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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
ProMedica Health System Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1801 Richards Road

City or town, state or country, and ZIP + 4
Toledo, OH 43607

D Employer identification number
34-1517671

E Telephone number
(419) 824-9000

G Gross receipts $ 376,486,063

F Name and address of principal officer
Kathleen S Hanley
1801 Richards Road
Toledo, OH 43607

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

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

H(c) Group exemption number ▶

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

J Website: ▶ ProMedica Org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1986 | **M** State of legal domicile OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities
ProMedica Health System an integrated health system innovative, service-oriented, cost-effective with superior quality working with physicians, health care providers, businesses and the community to improve health

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	18
5	Total number of employees (Part V, line 2a)	**5**	913
6	Total number of volunteers (estimate if necessary)	**6**	26
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	28,541
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	24,787

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	10,045,804	6,315,025
	9 Program service revenue (Part VIII, line 2g)	80,120,415	369,829,541
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	304,864	81,479
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,036	25,310
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	90,491,119	376,251,355
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	526,594	3,846,323
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	47,829,675	76,765,581
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	259,313,670	47,763,064
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	307,669,939	128,374,968
	19 Revenue less expenses Subtract line 18 from line 12	-217,178,820	247,876,387

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	1,222,948,485	1,468,640,586
	21 Total liabilities (Part X, line 26)	145,474,021	135,034,714
	22 Net assets or fund balances Subtract line 21 from line 20	1,077,474,464	1,333,605,872

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 2010-11-10

▶ Kathleen S Hanley Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Jeffrey D Frank	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DELOITTE TAX LLP 111 MONUMENT CIRCLE STE 2000 INDIANAPOLIS, IN 462045108			EIN ▶ Phone no ▶ (317) 464-8600

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

ProMedica Health System an integrated health system innovative, service-oriented, cost-effective with superior quality working with physicians, health care providers, businesses and the community to improve health

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 100,593,802 including grants of $ 3,291,461) (Revenue $ 369,826,310)

ProMedica Health System (PHS) is an Ohio not-for-profit corporation which serves as a holding company for several corporations in a system that provides various types of health care services PHS provides management services and support to all entities with ProMedica Health System See Schedule O

4b (Code) (Expenses $ 2,322,686 including grants of $ 554,862) (Revenue $)

Consistent with our mission, ProMedica Health System provides a significant amount of community benefit, including community health and wellness services and cash and in-kind contributions See Schedule O

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

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 102,916,488

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?	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? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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, 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 term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• 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.*			
	• 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.*			
	• 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.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? (Yes / No) *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — 12A 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, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	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*	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	Yes	
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
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**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) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	189		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	913		
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 this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
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, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	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?	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		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
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, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the 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			

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.

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	21		
b	Enter the number of voting members that are independent	1b	18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ 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 make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

Brian Hansen
5520 Monroe Street
Sylvania, OH 43560
(419) 824-9001

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

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 Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees 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 the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
See add'l data										

1b Total . . . . . ▶	11,793,232	1,391,438	1,322,303

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 98

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Mayo Clinic 200 First Street SW Rochester, MN 55905	Lab Testing	3,107,625
Marshall & Melhorn LLC Four Seagate 8th Floor Toledo, OH 43604	Legal Services	1,151,668
Jones Day 325 John M McConnell Blvd Columbus, OH 432152673	Legal Services	1,085,302
Deloitte & Touche LLP 600 Renaissance Ste 900 Detroit, MI 482431895	Accounting Services	922,830
McDermott Will & Emery 227 W Monroe St Ste 4400 Chicago, IL 606065096	Legal Services	790,843
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 18		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	15,025			
	d	Related organizations	1d	6,300,000			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		6,315,025			
Program Service Revenue			Business Code				
	2a	Invest in Affiliates	900,099	247,236,103	247,236,103		
	b	Admin Support Serv	621,110	122,593,438	122,593,438		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		369,829,541			
	3	Investment income (including dividends, interest and other similar amounts)		82,460			82,460
	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	195,582				
	b	Less cost or other basis and sales expenses	196,563				
	c	Gain or (loss)	-981				
	d	Net gain or (loss)		-981			-981
Other Revenue	8a	Gross income from fundraising events (not including $ 15,025 of contributions reported on line 1c) See Part IV, line 18	a 34,485				
	b	Less direct expenses	b 38,145				
	c	Net income or (loss) from fundraising events		-3,660			-3,660
	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	Management Fee	541,610	28,541		28,541	
	b	Rebates	900,099	429	429		
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		28,970			
	12	**Total revenue.** See Instructions		376,251,355	369,829,970	28,541	77,819

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) but are not required to complete columns (B), (C), and (D).

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	3,804,123	3,804,123		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	42,200	42,200		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	10,889,687		10,889,687	
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	51,307,899	49,758,068	1,549,831	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,809,941	3,047,953	761,988	
9	Other employee benefits	7,184,104	5,747,283	1,436,821	
10	Payroll taxes	3,573,950	2,859,160	714,790	
11	Fees for services (non-employees)				
a	Management				
b	Legal	433,996		433,996	
c	Accounting	1,087,195		1,087,195	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees				
g	Other	23,262,992	18,610,394	4,652,598	
12	Advertising and promotion	6,792,548	5,434,038	1,358,510	
13	Office expenses	5,019,801	4,015,841	1,003,960	
14	Information technology				
15	Royalties				
16	Occupancy	963,144	770,515	192,629	
17	Travel	471,531	377,225	94,306	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	3,322	2,658	664	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,649,321	5,984,389	664,932	
23	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Dues & Subscriptions	636,105	508,884	127,221	
b	Recruitment	247,242	197,794	49,448	
c	Prov for Fed Inc Tax	913		913	
d					
e					
f	All other expenses	2,194,954	1,755,963	438,991	
25	**Total functional expenses.** Add lines 1 through 24f	128,374,968	102,916,488	25,458,480	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		6,885,626	1	3,217,689
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	4,968
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,931,610	8	2,240,738
	9	Prepaid expenses and deferred charges		18,676,934	9	17,111,969
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 70,823,789			
	b	Less accumulated depreciation	10b 40,413,227	25,958,664	10c	30,410,562
	11	Investments—publicly traded securities		9,613,526	11	1,656,833
	12	Investments—other securities See Part IV, line 11		1,136,493,747	12	1,386,951,805
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		23,388,378	15	27,046,022
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,222,948,485	16	1,468,640,586
Liabilities	17	Accounts payable and accrued expenses		20,691,348	17	26,677,058
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	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 Complete Part X of Schedule D		124,782,673	25	108,357,656
	26	**Total liabilities.** Add lines 17 through 25		145,474,021	26	135,034,714
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,077,342,306	27	1,333,432,092
	28	Temporarily restricted net assets		132,158	28	173,780
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		1,077,474,464	33	1,333,605,872
	34	Total liabilities and net assets/fund balances		1,222,948,485	34	1,468,640,586

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ 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?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
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?	3a		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	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ProMedica Health System Inc

Employer identification number
34-1517671

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

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

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☑ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☑ Type III - Functionally integrated **d** ☐ Type III - Other

e ☑ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
See Additional Data Table									
Total									3,291,397

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV)						
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 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** 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—2008.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 34-1517671
Name: ProMedica Health System Inc

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
Richard Baker Jr Trustee	1 00	X						0	0	0
Sr Rosemary Abramovich Trustee	1 00	X						0	0	0
Emmett Boyle MD Trustee	1 00	X						0	0	0
Robert Chirdon Trustee	1 00	X						0	0	0
Chris Thornberry Trustee	1 00	X						0	0	0
Steven Coffin Trustee	1 00	X						0	0	0
Robert DeRosa MD Trustee	1 00	X						0	713,180	36,066
H Lee Dunn Trustee	1 00	X						0	0	0
Daniel Farrell Jr Trustee	1 00	X						0	0	0
Donald Kellermeyer Trustee	1 00	X						0	0	0
Donald Mennel Trustee	1 00	X						0	0	0
James Murray Trustee	1 00	X						0	0	0
Joseph Napoli Trustee	1 00	X						0	0	0
Michael Oswanski MD Trustee	1 00	X						0	468,442	38,398
Arthur Purinton II Trustee	1 00	X						0	0	0
Claude Rowley Trustee	1 00	X						0	0	0
David Snavely Trustee	1 00	X						0	0	0
Larry Spetka MD Trustee	1 00	X						0	209,816	0
Steven Staelin Trustee	1 00	X						0	0	0
Lee Wesselmann Trustee	1 00	X						0	0	0
Frank Duval Chairperson	1 00	X		X				1,129	0	0
Larry Peterson Vice Chairperson	1 00	X		X				0	0	0
Alan Brass CEO Emeritus	40 00	X		X				3,288,856	0	159,003
Randall Oostra CEO	40 00	X		X				982,075	0	95,181
Kathleen Hanley Treasurer	40 00			X				589,817	0	85,787

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
Jeffrey Kuhn Secretary	40 00			X				434,214	0	63,102
Barbara Steele Regional President	40 00				X			786,115	0	79,152
Lee Hammerling MD Chief Medical Officer	40 00				X			647,747	0	76,447
Stephen Mooney Chief Strategic Plan OFC	40 00				X			579,213	0	57,881
John Randolph President PIC	40 00				X			556,335	0	89,186
John Horns Pres PH Network	40 00				X			430,269	0	58,739
Robert Reiter MD Assoc Chief Medical OFC	40 00				X			429,203	0	64,792
David Selman Chief Information OFC	40 00				X			422,278	0	64,184
Charles McDowell Chief HR Officer	40 00				X			400,606	0	36,293
Kathleen Carlson Pres Physician Svcs	40 00				X			356,835	0	55,248
Kevin Webb President TTH & TCH	40 00					X		425,945	0	53,720
Robert Fredrick MD Pres HERC	40 00					X		407,017	0	59,113
Gladeen Roberts Pres PCCS	40 00					X		391,110	0	58,377
Gary Cates Pres Defiance Hosp	40 00					X		359,685	0	43,067
Lori Johnston SR VP OPS PCCS	40 00					X		304,783	0	48,567

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ProMedica Health System Inc

Employer identification number
34-1517671

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's 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 XIV

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

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

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or 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 year end balance held as

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Term endowment ▶ %

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,958,385		1,958,385
b Buildings		9,034,701	1,544,166	7,490,535
c Leasehold improvements		1,463,968	321,479	1,142,489
d Equipment		53,509,581	38,547,582	14,961,999
e Other		4,857,154		4,857,154
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				30,410,562

Part VII Investments—Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other Self Insurance/Deferred Compensation	13,548,341	F
Investment in Affiliated Companies	1,373,403,464	C
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	1,386,951,805	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Due to Affiliates	16,716,411
Professional Liability & Workers Compensation	12,150,232
Collateral Payable	354,847
Other Current Liabilities	30,145
Deferred Compensation	13,018,642
Pension	64,162,609
Asbestos Remediation	186,342
Contingent Liabilities	1,738,428
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	108,357,656

2. Fin 48 Footnote In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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

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 on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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 XIV)	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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	ProMedica Health System is included in the consolidated audited financial statements of ProMedica Health System and Subsidiaries (PHS) The following footnote reflects PHS's liability for uncertain tax positions under FIN 48 PHS does not have any material uncertain tax positions at December 31, 2009 and 2008 It is PHS's policy to classify the expense related to interest and penalties to be paid on underpayments of income taxes within general and administrative expenses There are no penalties or interest accrued in the statements of operations

Additional Data

Software ID:
Software Version:
EIN: 34-1517671
Name: ProMedica Health System Inc

Form 990, Schedule D, Part X, - Other Liabilities

1	**(a)** Description of Liability	**(b)** Amount
	Due to Affiliates	16,716,411
	Professional Liability & Workers Compensation	12,150,232
	Collateral Payable	354,847
	Other Current Liabilities	30,145
	Deferred Compensation	13,018,642
	Pension	64,162,609
	Asbestos Remediation	186,342
	Contingent Liabilities	1,738,428

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
ProMedica Health System Inc

Employer identification number
34-1517671

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☑ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 Pro-Am Golf (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	49,510			49,510
	2 Less Charitable contributions	15,025			15,025
	3 Gross income (line 1 minus line 2)	34,485			34,485
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	9,465			9,465
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	28,680			28,680
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				38,145
	11 Net income summary Combine lines 3, column d, and line 10 ▶				-3,660

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ProMedica Health System Inc

Employer identification number
34-1517671

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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 27

3 Enter total number of other organizations . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) 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
Education Tuition Assistance	22	42,200	0		
See Additional Data Table					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 As the parent company, promedica health system (PHS), corporate treasury, with the approval and oversight of the finance committee, ensures that funds are distributed appropriately according to PHS's strategic business pland and consistent with corporate policies and procedures As the parent company of ProMedica Health System (PHS), corporate policies exist to ensure that the approval and distribution of foundation funds are consistent with the approved supported organization strategic plan and documented donor intent All requests for funds must be submitted on the "Fund Utilization Request" form, include written supporting documentation and appropriate approvals depending on the dollar amount of the request On a monthly basis a report listing all fund distributions is distributed to the PHS President/Chief Operating Officer and Chief Philanthropic Officer

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 34-1517671
Name: ProMedica Health System Inc

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PCCS Foundation5200 Harron Road Sylvania, OH 43560	34-1901457	501(c)(3)	22,083				Charitable Donation
Toledo Children's Hospital Foundation2142 North Cove Blvd Toledo, OH 43606	34-1901463	501(c)(3)	9,420				Charitable Donation
American Cancer Society740 Commerce Drive Suite B Perrysburg, OH 43551	13-1788491	501(c)(3)	6,000				Charitable Donation
American Heart Association 1701 Woodlands Suite 200 Maumee, OH 43537	13-5613797	501(c)(3)	16,750				Charitable Donation
Junior Achievement of NW Ohio2239 Cheyenne Blvd Toledo, OH 43614	34-4430363	501(c)(3)	6,000				Charitable Donation
Junior League of Toledo LLC 3454 Oak Alley Court Suite 1000 Toledo, OH 436061354	34-0902282	501(c)(3)	6,550				Charitable Donation
Lima Memorial Hospital Foundation1001 Bellefontaine Road Lima, OH 45804	34-1707570	501(c)(3)	5,500				Charitable Donation
Lourdes College6832 Convent Blvd Sylvania, OH 43560	34-1226547	501(c)(3)	8,700				Charitable Donation
Men Against Prostate Cancer PO Box 65 Holland, OH 43528	34-1947739	501(c)(3)	7,750				Charitable Donation
Muscular Dystrophy Association5425 Southwyck Blvd 105 Toledo, OH 43614	13-1665552	501(c)(3)	5,000				Charitable Donation

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Ohio Suicide Prevention Foundation325 Stillman Hall 1947 College Road Road Columbus, OH 43210	20-3476310	501(c)(3)	5,000				Charitable Donation
Ronald McDonald House of NW Ohio3883 Monroe Street Toledo, OH 43606	34-1349742	501(c)(3)	6,000	35,241	Fair Market Value		Charitable Donation
Toledo Community Foundation300 Madison Ave Suite 1300 Toledo, OH 43604	23-7284004	501(c)(3)	11,333				Charitable Donation
Toledo Museum of Art2445 Monroe Street Toledo, OH 43620	34-4434678	501(c)(3)	10,750				Charitable Donation
Toledo Public Schools420 E Manhattan Blvd Room 110 Toledo, OH 43608	34-6401449	501(c)(3)	5,000				Charitable Donation
Toledo Regional Chamber of Commerce300 Madison Ave Suite 200 Toledo, OH 436041575	34-4374780	501(c)(3)	5,000				Charitable Donation
Toledo ZooPO Box 140130 Toledo, OH 436140801	34-4440256	501(c)(3)	11,000				Charitable Donation
WGTE-TV1270 South Detroit Avenue Toledo, OH 43614	34-6554586	501(c)(3)	8,750				Charitable Donation
YMCAJCC of Greater Toledo 6465 Sylvania Avenue Sylvania, OH 43560	34-4428262	501(c)(3)	16,000				Charitable Donation
YWCA of Greater Toledo 1018 Jefferson Ave Toledo, OH 43604	34-4428265	501(c)(3)	15,000				Charitable Donation

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Hudson Educational FoundationPO Box 101 Hudson,MI 49247	38-2572811	501(c)(3)	7,000				Charitable Donation
Springfield Local School8900 Hall Street Holland,OH 43528	20-0417923	501(c)(3)	5,000				Charitable Donation
McCord Road Christian Church4765 McCord Road Sylvania,OH 43560	34-1096073	501(c)(3)	20,000				Charitable Donation
Bates College2 Andrews Street Lewiston,ME 04240	01-0211781	501(c)(3)	12,500				Charitable Donation
Hope Lutheran Church2201 Secor Road Toledo,OH 43606	34-4436840	501(c)(3)	5,000				Charitable Donation
United WayOne Stranahan Square Toledo,OH 43604	34-4428265	501(c)(3)	5,500				Charitable Donation
ProMedica Continuing Care Services Corp5855 Monroe St Sylvania,OH 43560	34-4492440	501(c)(3)	3,291,461				Operating Grant
Make A Wish Foundation405 Madison Avenue Suite 210 Toledo,OH 43604	34-1430961	501(c)(3)	5,250				Charitable Donation
Boys and Girls Clubs of Toledo2250 N Detroit Avenue Toledo,OH 43606	34-4427933	501(c)(3)	5,750				Charitable Donation

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ProMedica Health System Inc

Employer identification number
34-1517671

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☑ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	**(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 reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	Part I, Line 1a	Travel for Companions CEO Included in Taxable Compensation Tax Indemnification and Gross Up Payments CEO, President Included in Taxable Compensation Housing Allowance or Residence for Personal Use President Included in Taxable Compensation
	Part I, Line 4a	All employees and amounts listed are voluntary deferrals or company contributions to various non-qualified deferred compensation plans organized under code section 457(f) The exact purpose of each plan varies but they include compensation limitation make-up plans, voluntary deferral plans, deferral of a portion of incentive bonus type plans, etc Kathleen Hanley $32,832 Jeffrey Kuhn $16,637 Randall Oostra $49,580 Gary Akenberger $4,932 Alan Brass $124,014 Gladeen Roberts $11,114 Gary Cates $2,039 Barbara Steele $41,534 Lori Johnston $4,717 Alan Sattler $4,574 Kevin Webb $10,633 John Randolph $32,802 Lee Hammerling $30,810 Stephen Mooney $10,893 Robert Fredrick $14,515 Susan Payden $7,192 Kathleen Carlson $9,486 David Selman $13,190 Robert Reiter $14,507 Ronald Wachsman $541 Barbara Petee $13,740 Arturo Polizzi $7,605 Albert Bianco $8,041 Cynthia Schriefer $7,769 Martin Dansack $6,742 John Meier $13,650 Robert Kolodgy $12,273
	Part I, Line 7	An Incentive Bonus is paid to all executives based on attainment of goals in the areas of 1) integrated delivery system development, 2) community service, 3) quality, safety and service, 4) financial responsibility, and 5) workforce development The bonus is a percentage of base pay approved by the ProMedica Health System Compensation Committee

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 34-1517671
Name: ProMedica Health System Inc

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Robert DeRosa MD	(I)	0	0	0	0	0	0	0
	(II)	542,411	0	170,769	17,000	19,066	749,246	0
Michael Oswanski MD	(I)	0	0	0	0	0	0	0
	(II)	340,816	0	127,626	17,000	21,398	506,840	0
Larry Spetka MD	(I)	0	0	0	0	0	0	0
	(II)	209,816	0	0	0	0	209,816	0
Alan Brass	(I)	981,632	949,500	1,357,724	152,189	6,814	3,447,859	0
	(II)	0	0	0	0	0	0	0
Randall Oostra	(I)	677,854	277,997	26,224	77,755	17,426	1,077,256	0
	(II)	0	0	0	0	0	0	0
Kathleen Hanley	(I)	414,699	170,816	4,302	65,907	19,880	675,604	0
	(II)	0	0	0	0	0	0	0
Jeffrey Kuhn	(I)	308,993	119,669	5,552	46,037	17,065	497,316	0
	(II)	0	0	0	0	0	0	0
Barbara Steele	(I)	563,617	210,509	11,989	69,709	9,443	865,267	0
	(II)	0	0	0	0	0	0	0
Lee Hammerling MD	(I)	462,623	177,999	7,125	58,985	17,462	724,194	0
	(II)	0	0	0	0	0	0	0
Stephen Mooney	(I)	273,400	105,472	200,341	39,068	18,813	637,094	58,004
	(II)	0	0	0	0	0	0	0
John Randolph	(I)	406,808	128,838	20,689	65,877	23,309	645,521	0
	(II)	0	0	0	0	0	0	0
John Horns	(I)	283,977	107,459	38,833	33,075	25,664	489,008	0
	(II)	0	0	0	0	0	0	0
Robert Reiter MD	(I)	339,424	89,779	0	42,682	22,110	493,995	0
	(II)	0	0	0	0	0	0	0
David Selman	(I)	298,604	114,508	9,166	42,590	21,594	486,462	0
	(II)	0	0	0	0	0	0	0
Charles McDowell	(I)	279,321	108,177	13,108	20,825	15,468	436,899	0
	(II)	0	0	0	0	0	0	0
Kathleen Carlson	(I)	272,025	82,402	2,408	37,661	17,587	412,083	0
	(II)	0	0	0	0	0	0	0
Kevin Webb	(I)	318,104	86,764	21,077	38,808	14,912	479,665	0
	(II)	0	0	0	0	0	0	0
Robert Fredrick MD	(I)	334,380	72,393	244	45,140	13,973	466,130	0
	(II)	0	0	0	0	0	0	0
Gladeen Roberts	(I)	279,682	104,216	7,212	39,289	19,088	449,487	0
	(II)	0	0	0	0	0	0	0
Gary Cates	(I)	208,819	99,822	51,044	30,214	12,853	402,752	38,845
	(II)	0	0	0	0	0	0	0
Lori Johnston	(I)	240,463	64,320	0	32,892	15,675	353,350	0
	(II)	0	0	0	0	0	0	0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ProMedica Health System Inc

Employer identification number
34-1517671

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

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
Timothy Petee	See Schedule O	92,905	Employment		No
Mark Brass	See Schedule O	52,566	Employment		No
David Wolff	See Schedule O	122,296	Employment		No

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ProMedica Health System Inc

Employer identification number
34-1517671

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		The following officers and board members are employees of ProMedica Health System or its related organizations Many of these employees also serve on other related ProMedica Health System boards Kathleen Hanley Jeffrey Kuhn Randall Oostra Gary Akenberger Alan Brass Gladeen Roberts Gary Cates Lori Johnston Barbara Steele John Horns Alan Sattler Charles McDowell David Selman Lee Hammerling, MD Susan Payden Sheila Schwartz Kathleen Carlson, MD Randall Schimmoeller Stephen Mooney Robert Fredrick, MD Kevin Webb John Randolph Robert DeRosa, MD Michael Oswanski, MD Robert Reiter, MD Ronald Wachsman Barbara Petee Arturo Polizzi Albert Bianco Cynthia Schriefer Martin Dansack John Meier, MD Robert Kolodgy
Form 990, Part VI, Section A, line 6		As an Ohio non-profit organization, this corporation has individuals as its members that serve as its Board of Trustees
Form 990, Part VI, Section A, line 7b		The member of ProMedica Health Systems, Inc is its Board of Trustees All corporate actions require approval by a majority vote of the Board of Trustees
Form 990, Part VI, Section B, line 11		Under the guidance of ProMedica Health Systems (PHS) tax consultants, Form 990s are prepared by the respective accounting department of each affiliate and reviewed by the appropriate Director of Finance After Director of Finance approval, copies of the Form 990 for PHS and their subsidiaries are provided to the respective companys Board of Directors and are reviewed and signed by the respective companys president prior to filing with the Internal Revenue Service
Form 990, Part VI, Section B, line 12c		ProMedica Health System and affiliates (PHS) have Standards of Conduct that apply to all PHS board members and employees Board members and employees are expected to certify their compliance with the applicable standards prior to election/appointment or prior to beginning employment Board Members Annually (or immediately if new potential conflicts of interest arise), all board members are required to complete and return the Board Member Certification Statement within 30 days of dissemination Board Member Certification Statements are compiled and reviewed by the Director, Audit/Compliance Summarized information is forwarded for review to the Chief Financial Officer, General Counsel, Business Unit Presidents and the President and Chief Executive Officer (President/CEO)/Chief Compliance Officer (CCO), based upon their respective knowledge of the board members The purpose of this review is to both inform management of the disclosed conflicts and to allow them to identify to the Director, Audit/Compliance, any potential undisclosed conflicts The Audit/Compliance department then conducts an audit of all Board Member Certification Statements (along with any relationships noted through the above review) to identify any positional conflicts of interest and to test material transactions with board members/their affiliates for fair market value The results of the audit are reported directly to the Chair of the Audit/Compliance Committee with a copy to the President/CEO/CCO The report includes a summary of the audit procedures performed, any significant concerns identified and their resolution, as well as an attachment with a full listing of the board members disclosures and the total amount of financial activity in the preceding 12 months between PHS and the board members/affiliates Any unresolved conflicts are addressed by the Audit Committee with recommendations to the full board as needed Failure to file the Certification Statement, or the filing of a false or incomplete Certification Statement, or failure to disclose immediately any new conflicts of interest that may arise, or failure to cooperate without condition, honestly and completely with any investigation or review of the board members Certification Statement or his/her actions or circumstances shall be grounds for sanction by the Board of Trustees up to and including removal from the board/committee/council Employees Annually (or immediately if new conflicts of interest arise), all salaried employees are required to sign and return an Employee Certification Statement within 30 days of dissemination The Human Resources Department ensures that all statements are received and filed in the employees personnel file and provides notification to the Director, Audit/Compliance of the number of annual Employee Certification Statements sent and received, copies of any statement containing disclosures that warrant further review by the Audit/Compliance department, and a list of all new employees hired during the previous 12 months Identified conflicts are initially reviewed by the Director, Audit/Compliance and the Chief Human Resources Officer and if necessary discussed with the Business Unit President in which the employee works, and General Counsel If the conflict is considered a significant exposure risk for PHS, a recommendation will be prepared for final approval of the PHS President/CEO/CCO Results of the employee process audit are included in the above report to the Chair of the Audit/Compliance Committee Failure to file the Certification Statement, or the filing of a false or incomplete Certification Statement, or failure to disclose immediately any new conflicts of interest that may arise, or failure to cooperate without condition, honestly and completely with any investigation or review of the employees Certification Statement or his/her actions or circumstances shall be grounds for sanction up to and including termination of employment
Form 990, Part VI, Section B, line 15		Each year independent consultants conduct an annual survey and recommend executive payroll base salary ranges based upon the market The data is reviewed and approved by the ProMedica Health System Compensation Committee every October
Form 990, Part VI, Section C, line 19		ProMedica Health System and subsidiaries provide any document open to public inspection upon request
Form 990, Part XI, Line 2a - d		ProMedica Health System, Inc is included in the consolidated audited financial statements of ProMedica Health System and Subsidiaries (PHS) which are prepared by an independent accounting firm The PHS Audit/Compliance Committee which provides assistance to the PHS Boards of Trustees in fulfilling its fiduciary responsibilities and maintains free and open communication between the Committee, the Director of Internal Audit/Compliance, the independent auditors and management assumes responsibility for the oversight of the audit Major responsibilities of the Audit/Compliance Committee include - Annually, approve the engagement of the external auditor, including related scope, fees and reports - Review with management and the independent auditors the annual financial statements and results of the audit, including required matters to be communicated to the Committee by the independent auditors under generally accepted auditing standards - Discuss with the external auditors their independence from management and the organization and the matters included in written disclosure required by the Independence Standards Board - Oversee management action plans resulting from external management letter

Identifier	Return Reference	Explanation
Form 990, Part VII		Average hours per week devoted to related organizations Robert De Rosa, MD - 40 Hours Michael Oswanski, MD - 40 Hours

Form 990, Part IV, Line 12 ProMedica Health System is included in the consolidated audited financial statements of ProMedica Health System and Subsidiaries (PHS) Form 990, Part VI, Section A, Line 1 The Executive Committee of the Board of Trustees consists of not less than three (3) Trustees nor more than seven (7) Trustees Within these parameters, the composition of the Executive Committee shall include the Chairperson, the Vice Chairperson/Chair Elect, the Chief Executive Officer and such other Trustees as shall be designated by the Board Development Committee All Executive Committee Members are PHS Board Members The Executive Committee shall have and exercise all of the power and authority of the Board of Trustees during the interim between meetings of the Board of Trustees Schedule R, Part V, Line 2 ProMedica Health System and Subsidiaries (PHS) use the following methods to determine the value of related organization transactions - Fair market value for services and cash - Book value for other assets Schedule L, Part IV, Column B Timothy Petee is a family member of Barbara Petee, Key Employee Mark Brass is a family member of Alan Brass, CEO Emeritus David Wolf is a family member of Kathleen Hanley, CFO

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4	ProMedica Health System - Statement of Program Service Accomplishments	Established in 1986, ProMedica Health System (ProMedica) is a mission-based, locally owned, not-for-profit healthcare organization highly focused on achieving core values Headquartered in Toledo, Ohio, ProMedica serves 27 counties in northwest Ohio and southeast Michigan, and is the region's largest healthcare provider Our stewardship of resources has enabled us to wisely invest in cutting-edge technology, innovative programs and family-centered facilities that help to ensure patients and area residents have equal access to high-quality, safe care in the most appropriate setting, regardless of a patient's ability to pay Based on needs that we have assessed within the communities we serve, ProMedica launched new services and programs in 2009 to help meet the growing demands of local consumers across all spectrums of life, including those individuals who are often the most vulnerable when it comes to health care the elderly, poor and underserved ProMedica's mission as an integrated delivery system is to be innovative, service-oriented and cost-effective with superior quality, working with physicians, healthcare providers, businesses, and the community to improve health Our six core values include collaboration - working together with mutual respect, community-based - locally owned, guided by constituent needs and business imperatives, compassion - concern and understanding for others with commitment to help, excellence - superior performance and outcomes, integrity - honesty, sincerity and accountability, and stewardship - sound management of resources on behalf of ProMedica and the community ProMedica and its affiliates comprise 283 sites, and approximately 2,900 physicians and 13,000 employees and volunteers During 2009, ProMedica served 59,527 inpatients and 1,143,974 outpatients while handling 211,788 Emergency Center visits system-wide Among the region's largest employers, ProMedica plays a significant role in economic development and stability in our region During 2009, for every one dollar of ProMedica revenue, another 35 cents was created in our service-area economy, with a total economic output of $2 2 billion We also create a direct economic impact with our revenue, payroll and employment Additionally, spending on services and materials with vendors in our region creates an indirect economic benefit Additionally, our physicians, leadership team members and employees individually contribute personal resources to the community in numerous ways-such as through tutoring elementary students in reading, providing monthly health lectures at local senior centers, participating in medical missions, serving on local not-for-profit boards, and donating nonperishable goods to numerous local food pantries and churches-underscoring a key benefit of ProMedica being locally owned and operated ProMedica's member and affiliate hospitals include The Toledo Hospital, Toledo Children's Hospital (located within The Toledo Hospital), Flower Hospital, Fostoria Community Hospital, Defiance Regional Medical Center, Bay Park Community Hospital, Herrick Medical Center, and the Emma L Bixby Medical Center In 2009, ProMedica also had integrated services, comprised of - ProMedica Continuing Care Services Corporation, providing rehabilitation, hospice, home care, ambulatory and senior services, community health, medical transportation services, and care coordination - ProMedica Physician Group, with more than 250 healthcare providers, including primary care, obstetrics and specialty physicians, they help ProMedica to broaden the care we offer smaller, outlying communities - ProMedica Insurance Corporation, the largest health maintenance organization physically located in northwest Ohio, with Excellent member satisfaction ratings among all of our patient populations - The ProMedica Health, Education and Research Corporation, with more than 200 academic relationships in the U S , so that future generations of physicians and other allied health professionals are prepared to serve our community and beyond - ProMedica Indemnity Corporation, providing medical professional and comprehensive general liability coverage for ProMedica, including in outlying areas where primary-care physician recruitment is difficult - Eleven controlled foundations that serve as fundraising entities for their respective hospitals and continuing care facilities, such as the Ebeid Hospice Residence on the Flower Hospital campus ProMedica's specialized care includes oncology, orthopaedics, cardiovascular, neurology, rehabilitative, and behavioral medicine, as well as women's and pediatric care A fundamental part of our unwavering mission is that our services are tailored to the needs of our communities and they are available to everyone in our community, regardless of their means or ability to pay In addition to being a strong advocate for health care, ProMedica provides and promotes community wellness, collaborating with more than 250 local nonprofit agencies and organizations in 2009 that had values and missions similar to ours ProMedica is continually improving its services, facilities, technologies, and outreach efforts to meet the ever-changing needs of its diverse populations In direct response to community needs, just a few examples from 2009 include the following - Herrick Medical Center was recognized for Outstanding Performance on Smoking Cessation Counseling by the Michigan Stroke Registry and Quality Improvement Project, and received national recognition from the American Heart Association as a Get with the Guidelines - Stroke Participating Hospital - Jobst Vascular Center held public screenings one day per month to provide vascular screenings at no charge - Bixby Medical Center's Orthopaedic Joint Center offered free educational seminars for community members on new treatment options, medications, nutrition, and exercise tips for maintaining bone health - ProMedica continued its initiative to fight obesity locally through its Fields of Green campaign In 2009, student teams from ProMedica's service area created 20- to 30-minute health and fitness programs for elementary school children as part of a college scholarship competition Each member of the winning team received a $5,000 college scholarship from ProMedica, second- and third-place scholarship awards also were presented, and each winning school received a cash award for its health and sciences curricula - Through its advocacy department, ProMedica launched a health education program for children in grades 4 - 6 - The Healthy Kids Conversation Map(C) Program, designed to empower students and their parents to make lifelong, healthy choices about food and exercise - Electronic documentation and charting at the bedside was implemented at Flower Hospital, replacing the paper chart This technology upgrade is part of ProMedica's Electronic Medical Record that also will be activated at ProMedica's other hospitals system-wide in coming years - ProMedica Cancer Institute presented the Next Step/CHAMPS Programs, which offered support and activities for children who had a family member diagnosed with cancer - Defiance Regional Medical Center successfully completed its three-year, re-verification survey as a Level III Trauma Center for the Defiance community - ProMedica Physician Group expanded care to better cover local and rural communities, adding 35 new primary care physicians and specialists in 2009 - Bay Park Community Hospital hosted its 6th annual Spring into Wellness program devoted to women's health issues by providing free health screenings and wellness presentations - As part of ProMedica Orthopaedic Institute, a 44,000-square-foot medical building was opened in Summer 2009 to help meet the growing needs of area baby boomers and others requiring specialized orthopaedic care, such as total joint replacements - Bixby Medical Center sponsored All About Women, a women,s health conference that provided free health screenings to more than 200 local women at one of its many community health events - ProMedica Continuing Care Services Corporation hosted dozens of community health fairs that included thousands of free public screenings for high blood pressure and cholesterol, body mass and bone density - ProMedica Cancer Institute's community outreach included screenings for skin and prostate cancers - Herrick Medical Center developed partnership programs with Jackson Community College to offer nursing, echocardiography and cardiology clinical rotations In 2009, ProMedica contributed $100,298,000 in community benefit through community benefit expenditures, charity care and government-sponsored, means-tested health care These numbers not only indicate ProMedica's long-standing commitment to the community, but also fulfill our not-for-profit status by significantly affecting members of the communities we serve

Specifically, through community health improvement services, health professions education, subsidized health services, research, cash and in-kind contributions, community building activities, and other community benefit operations, ProMedica contributed $32,020,000 in 2009 These programs included free community health screenings, such as diabetes testing, blood pressure, bone density, body mass, and cancer checkups, mammogram screenings for low-income and uninsured women, childhood immunizations, reduced-cost school-athletic physicals, first-aid coverage at community events, volunteer elementary school mentors, public health education lectures and seminars, a childhood obesity program, college scholarships for students entering healthcare careers, and many other community-based initiatives ProMedica also contributed $18,536,000 in charity care for patients who did not have the financial resources to pay for hospital services This amount represents the cost to provide service and does not include the costs for accounts that are written off to bad debt for patients who do not pay their bills In addition, ProMedica's cost of bad debt for 2009 was $15,747,000 This amount is not included in the community benefit amount of $100,298,000 noted above Further, ProMedica continues to be a leading participant in the Lucas County CareNet initiative-a collaborative effort among ProMedica, Mercy Health Partners, The University of Toledo College of Medicine, the City of Toledo, and others CareNet was created to provide free or lower-cost health care for low-income Lucas County residents Established in 2003, CareNet bridges the gap between adults without health insurance and needed healthcare services While some individuals may qualify for governmental insurance programs such as Medicaid, others do not, it is for these individuals that CareNet was established In 2009, ProMedica managed 5,354 clinic visits and 4,297 inpatient/ER/outpatient visits Additionally during 2009, ProMedica provided $49,742,000 of community benefit through the cost-not reimbursed by the government-for treating Medicaid patients ProMedica's cost-not reimbursed by the government-for treating Medicare patients during 2009 was $19,438,000 and is not reflected in the community benefit amount of $100,298,000 noted above Indeed, ProMedica goes beyond industry standards in meeting the goal of providing care to everyone, regardless of their ability to pay We provide hospital care free-of-charge to all families without insurance with incomes at or below 200% of the federal poverty level In addition to free care for those families under this federal poverty level, ProMedica provides significant discounts to families with incomes of up to 500% of the federal poverty level In many situations, other funding sources are secured and accommodations made ProMedica's policies are posted and available in writing in all ProMedica facilities Also, financial advocates are available to help patients by explaining our free care and discount programs, and to assist with the paperwork necessary to qualify for government funding Patient bills provide clear explanations, qualifications and reminders of these programs In summary, ProMedica demonstrates its charitable mission and core values by providing high-quality health care to all patients, regardless of their race, creed, sex, national origin, disability, or age And, although reimbursement for services rendered is crucial to the operation and stability of our organization, we recognize that not all individuals possess the ability to purchase essential medical care Therefore, we provide these healthcare services, recruit and train healthcare professionals to serve the broader community, provide appropriate charity services, offer services and contributions to other nonprofit organizations that allow them to provide key services to their constituents, and present free educational classes, health fairs and other activities to our local community to help ensure all members have equal access to care Community Benefit Definitions ProMedica Health System (ProMedica) and its subsidiaries prepare their Community Benefit Reports in accordance with the reporting guidelines published by The Catholic Health Association Community benefits are programs or activities that provide treatment and/or promote health and healing as a response to identified community needs Community benefits reported by ProMedica respond to an identified community need and meet at least one of the following criteria - improve access to healthcare service, - enhance the health of the community, - advance medical or healthcare knowledge, or - relieve or reduce the burden of government or other community efforts Charity Care Consistent with its mission, ProMedica provides a significant amount of financial assistance to patients with limited or no ability to pay their bill ProMedica hospitals and facilities provide free care to those uninsured patients with incomes at or below 200% of the federal poverty level Significant discounts are also provided on a sliding scale to uninsured patients with incomes up to 500% of the poverty level Charity care is reported in the form of cost to provide service and has been reduced to reflect reimbursement received from Ohio's Care Assurance Program and Michigan's Inpatient Disproportionate Share Hospital Payment Program The cost of charity care does not include the costs for accounts that are written off to bad debt for patients who do not pay their bill Government-sponsored Health Care Government-sponsored health care includes services that are reimbursed or partially reimbursed through federal, state and local programs such as Medicaid ProMedica includes the unpaid costs of these public programs to the extent that payments received are less than the costs of providing services The unpaid costs of treating Medicare patients is reported separately and is not included in ProMedica's Community Benefit Reports Additionally, the cost of charity care has been eliminated from any amounts reported in this category Community Health Improvement Services Community health services include activities carried out for the express purpose of improving community health These activities do not generate inpatient or outpatient bills, as they extend beyond patient care activities and are subsidized by ProMedica Health Professions Education Health professions education includes costs for internships and residency education, the provision of a clinical setting for undergraduate/vocational training for students outside the organization, and funding for staff education that is linked to community services and health improvement Subsidized Health Services Subsidized health services are services provided to the community despite a financial loss These services generate a bill for reimbursement, and include clinical patient care services that are provided because they are needed in the community and other providers are unwilling to provide the services, or the services would otherwise not be available to meet patient demand Research Research activities include clinical and community health research, as well as studies on healthcare delivery The amount reported for ProMedica is reduced by any external subsidies, such as grants Cash and In-kind Contributions Financial contributions include funds and in-kind services donated to community organizations and/or the community at large In-kind services include hours donated by staff to the community while on work time, as well as donation of food, equipment and supplies Community Benefit Operations Community benefit operations include costs associated with dedicated staff, community health need and/or assessment, and other costs associated with community benefit strategy and operations Community Building Activities Community building activities enhance the development of community health programs and partnerships Activities may include physical and environmental improvements, economic development, healthy community initiatives, and community leadership skills training

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ProMedica Health System Inc

Employer identification number
34-1517671

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

(a) Name, address, and EIN 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

See Additional Data Table

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

See Additional Data Table

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) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
Bixby Medical Office Limited Partnership 818 Riverside Ave Adrian, MI49221 38-2972398	Facility Leasing	MI	Emma L Bixby Medical Center	Related	40,287	1,315,131		No		Yes	
Lenawee Physician Hospital Organization LLC 818 Riverside Ave Adrian, MI49221 38-3605511	Health Care Management Services	MI	ProMedica North Region Inc	Related	19,321	78,564		No		Yes	
NWO Health Partners Inc 7595 County Rd 236 Suite A Findlay, OH45840 26-1815305	Outpatient/Urgent Care	OH	ProMedica Continuing Care Services Corp	Related	-184,851	123,398		No		Yes	
Reynolds Rd Surgical Center LLC 2865 N Reynolds Rd Toledo, OH43615 31-1569454	Freestanding Ambulatory Surgical Center	OH	The Toledo Hospital	Related	384,248	2,635,553		No		Yes	
Tecumseh Medical Dental Center 602 E Pottawatamie St Tecumseh, MI49286 38-3233398	Facility Leasing	MI	Herrick Memorial Development Corporation	Related				No		Yes	

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

See Additional Data Table

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

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

		Yes	No
1	During the tax year, did the orgranization 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 **(iv)** rent from a controlled entity	**1a**	**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**	**Yes**
c	Gift, grant, or capital contribution from other organization(s)	**1c**	**Yes**
d	Loans or loan guarantees to or for other organization(s)	**1d**	**No**
e	Loans or loan guarantees by other organization(s)	**1e**	**No**
f	Sale of assets to other organization(s)	**1f**	**No**
g	Purchase of assets from other organization(s)	**1g**	**Yes**
h	Exchange of assets	**1h**	**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**	**No**
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**	**Yes**
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**	**No**
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**	**No**
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**	**Yes**
n	Sharing of paid employees	**1n**	**Yes**
o	Reimbursement paid to other organization for expenses	**1o**	**Yes**
p	Reimbursement paid by other organization for expenses	**1p**	**Yes**
q	Other transfer of cash or property to other organization(s)	**1q**	**No**
r	Other transfer of cash or property from other organization(s)	**1r**	**No**

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Additional Data Return to Form

Software ID:
Software Version:
EIN: 34-1517671
Name: ProMedica Health System Inc

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN 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
Midwest Cardiovascular Consultants LLC 5855 Monroe St Sylvania, OH 43560 61-1448753	Employs Physicians	OH	3,004,989	1,042,669	ProMedica Physician Group
ProMedica Cardiothoracic Physicians LLC 5855 Monroe St Sylvania, OH 43560 27-0978204	Employs Physicians	OH	1,286,121	440,928	ProMedica Physician Group
ProMedica Central Physicians 5855 Monroe St Sylvania, OH 43560 34-1881137	Employs Physicians	OH	76,066,624	8,550,288	ProMedica Physician Group
ProMedica East Physicians LLC 5855 Monroe St Sylvania, OH 43560 34-1881145	Employs Physicians	OH	5,887,633	1,507,600	ProMedica Physician Group
ProMedica GI Physicians LLC 5855 Monroe St Sylvania, OH 43560 26-3015991	Employs Physicians	OH	4,743,857	1,305,586	ProMedica Physician Group
ProMedica Northwest Ohio Cardiology Consultants LLC 5855 Monroe St Sylvania, OH 43560 26-3888045	Employs Physicians	OH	23,200,558	5,688,336	ProMedica Physician Group
ProMedica Orthopedic Physicians LLC 5855 Monroe St Sylvania, OH 43560 20-8050622	Employs Physicians	OH	2,723,546	1,234,033	ProMedica Physician Group
ProMedica South Physicians LLC 5855 Monroe St Sylvania, OH 43560 34-1898679	Employs Physicians	OH	3,345,863	1,467,615	ProMedica Physician Group
ProMedica West Physicians LLC 5855 Monroe St Sylvania, OH 43560 34-1893773	Employs Physicians	OH	10,307,867	4,078,796	ProMedica Physician Group
The Pharmacy Counter LLC 5855 Monroe St Sylvania, OH 43560 27-1325141	Medical Equipment & Pharmacy	OH	0	3,289,999	ProMedica Continuing Care Services Corp
Wolf Creek Associates LLC 901 Kimole Ln Adrian, MI 49221 38-3164818	Facility Leasing	MI	65,628	1,276,834	Emma L Bixby Medical Center

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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 501(c)(3))	(f) Direct Controlling Entity
Bay Park Community Hospital 2801 Bay Park Dr Oregon, OH43616 34-1883132	Hospital	OH	501(c)(3)	3	ProMedica Health System
Bay Park Community Hospital Foundation 2801 Bay Park Dr Oregon, OH43616 34-1901462	Foundation	OH	501(c)(3)	11B, II	ProMedica Health System
Bixby Community Health Foundation 818 Riverside Ave Adrian, MI49221 38-2691494	Foundation	MI	501(c)(3)	11B, II	Emma L Bixby Medical Center
Defiance Hospital Auxiliary 1200 Ralston Defiance, OH43512 51-0173779	Hospital / Foundation Support	OH	501(c)(3)	11D, III-O	Defiance Hospital Inc DBA Defiance Regional Hospital
Defiance Hospital Foundation Inc 1200 Ralston Defiance, OH43512 34-1559647	Foundation	OH	501(c)(3)	11B, II	ProMedica Health System
Defiance Hospital Inc DBA Defiance Regional Medical Center 1200 Ralston Defiance, OH43512 34-4446484	Hospital	OH	501(c)(3)	3	ProMedica Health System
Emma L Bixby Medical Center 818 Riverside Ave Adrian, MI49221 38-2796005	Hospital	MI	501(c)(3)	3	ProMedica North Region
Emma L Bixby Medical Center Auxiliary 818 Riverside Ave Adrian, MI49221 38-2149602	Hospital / Foundation Support	MI	501(c)(3)	11B, II	Emma L Bixby Medical Center
Flower Hospital 5200 Harroun Rd Sylvania, OH43560 34-4428794	Hospital	OH	501(c)(3)	3	ProMedica Health System
Flower Hospital Foundation 2142 N Cove Blvd Toledo, OH43606 34-1556730	Foundation	OH	501(c)(3)	7	ProMedica Health System
Fostoria Community Hospital Foundation PO Box 907 Fostoria, OH44830 34-1805993	Foundation	OH	501(c)(3)	11A, I	Fostoria Hospital Assoc DBA Fostoria Community Hospital
Fostoria Hospital Assoc DBA Fostoria Community Hospital PO Box 907 Fostoria, OH44830 34-0898745	Hospital	OH	501(c)(3)	3	ProMedica Health System
Fostoria Hospital Auxiliary PO Box 907 Fostoria, OH44830 34-6517634	Hospital / Foundation Support	OH	501(c)(3)	11A, I	Fostoria Hospital Assoc DBA Fostoria Community Hospital
Herrick Medical Center Auxiliary 500 E Pottawatamie St Tecumseh, MI49286 38-3076105	Hospital / Foundation Support	MI	501(c)(3)	11B, II	Herrick Memorial Hospital DBA Herrick Medical Center
Herrick Medical Center Foundation 500 E Pottawatamie St Tecumseh, MI49286 38-3076106	Foundation	MI	501(c)(3)	11B, II	Herrick Memorial Hospital DBA Herrick Medical Center
Herrick Memorial Hospital Inc DBA Herrick Medical Center 500 E Pottawatamie St Tecumseh, MI49286 38-3049015	Hospital	MI	501(c)(3)	3	ProMedica North Region
Lenawee Long Term Care DBA Provincial House of Adrian 700 Lakeshore Tr Adrian, MI49221 38-2879330	Long Term Care	MI	501(c)(3)	9	ProMedica North Region
PHS Ventures Inc 1801 Richards Rd Toledo, OH43607 34-1880473	Health Care Management Services	OH	501(c)(3)	11C, III-FI	ProMedica Health System
ProMedica Continuing Care Services Corp 5855 Monroe St Sylvania, OH43560 34-4492440	Long Term and Home Health Care	OH	501(c)(3)	9	ProMedica Health System
ProMedica Continuing Care Services Corp Foundation 5855 Monroe St Sylvania, OH43560 34-1901457	Foundation	OH	501(c)(3)	11B, II	ProMedica Health System
ProMedica Courier Services Inc 3170 W Central Ave Toledo, OH43606 26-0324790	Courier Service	OH	501(c)(3)	11B, II	ProMedica Continuing Care Services Corp
ProMedica Health Education & Research Corporation 2142 N Cove Blvd Toledo, OH43606 34-1887062	Medical Education & Research	OH	501(c)(3)	11B, II	ProMedica Health System
ProMedica Indemnity Corp One Church St 5th Floor Burlington, VT05401 34-1931936	Professional & General Liability	VT	501(c)(3)	11B, II	ProMedica Health System
ProMedica North Region Inc 818 Riverside Ave Adrian, MI49221 38-3307345	Manages Delivery of Health System	MI	501(c)(3)	11B, II	ProMedica Health System
ProMedica Physician Corp 5855 Monroe St Sylvania, OH43560 34-1880767	Manages Physician Services	OH	501(c)(3)	11C, III-FI	ProMedica Health System
ProMedica Physician Group 5855 Monroe St Sylvania, OH43560 34-1899439	Physician Health Care Services	OH	501(c)(3)	9	ProMedica Physician Corp
Reynolds Road Fitness Center Inc DBA Wildwood Medical Center 2142 N Cove Blvd Toledo, OH43606 34-1856393	Health Care Services	OH	501(c)(3)	9	The Toledo Hospital
The Toledo Hospital 2142 N Cove Blvd Toledo, OH43606 34-4428256	Hospital	OH	501(c)(3)	3	ProMedica Health System
The Toledo Hospital Foundation 2142 N Cove Blvd Toledo, OH43606 34-1517672	Foundation	OH	501(c)(3)	11B, II	ProMedica Health System
Toledo Children's Hospital Foundation 2142 N Cove Blvd Toledo, OH43606 34-1901463	Foundation	OH	501(c)(3)	11B, II	ProMedica Health System

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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 501(c)(3))	(f) Direct Controlling Entity
Toledo District Nurse Association 1946 N 13th Street Toledo, OH43624 34-4427949	Skilled Home Care	OH	501(c)(3)	7	ProMedica Health System
Visiting Nurse Hospice and Health Care 383 W Dussel Drive Maumee, OH43537 34-1831624	Hospice Home Care	OH	501(c)(3)	9	ProMedica Health System

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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
Central Region Properties Inc 2142 N Cove Blvd Toledo, OH43606 34-1059809	Facility Leasing	OH	The Toledo Hospital	C	251,542	21,610,894	100 000 %
Herrick Memorial Development Corp 500 E Pottawatamie Tr Adrian, MI49221 38-3146907	Facility Leasing	MI	Herrick Memorial Hosptial	C		608,729	100 000 %
Herrick Memorial Office Plaza Condominium Association 818 Riverside Ave Adrian, MI49221 38-3639616	Manages Facility Maintenance	MI	Herrick Memorial Development	C	23	9,080	42 000 %
LHA Physician Services Corporation 818 Riverside Ave Adrian, MI49221 61-1451576	Physician Billing	MI	Emma L Bixby Medical Center	C	21,521	1,348,380	100 000 %
ProMedica Central Corporation of MI Inc 5855 Monroe St Sylvania, OH43560 38-3322278	Physician Health Care Services	OH	ProMedica Physician Group	C	-475,901	11,220,631	100 000 %
ProMedica Foundation 1801 Richards Rd Toledo, OH43607 34-1901465	Foundation	OH	ProMedica Health System	C			100 000 %
ProMedica Health Education & Research Foundation 2142 N Cove Blvd Toledo, OH43606 34-1930876	Foundation	OH	ProMedica Health Ed & Research	C			100 000 %
ProMedica Insurance Corp Inc and Subsidiaries 1901 Indian Wood Cir Maumee, OH43537 34-1570675	Health Care Insurance	OH	ProMedica Health System	C	7,128,791	229,328,255	100 000 %
ProMedica North Physician Corporation 5855 Monroe St Sylvania, OH43560 38-3482148	Physician Health Care Services	OH	ProMedica Physician Group	C		203,340	100 000 %
ProMedica Physician Hospital Organization 5855 Monroe St Sylvania, OH43560 34-1887065	Physician Management Services	OH	ProMedica Physician Group	C		404,501	100 000 %
ProMedica Physicians Corporation 5855 Monroe St Sylvania, OH43560 34-1757084	Manages Physician Services	OH	ProMedica Physician Group	C			100 000 %
ProMedica Retail Group Inc 3890 Monroe St Toledo, OH43606 34-1159928	Florist	OH	ProMedica Continuing Care Services	C	-37,813	717,061	100 000 %
Toledo Hospital Local Provider Unit 2142 N Cove Blvd Toledo, OH43606 34-1586739	Physician Services	OH	The Toledo Hospital	C			100 000 %

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	ProMedica Continuing Care Services Corporation	B	3,291,397
(2)	The Toledo Hospital	C	5,000,000
(3)	Flower Hospital	C	1,300,000
(4)	The Toledo Hospital	J	1,038,285
(5)	Emma L Bixby Medical Center	M	152,970
(6)	The Toledo Hospital	N	517,928
(7)	The Toledo Hospital	O	10,492,762
(8)	ProMedical North Region	O	121,361
(9)	Defiance Hospital Inc dba Defiance Regional Medical Center	O	243,225
(10)	Flower Hospital	O	1,256,436
(11)	ProMedica Indemnity Corporation	O	15,651,903
(12)	Defiance Hospital Inc dba Defiance Regional Medical Center	P	6,383,336
(13)	Fostoria Hospital Association dba Fostoria Community Hospital	P	4,882,318
(14)	Bay Park Community Hospital	P	8,723,208
(15)	Herrick Memorial Hospital	P	88,282
(16)	The Toledo Hospital	P	66,252,947
(17)	Flower Hospital	P	16,285,372
(18)	ProMedica Continuing Care Services Corporation	P	6,541,248
(19)	Provincial House of Adrian	P	363,721
(20)	ProMedica North Region	P	14,688,494
(21)	ProMedica Indemnity Corporation	P	449,776
(22)	The Toledo Hospital Foundation	P	103,345
(23)	Toledo Children's Hospital Foundation	P	88,878
(24)	ProMedica Physician Corporation	P	5,720,376
(25)	ProMedica Central Corp of Michigan	P	244,452
(26)	Promedica Insurance Corporation	P	18,532,570
(27)	ProMedica Physician Group	P	929,464

Additional Data

Software ID:
Software Version:
EIN: 34-1517671
Name: ProMedica Health System Inc

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Bay Park Community Hospital	341883132	3		No	Yes		Yes		0
PHS Ventures FKA BVPH Ventures Inc	341880473	9		No	Yes		Yes		0
Defiance Hospital Inc DBA Defiance Regional Medical Center	344446484	3		No	Yes		Yes		0
Emma L Bixby Medical Center	382796005	3		No	Yes		Yes		0
Flower Hospital	344428794	3		No	Yes		Yes		0
Fostoria Hospital Assoc DBA Fostoria Community Hospital	340898745	3		No	Yes		Yes		0
Herrick Memorial Hospital Inc DBA Herrick Medical Center	383049015	3		No	Yes		Yes		0
Lenawee Long Term Care DBA Provincial House of Adrian	382879330	9		No	Yes		Yes		0
ProMedica Continuing Care Services Corporation	344492440	9		No	Yes		Yes		3291397
ProMedica Physician Group Inc	341899439	9		No	Yes		Yes		0
Reynolds Road Fitness Center dba Wildwood Medical Center	341856393	9		No	Yes		Yes		0
The Toledo Hospital	344428256	3		No	Yes		Yes		0
Toledo District Nurse Assoc dba Visiting Nurse Services	344427949	7		No	Yes		Yes		0
Visiting Nurse Hospice & Health Care	341831624	9		No	Yes		Yes		0