY THAT RECORDED ESTIMATES WILL CHANGE IN THE NEAR TERM. GLENBEIGH BELIEVES IT IS IN COMPLIANCE WITH APPLICABLE LAWS AND REGULATIONS GOVERNING THE MEDICARE PROGRAM AND THAT ADEQUATE PROVISIONS HAVE BEEN MADE FOR ANY ADJUSTMENTS THAT MAY RESULT FROM FINAL SETTLEMENTS.</p>

Form and Line Reference	Explanation
PART III, LINE 9B	CONSISTENT WITH GLENBEIGH'S VALUES AND OUR MISSION, PATIENT BILLING ACCOUNTS WILL NOT BE SENT TO COLLECTION AGENCIES WITHOUT GIVING THE PATIENT OR OTHER RESPONSIBLE PAYER THE OPPORTUNITY AND ADEQUATE TIME TO DEVELOP AN ALTERNATIVE PAYMENT ARRANGEMENT IF A FINANCIAL ASSISTANCE DETERMINATION ALLOWS FOR A PERCENTAGE REDUCTION BUT LEAVES THE PATIENT WITH A SELF-PAY BALANCE, PAYMENT TERMS WILL BE ON AN INTEREST-FREE BASIS IN ADDITION, GLENBEIGH WILL NOT GARNISH WAGES OR USE LIENS ON PRIMARY RESIDENCES AS A MEANS OF COLLECTING UNPAID BILLS

Form and Line Reference	Explanation
PART VI, LINE 2	<p>IN ADDITION TO THE CHNA GLENBEIGH PREPARED IN 2013, GLENBEIGH USES THE COMMUNITY HEALTH NEEDS ASSESSMENTS FOR ALCOHOL USE STATISTICS PUBLISHED BY ASHTABULA COUNTY, COUNTIES WHERE PRIMARY PATIENT POPULATIONS RESIDE AND COUNTIES WHERE OUTPATIENT CENTERS ARE LOCATED DRUG USE INFORMATION IS LIMITED MARKETING DATA IS USED TO EVALUATE COMMUNITY NEED FOR OUTPATIENT SERVICES, COMMUNITY, STUDENT AND REFERENT EDUCATIONAL OPPORTUNITIES AND RECOVERY ACTIVITIES GLENBEIGH CONDUCTS REGULAR PATIENT SATISFACTION SURVEYS AND GIVES PATIENTS THE OPPORTUNITY TO PROVIDE INPUT REGARDING THEIR EXPERIENCE GLENBEIGH UTILIZES THE INPUT OF ALUMNI, FAMILIES AND REFERENTS TO DESIGN COMMUNITY BENEFIT PLANS GLENBEIGH CONDUCTS REFERENT SATISFACTION SURVEYS SURVEYS ARE TAKEN AT EDUCATIONAL SEMINARS GLENBEIGH HAS A STAFF SUCCESSION PLAN IN PLACE AS PART OF THE STRATEGIC PLAN REGULAR DEPARTMENT HEAD MEETINGS ARE HELD TO DISCUSS PATIENT, PHYSICIAN, NURSING, COUNSELING, ADMISSIONS, MAINTENANCE, DEVELOPMENT, MEDICAL RECORDS AND BUSINESS OFFICE NEEDS MANAGEMENT TEAM MEMBERS ARE ENGAGED IN MANY COMMUNITY ORGANIZATIONS THAT SERVICE ASHTABULA COUNTY AS WELL AS SERVICE COUNTIES ORGANIZATIONS BENEFITING FROM GLENBEIGH STAFF PARTICIPATION INCLUDE UNITED WAY, AMERICAN HEART ASSOCIATION, AMERICAN CANCER SOCIETY AND CIVIC DEVELOPMENT CORPORATION</p>

Form and Line Reference	Explanation
PART VI, LINE 3	<p>GLENBEIGH WILL INCLUDE NOTICES REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE ON ITS WEBSITE, AND IN MARKETING AND PROGRAM-RELATED MATERIALS, AND IN LOCATIONS WHERE THERE IS A HIGH VOLUME OF ADMISSION AND OR REGISTRATION RELATED ACTIVITY GLENBEIGH WILL ALSO PROVIDE NOTICES REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE TO PATIENTS OR GUARANTORS WHEN THE PATIENT RESPONSIBILITY PORTION OF SERVICES RENDERED ARE BILLED TO THE PATIENTS OR GUARANTORS THE AMOUNT OF FINANCIAL ASSISTANCE AWARDED ANNUALLY WILL BE REPORTED IN THE COMMUNITY BENEFIT DISCLOSURES, AND THE ACCOUNTING FOR FINANCIAL ASSISTANCE SHALL COMPLY WITH ALL ACCOUNTING STANDARDS FOR FINANCIAL ASSISTANCE ISSUED BY THE AMERICAN INSTITUTE FOR CERTIFIED PUBLIC ACCOUNTANTS IN ADDITION, THIS POLICY WILL BE MADE AVAILABLE TO THE PUBLIC IF THERE IS A CONCERN DURING DISCHARGE PLANNING OUR DISCHARGE FACILITATOR WILL REFER THE PATIENT TO APPROPRIATE AGENCIES IF THE PATIENTS HAVE CONCERNS DURING TREATMENT ABOUT THEIR COPAYS OR DEDUCTIBLES OR ABOUT PAYING FOR FURTHER TREATMENT, THEIR COUNSELORS WILL SEND THEM OUT TO THE BUSINESS OFFICE TO MEET WITH FINANCIAL STAFF</p>

Form and Line Reference	Explanation
PART VI, LINE 4	GLENBEIGH'S CATCHMENT AREA IS PRIMARILY THE STATE OF OHIO AND THE SURROUNDING STATES OF PENNSYLVANIA, WEST VIRGINIA, MICHIGAN, NEW YORK AND INDIANA GLENBEIGH'S PAYER MIX IS MEDICAID 1%, MEDICARE 5%, PRIVATE-PAY 10%, COMMERCIAL INSURANCE 81% AND OTHER 3%

Form and Line Reference	Explanation
PART VI, LINE 5	<p>GLENBEIGH IS COMMITTED TO A HEALTHY AND VIBRANT SOBER COMMUNITY THROUGH ACTIVE PARTNERSHIPS WITH OTHER COMMUNITY ORGANIZATIONS WE PARTICIPATED IN NUMEROUS INITIATIVES AND PROVIDED NEEDED RESOURCES OUR IMPACT IS A POSITIVE FORCE THAT EXTENDS BEYOND OUR PATIENTS RISE AND SHINE PROGRAMS ARE OFFERED THROUGHOUT THE YEAR BY GLENBEIGH AS AN EXCELLENT SOURCE OF CONTINUING EDUCATION FOR PROFESSIONALS WHO TREAT INDIVIDUALS AND FAMILIES STRUGGLING WITH CHEMICAL DEPENDENCY DURING THE YEAR, PROFESSIONALS PARTICIPATED IN THESE FREE, INFORMATIONAL SESSIONS COVERING A RANGE OF ADDICTION-RELATED TOPICS AT GLENBEIGH, WE SHARE OUR EXPERTISE IN THE FIELD OF CHEMICAL DEPENDENCY TO PREPARE FUTURE GENERATIONS OF CAREGIVERS GLENBEIGH PROVIDED OPPORTUNITIES FOR REGIONAL NURSING STUDENTS AND COUNSELOR/SOCIAL WORKER INTERNS FROM KENT STATE UNIVERSITY, CLEVELAND STATE UNIVERSITY, LAKELAND COMMUNITY COLLEGE, YOUNGSTOWN STATE UNIVERSITY, URSULINE COLLEGE AND NOTRE DAME COLLEGE WE HAVE AN ENDURING DRIVE TO OFFER THINGS THAT MATTER PROGRAMS THAT EDUCATE, EMPOWER, MOTIVATE AND HELP BRING RECOVERY TO THE WORLD GLENBEIGH IS A COMMUNITY RESOURCE WHICH SUPPORTS GROWTH PARTNERSHIP OF ASHTABULA COUNTY, AMERICAN CANCER SOCIETY, AMERICAN HEART ASSOCIATION, LEADERSHIP ASHTABULA COUNTY, ASHTABULA COUNTY 503 CORPORATION, ASHTABULA COUNTY CIVIC DEVELOPMENT CORPORATION AND UNITED WAY OUR CLINICIANS SERVED AS GUEST SPEAKERS AND LECTURED IN A NUMBER OF VENUES WHILE OUR STAFF MEMBERS PARTICIPATED IN COMMUNITY ACTIVITIES WITH MULTIPLE CIVIC ORGANIZATIONS GLENBEIGH OFFERED THE FOLLOWING SOBER ACTIVITIES FOR ALUMNI, FAMILY, FRIENDS AND THE RECOVERY COMMUNITY SPRING BANQUET, NILES MEMORIAL DAY PICNIC, NILES INDEPENDENCE DAY PICNIC, ROCK CREEK ALUMNI AND RECOVERY COMMUNITY PICNIC, NILES LABOR DAY PICNIC AND THE WINTER HOLIDAY BANQUET</p>

Form and Line Reference	Explanation
PART VI, LINE 6	<p>GLENBEIGH IS AN AFFILIATE OF THE CLEVELAND CLINIC THE CLEVELAND CLINIC HEATH SYSTEM ENGAGES IN MANY COMMUNITY OUTREACH PROGRAMS, INCLUDING INITIATIVES DESIGNED TO SERVE THE VULNERABLE AND AT-RISK POPULATIONS IN OUR COMMUNITIES CLEVELAND CLINIC'S OUTREACH PROGRAMS RANGE FROM FREE HEALTH SCREENINGS AND CLINICAL SERVICES TO ENROLLMENT ASSISTANCE FOR GOVERNMENT-FUNDED HEALTH PROGRAMS COMMUNITY OUTREACH PROGRAMS ARE ALSO THOSE PROGRAMS THAT IMPROVE ACCESS TO HEALTH SERVICES CLEVELAND CLINIC CAREGIVERS COLLABORATE WITH COMMUNITY ORGANIZATIONS TO PROVIDE A CONTINUUM OF CARE THAT SUPPORTS ECONOMICALLY AND MEDICALLY UNDERSERVED AREAS THE 2016 COMMUNITY BENEFIT REPORT PUBLISHED BY THE CLEVELAND CLINIC STATED \$808.7 MILLION WAS SPENT IN 2016 BY THE CLEVELAND CLINIC ON COMMUNITY BENEFIT PROGRAMS</p>

Additional Data

Software ID:

Software Version:

EIN: 38-3975135

Name: ASHTABULA COUNTY MEDICAL CENTER
GROUP RETURN

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

Section A. Hospital Facilities		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
(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>											
Name, address, primary website address, and state license number											
1	GLENBEIGH HOSPITAL OF ROCK CREEK 2863 STATE ROUTE 45 PO BOX 298 ROCK CREEK, OH 44084 WWW.GLENBEIGH.COM 1812	X							X	REHABILITATION CLINIC	

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

Form and Line Reference	Explanation
GLENBEIGH HOSPITAL OF ROCK CREEK	
GLENBEIGH HOSPITAL OF ROCK CREEK	<p>PART V, SECTION B, LINE 11 GLENBEIGH REMAINS COMMITTED TO THE COMMUNITY WHERE WE LIVE AND WORK GLENBEIGH WILL CONTINUE ITS COMMITMENT TO OUR DEFINED REGIONAL SERVICE AREA AND SUPPORT EFFORTS AND PROGRAMS THAT PROMOTE RECOVERY GLENBEIGH WILL ALLOCATE APPROPRIATE RESOURCES TO IMPLEMENT THE FOLLOWING STRATEGIES FROM 2014 THROUGH 2016 IN AN EFFORT TO MEET THE IDENTIFIED HEALTH NEEDS OF OUR COMMUNITY A NEW OR EXPANDED STRATEGIC INITIATIVES 1 INCREASE TRANSITIONAL SERVICES, SUCH AS RESIDENTIAL HOUSING OPTIONS AND VOCATIONAL REHABILITATION WHICH ARE IN GREAT NEED BY I EXPLORING OPPORTUNITIES TO ADD TRANSITIONAL BEDS II POTENTIALLY EXPANDING SOBER LIVING OPPORTUNITIES III CONTINUING TO PROVIDE VOCATIONAL ASSESSMENTS AND EXPANDING LIFE SKILLS TRAINING TARGETING THE 18 TO 26 YEAR OLD POPULATION IV CONTINUING TO ASSESS NEED FOR TRANSITIONAL HOUSING OPTIONS V CONTINUING TO IDENTIFY VIABLE RESIDENTIAL HOUSING OPTIONS IN VARIOUS COMMUNITIES AND REFER APPROPRIATELY 2 ADDRESS THE INCREASING RATES OF HEROIN ADDICTION DUE TO THE EASE OF ACCESSIBILITY AND RELATIVE LOW COST COMPARED TO OTHER DRUGS BY I EXPLORING CREATION OF PROJECT DAWN SITE IN ASHTABULA COUNTY IN RESPONSE TO INCREASED NUMBER OF OPIOID DEATHS IN MARCH 2014 OHIO SIGNED INTO LAW LEGISLATION ALLOWING GREATER ACCESS TO NALOXONE THROUGH HEALTHCARE PROVIDERS OR HEALTH DEPARTMENTS II CONTINUALLY DISTRIBUTING INFORMATION TO THE RECOVERY COMMUNITY REGARDING ON-LINE RESOURCES THAT SUPPORT RECOVERY EFFORTS III EXPANDING EFFORTS TO ATTRACT THE YOUNG ADULT POPULATION, AGE 18 TO 26, TO ENGAGE THROUGH SOCIAL MEDIA RESOURCES IV SUPPORTING THE EFFORTS OF OTHER ORGANIZATIONS SUCH AS ROCK & RECOVERY RADIO THAT USES MUSIC AS A MEDIUM TO SPREAD A POSITIVE RECOVERY MESSAGE BROADCASTING GLOBALLY THROUGH HD RADIO STREAMING WEBCASTING 3 PROVIDE INFORMATION TO YOUNG ADULTS AS THE AGE OF THE ADDICT IS ON THE DECLINE BY I CONTINUING TO OFFER EDUCATIONAL AND SOCIAL EVENTS FOR THE RECOVERING COMMUNITY II DEVELOPING PUBLIC SERVICE ANNOUNCEMENTS TARGETING THE YOUNGER POPULATION UPDATING FREQUENTLY TO STAY FRESH III DEVELOPING A RESOURCE PACKET ABOUT DRUG AND ALCOHOL ADDICTION FOR USE BY SCHOOL GUIDANCE COUNSELORS DISTRIBUTE TO MIDDLE SCHOOLS AND HIGH SCHOOLS IV CONTINUING TO OFFER SUPPORT AND EDUCATION TO FAMILY/FRIENDS OF ADDICTED ADULTS V EXPANDING THE EDUCATIONAL/INFORMATIONAL PACKET DISTRIBUTED FOR FAMILY MEMBERS VI EXPLORING A MEANS TO ASSIST FAMILIES WITH FINDING RESOURCES IN THEIR OWN COMMUNITY 4 EDUCATE PROVIDERS AND OTHER PROFESSIONALS ABOUT WHAT SERVICES ARE AVAILABLE AND HOW TO FULLY UNDERSTAND THE TREATMENT OF ADDICTION BY I CONTINUING TO OFFER EDUCATIONAL WORKSHOPS TO PROFESSIONALS WHO WORK WITH INDIVIDUALS AND FAMILIES STRUGGLING WITH ADDICTION II CONTINUING TO TRAIN FUTURE COUNSELORS, SOCIAL WORKERS AND NURSING STUDENTS INTERESTED IN WORKING IN THE FIELD OF CHEMICAL DEPENDENCY INCLUDING INTERNSHIP PROGRAMS III CONTINUING TO DISTRIBUTE INFORMATION THAT EDUCATES THE GENERAL POPULATION ABOUT ADDICTION AND ABOUT CURRENT TRENDS IN ADDICTION AND RECOVERY IV DEVELOPING AN EDUCATIONAL FORUM TARGETING PHYSICIANS AND MINISTERS V CREATING AN ELECTRONIC NEWSLETTER AS A RESOURCE FOR PROFESSIONALS TARGETING CURRENT ADDICTION AND RECOVERY TRENDS PLANNING PROGRAMS AND SERVICES THAT ADDRESS COMMUNITY NEED WAS ACCOMPLISHED THROUGH AN ASSESSMENT AND EVALUATION PROCESS CERTAIN COMMUNITY HEALTH NEEDS ARE BEING ADDRESSED BY PROGRAMS CURRENTLY IN PLACE GLENBEIGH HAS NOT CHANGED PLANS TO EXPAND THESE PROGRAMS OR SERVICES UNLESS A NEED BECOMES MORE PRONOUNCED AND CIRCUMSTANCES WARRANT EXPANSION THESE INITIATIVES INCLUDE 1 DRUG AND ALCOHOL ADDICTION IS PERVASIVE AND IMPACTS PEOPLE OF ALL RACES, INCOME LEVELS AND AGES A GLENBEIGH HAS BEEN PROVIDING TREATMENT FOR SUBSTANCE ABUSE FOR OVER 31 YEARS AND WILL CONTINUE TO DO SO GLENBEIGH TREATS A DIVERSE ADULT POPULATION AND COLLABORATES WITH, AND REFERS TO, OTHER ORGANIZATIONS THAT PROVIDE TREATMENT AND SUPPORT SERVICES TO ALL DEMOGRAPHICS 2 THERE ARE LIMITED RESOURCES FOR THE TREATMENT OF DRUG AND ALCOHOL ADDICTION, PARTICULARLY FOR THE UNINSURED A GLENBEIGH WILL CONTINUE TO PROVIDE CHARITABLE CARE OPPORTUNITIES TO THE UNINSURED IN NEED OF TREATMENT FOR THOSE WHO MEET CLINICAL AND FINANCIAL ELIGIBILITY B GLENBEIGH WILL CONTINUE TO PROVIDE CHARITY CARE AT OUTPATIENT CENTERS FOR THOSE WHO MEET CLINICAL AND FINANCIAL ELIGIBILITY C CONTINUE TO PROVIDE CHARITABLE CARE OPPORTUNITIES FOR UNDERINSURED INDIVIDUALS IN NEED OF ADDITIONAL CARE D CONTINUE TO REFER TO OTHER AGENCIES TO EFFECTIVELY MEET THE NEEDS OF PEOPLE SEEKING HELP FOR DRUG AND/OR ALCOHOL ADDICTION 3 THERE ARE LIMITED INPATIENT TREATMENT OPTIONS FOR THE TREATMENT OF DRUG AND ALCOHOL ABUSE AS WELL AS LIMITED DETOX BEDS A GLENBEIGH WILL CONTINUE TO WORK WITH INDIVIDUALS IN NEED OF TREATMENT AND WILL CONTINUE TO PROVIDE DETOX SERVICES TO COUNTIES WITH NO RESOURCES B GLENBEIGH WILL CONTINUE TO ASSESS THE NEED FOR ADDITIONAL BEDS FOR ALL LEVELS OF CARE AND TO EXPLORE THE POSSIBILITY OF EXPANDING RESIDENTIAL AND INPATIENT BEDS NEEDS GLENBEIGH DOES NOT PLAN TO ADDRESS NO ONE ORGANIZATION CAN ADDRESS ALL THE HEALTH NEEDS IDENTIFIED WITHIN ITS SERVICE COMMUNITY ESPECIALLY GIVEN GLENBEIGH'S EXPANSIVE SERVICE AREA GLENBEIGH WILL FOCUS ON MEETING THE PRIORITY AND SPECIFIED COMMUNITY HEALTH NEEDS SELECTED FROM THE CHNA GLENBEIGH WILL NOT FOCUS ON THE FOLLOWING NEEDS 1 THERE IS A CLEAR CONNECTION BETWEEN DRUG AND ALCOHOL ABUSE AND SOCIAL DETERMINANTS OF HEALTH (E.G. POVERTY, UNEMPLOYMENT) A ADDRESSING ISSUES SUCH AS POVERTY AND UNEMPLOYMENT IS BEYOND THE SCOPE OF GLENBEIGH'S EXPERTISE THE ISSUE IS BEING EFFECTIVELY ADDRESSED BY OTHER AGENCIES</p>
GLENBEIGH HOSPITAL OF ROCK CREEK	<p>PART V, SECTION B, LINE 13B THE DETERMINATION OF A PATIENT'S ELIGIBILITY FOR FINANCIAL ASSISTANCE IS MADE BASED UPON A COMBINATION OF FOUR FACTORS THE FOUR FACTORS ARE FAMILY INCOME, EQUITY IN PRIMARY RESIDENCE, OTHER NET ASSETS AND THE NUMBER OF DEPENDENTS A POINT VALUE IS ASSIGNED TO EACH FACTOR BASED UPON THE INFORMATION PROVIDED THE AMOUNT OF THE FINANCIAL ASSISTANCE IS BASED UPON THE SUM OF THE POINT VALUES FOR ALL FOUR FACTORS</p>
GLENBEIGH HOSPITAL OF ROCK CREEK	<p>PART V, SECTION B, LINE 13H SEE EXPLANATION FOR LINE 13B</p>
GLENBEIGH HOSPITAL OF ROCK CREEK	<p>PART V, SECTION B, LINE 15E FINANCIAL COUNSELORS MEET WITH ANY PATIENT THAT MAY NEED ANY FORM OF FINANCIAL AID PRIOR TO DISCHARGE THE PATIENT IS GIVEN THE APPLICATION AND IT IS EXPLAINED TO THEM</p>

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

Form and Line Reference	Explanation
GLENBEIGH HOSPITAL OF ROCK CREEK	PART V, SECTION B, LINE 16J SEE EXPLANATION FOR LINE 15E
GLENBEIGH HOSPITAL OF ROCK CREEK	PART V, SECTION B, LINE 20E LINE 20C IF AN INCOMPLETE FAP APPLICATION IS RECEIVED, THE ORGANIZATION'S FINANCIAL COUNSELORS CONTACT THE PATIENT FOR ADDITIONAL INFORMATION LINE 20E THE ORGANIZATION PROVIDES NOTIFICATION REGARDING THE FAP THROUGH SIGNAGE AND OTHER MECHANISMS THERE ARE A NUMBER OF WRITTEN CORRESPONDENCES THAT GO OUT TO PATIENTS OVER THE COURSE OF 120 DAYS ONCE THE PATIENT RESPONSIBILITY IS DETERMINED FOR THE AMOUNT DUE RELATED TO SERVICES PROVIDED

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," 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.

OMB No 1545-0047

2016

Open to Public
Inspection

Name of the organization
ASHTABULA COUNTY MEDICAL CENTER
GROUP RETURN

Employer identification number
38-3975135

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 non-cash assistance	(h) Purpose of grant or assistance
(1) ASHTABULA COUNTY MEDICAL CENTER 2420 LAKE AVENUE ASHTABULA, OH 44004	34-0726081	501(C)(3)	15,000,000				TO SUPPORT THE MISSION OF THE ASHTABULA COUNTY MEDICAL CENTER

2

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

1

3

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

0

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

Cat No 50055P

Schedule I (Form 990) 2016

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash 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	THE ONLY TRANSFER WAS TO A RELATED ORGANIZATION WITH AN IDENTICAL BOARD OR DIRECTORS AND COMMON MANAGEMENT THIS OVERLAP IN OVERSIGHT ENSURED APPROPRIATE USE OF TRANSFERRED FUNDS

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
ASHTABULA COUNTY MEDICAL CENTER
GROUP RETURN

Employer identification number
38-3975135

Part I

Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JUDE CAUWENBERGH DO BOARD MEMBER/CHIEF OF STAFF	(i)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
	(ii)	281,178	0	270	8,379	4,619	294,446	0
2 DANIEL KEATON MD BOARD MEMBER/VICE-CHIEF OF STAFF	(i)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
	(ii)	158,199	0	18,270	6,923	3,822	187,214	0
3 PAT WESTON-HALL GLENBEIGH CEO	(i)	190,038 -----	0 -----	53,417 -----	8,710 -----	5,394 -----	257,559 -----	0 -----
	(ii)	0	0	0	0	0	0	0
4 GARY SEECH GLENBEIGH DIR OF REGIONAL OPERATION	(i)	115,265 -----	0 -----	30,812 -----	6,045 -----	6,304 -----	158,426 -----	0 -----
	(ii)	0	0	0	0	0	0	0

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 3	SALARIES ARE REVIEWED APPROXIMATELY EVERY TWO YEARS. SALARIES ARE COMPARED TO LOCAL, REGIONAL, AND NATIONAL MARKET RATES AND IN CONJUNCTION WITH THE CEO AND CFO TO DETERMINE COMPENSATION. WHEN OPENINGS FOR KEY POSITIONS BECOME AVAILABLE, THE HR DEPARTMENT EXAMINES THE MARKET RATES TO DETERMINE A STARTING SALARY. EVERY YEAR THE TYPICAL SALARY HAS A 2% MERIT RATE INCREASE.
PART I, LINE 4A	KERRY GERKEN RECEIVED A SEVERANCE PAYMENT OF \$47,666 DURING 2016.

Noncash Contributions

2016

Open to Public Inspection

Name of the organization
ASHTABULA COUNTY MEDICAL CENTER
GROUP RETURN

Employer identification number
38-3975135

(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
X	1	49,516	FAIR MARKET VALUE
X	1	20,000	FAIR MARKET VALUE

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	
----	------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----	--

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No
31	Yes	
32a		No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Part II**Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
ASHTABULA COUNTY MEDICAL CENTER
GROUP RETURN

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

38-3975135

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	THE CLEVELAND CLINIC HOLDS AND EXERCISES A MANAGEMENT AGREEMENT WITH THE ACMC HEALTHCARE SYSTEM

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 REPORT IS PUBLISHED TO THE BOARD OF DIRECTOR'S WEBSITE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>EACH TRUSTEE, PRINCIPAL OFFICER, MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS, AND KEY EMPLOYEE SHALL ANNUALLY SIGN A STATEMENT, WHICH AFFIRMS THAT SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, AND 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 A PERSON COVERED BY THE CONFLICT OF INTEREST POLICY BELIEVES HE OR SHE HAS A POTENTIAL CONFLICT OF INTEREST, THAT PERSON IS TO DISCLOSE THE CONFLICT TO THE BOARD AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE OR SHE SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS THE DISCLOSING PERSON MAY MAKE A PRESENTATION REGARDING THE PROPOSED TRANSACTION/POTENTIAL CONFLICT OF INTEREST AT THE BOARD OR COMMITTEE MEETING, BUT AFTER SUCH PRESENTATION, HE OR SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE PROPOSED TRANSACTION OR ARRANGEMENT THAT RESULTS IN THE CONFLICT OF INTEREST THE CHAIRPERSON OF THE BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT AFTER EXERCISING DUE DILIGENCE, THE BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE CORPORATION CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORTS FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED TRUSTEES WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE CORPORATION'S BEST INTEREST AND FOR ITS OWN BENEFIT AND WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO THE CORPORATION AND SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION 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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	SALARIES ARE REVIEWED APPROXIMATELY EVERY TWO YEARS SALARIES ARE COMPARED TO LOCAL, REGIONAL, AND NATIONAL MARKET RATES AND IN CONJUNCTION WITH THE CEO AND CFO TO DETERMINE COMPENSATION WHEN OPENINGS FOR KEY POSITIONS BECOME AVAILABLE, THE HR DEPARTMENT EXAMINES THE MARKET RATES TO DETERMINE A STARTING SALARY EVERY YEAR THE TYPICAL SALARY HAS A 2% MERIT RATE INCREASE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	ALL REQUESTS ARE SENT TO THE CEO FOR DISTRIBUTION

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
ASHTABULA COUNTY MEDICAL CENTER
GROUP RETURN

Employer identification number
38-3975135

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)ASHTABULA COUNTY MEDICAL CENTER FOUNDATION 2420 LAKE AVENUE ASHTABULA, OH 44004 34-1392784	SUPPORT THE ASHTABULA COUNTY MEDICAL CENTER	OH	501(C)(3)	LINE 12A, I	ASHTABULA COUNTY MEDICAL CENTER		No
(2)ASHTABULA COUNTY MEDICAL CENTER 2420 LAKE AVENUE ASHTABULA, OH 44004 34-0726081	OPERATION OF HOSPITAL	OH	501(C)(3)	LINE 3	N/A		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

Yes

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

Yes

1o

Yes

1p

Yes

1q

No

1r

Yes

1s

Yes

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

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

Schedule R (Form 990) 2016

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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