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1 Briefly describe the organization's mission

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 \$ 2,815,647 including grants of \$ 2,815,647) (Revenue \$)
	Promotes health by supporting The Toledo Hospital with grants for medical research, medical care and medical education, and by soliciting contributions grants and investing funds to generate income to support The Toledo Hospital/ Toledo Children's Hospital

[illegible][illegible]

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

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	Yes	
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, line 10? 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
14b	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	0	
	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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	0	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			2b
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
	b If "Yes," enter the name of the foreign country: See 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	25	
b	Enter the number of voting members that are independent	1b	16	
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	Yes	
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 ▶ Ann Rospo 5520 Monroe St Sylvania, OH 43560 (419) 824-9072

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

• 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

☒ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form **990** (2009)

1b	Total	0	5,389,682	601,250
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2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization0

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

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization		
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization0		

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	2,317				
	b	Membership dues	1b					
	c	Fundraising events	1c	44,320				
	d	Related organizations	1d	31,052				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,457,200				
	g	Noncash contributions included in lines 1a-1f \$ 1,007,150						
	h	Total. Add lines 1a-1f						3,534,889
Program Service Revenue	2a		Business Code					
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		3,316,939			3,316,939
4		Income from investment of tax-exempt bond proceeds . .						
5		Royalties						
6a		Gross Rents	(i) Real (ii) Personal					
b		Less rental expenses						
c		Rental income or (loss)						
d		Net rental income or (loss)						
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	-4,288,251			-4,288,251	
b		Less cost or other basis and sales expenses						
c		Gain or (loss)						
d		Net gain or (loss)						
8a		Gross income from fundraising events (not including \$ 44,320 of contributions reported on line 1c) See Part IV, line 18		a	9,555	-12,199		-12,199
b		Less direct expenses	b	21,754				
c		Net income or (loss) from fundraising events . .						
9a		Gross income from gaming activities See Part IV, line 19		a				
b		Less direct expenses	b					
c		Net income or (loss) from gaming activities . .						
10a		Gross sales of inventory, less returns and allowances		a				
b	Less cost of goods sold . . .	b						
c	Net income or (loss) from sales of inventory . .							
	Miscellaneous Revenue		Business Code					
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See Instructions			2,551,378	0	0	-983,511	

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	2,815,647	2,815,647		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
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				
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				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	3,096		3,096	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	453,735		453,735	
g	Other				
12	Advertising and promotion				
13	Office expenses	9,534			9,534
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	1,741			1,741
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
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	Sal & Benefits Alloc	268,846	0	0	268,846
b	Bad Debt Expense	202,528	0	0	202,528
c	Overhead Allocation	103,345	0	103,345	0
d	Property tax	2,362	0	2,362	0
e		0	0	0	0
f	All other expenses	9,899			9,899
25	Total functional expenses. Add lines 1 through 24f	3,870,733	2,815,647	562,538	492,548
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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			10,800	1	76,303
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			811,420	3	1,933,863
	4	Accounts receivable, net				4	
	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				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	27,487	27,487	10c	27,487
	b	Less accumulated depreciation	10b				
	11	Investments—publicly traded securities			111,396,793	11	133,273,049
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			26,980,017	15	23,289,034
16	Total assets. Add lines 1 through 15 (must equal line 34)			139,226,517	16	158,599,736	
Liabilities	17	Accounts payable and accrued expenses			73,251	17	90,468
	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			20,798,488	25	15,224,361
	26	Total liabilities. Add lines 17 through 25			20,871,739	26	15,314,829
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			87,574,681	27	106,644,970
	28	Temporarily restricted net assets			23,070,148	28	27,728,532
	29	Permanently restricted net assets			7,709,949	29	8,911,405
	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			118,354,778	33	143,284,907
	34	Total liabilities and net assets/fund balances			139,226,517	34	158,599,736

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? . . .		No
b Were the organization's financial statements audited by an independent accountant?	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	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?		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 . . .		

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 The Toledo Hospital Foundation	Employer identification number 34-1517672
--	--

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☒

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box 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?

(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?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
The Toledo Hospital	344428256	3	Yes						2,803,811
Total									2,803,811

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 IIISupport 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
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public 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
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First 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

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

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 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		
b33 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		
20Private 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: 34-1517672
Name: The Toledo Hospital Foundation

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			
Victor Asante Trustee	1 00	X						0	0	0
Andrea Bhatt Trustee	1 00	X						0	0	0
Anthony Comerota MD Trustee	1 00	X						0	572,811	40,521
Larry Dillin Trustee	1 00	X						0	0	0
H Lee Dunn Ex Officio	1 00	X						0	0	0
Areka Foster Ex Officio	1 00	X						0	0	0
Kevin Webb Ex Officio	1 00	X						0	425,945	53,720
Charles Heid Trustee	1 00	X						0	0	0
Kurt Huber Trustee	1 00	X						0	0	0
Robert LaClair Ex Officio	1 00	X						0	0	0
Sarah McHugh Trustee	1 00	X						0	0	0
Randall Oostra Ex Officio	1 00	X						0	982,075	95,181
Charles Price MD Ex Officio	1 00	X						0	0	0
Kesari Sarikonda MD Trustee	1 00	X						0	54,087	0
Jack Sculfort Trustee	1 00	X						0	0	0
Randa Mansour-Shousher Trustee	1 00	X						0	0	0
Cynthia Skaff Trustee	1 00	X						0	0	0
Gopinath Upamaka MD Trustee	1 00	X						0	436,931	23,838
Ronald Wainz MD Ex Officio	1 00	X						0	195,002	0
Michael Walsh MD Trustee	1 00	X						0	24,166	0
Michael Wilcox Trustee	1 00	X						0	0	0
Sheila Schwartz Ex Officio	1 00	X						0	301,837	49,692
Barbara Steele Ex Officio	1 00	X						0	786,115	79,152
Larry Peterson Trustee	1 00	X						0	0	0
Steven Staelin Trustee	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(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			
Robert Hartwig MD Trustee	1 00	X						0	0	0
Granger Souder Jr Chairperson	1 00	X		X				0	0	0
Kathleen Hanley Treasurer	1 00			X				0	589,817	85,787
Jeffrey Kuhn Secretary	1 00			X				0	434,214	63,102
Alan Sattler SR VP Finance	1 00				X			0	303,856	51,183
Gary Akenberger SR VP Finance	1 00				X			0	282,826	59,074

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Sal & Benefits Alloc	268,846	0	0	268,846
Bad Debt Expense	202,528	0	0	202,528
Overhead Allocation	103,345	0	103,345	0
Property tax	2,362	0	2,362	0
	0	0	0	0

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
The Toledo Hospital Foundation

Employer identification number
34-1517672

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											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
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
1c	
1d	
1e	
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	7,709,949	10,580,543		
b	Contributions				
c	Investment earnings or losses	1,201,456	-2,870,094		
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses		500		
g	End of year balance	8,911,405	7,709,949		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ 100 000 % %

c

Term endowment ▶ %

3a

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

(i)

unrelated organizations

3a(i)

Yes

(ii)

related organizations

3a(ii)

Yes

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	27,487			27,487
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				27,487

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 V, Line 4	Description of Intended Use of Endowment Funds	The endowment funds are invested to generate income to be used to support The Toledo Hospital consistent with donor intent.
Part X	Description of Uncertain Tax Positions Under FIN 48	The Toledo Hospital Foundation 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.

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
The Toledo Hospital Foundation

Employer identification number
34-1517672

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

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

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?		(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
		Yes	No			
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.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			PARKING LOT PARTY	(event type)	(total number)	(Add col (a) through col (c))
			(event type)			
	1	Gross receipts	53,875			53,875
	2	Less Charitable contributions	44,320			44,320
3	Gross income (line 1 minus line 2)		9,555			9,555
Direct Expenses	4	Cash prizes	0			
	5	Non-cash prizes	0			
	6	Rent/facility costs	1,950			1,950
	7	Food and beverages	5,962			5,962
	8	Entertainment	500			500
	9	Other direct expenses	13,342			13,342
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶				21,754
	11	Net income summary Combine lines 3, column d, and line 10. ▶				-12,199

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.

Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
						(Add col (a) through col (c))
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 ► \$		

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
The Toledo Hospital Foundation

Employer identification number
34-1517672

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
The Toledo Hospital2142 North Cove Blvd Toledo, OH 43606	344428256	501(c)(3)	2,746,661	57,150	Appraisal	Exercise Equipment	Operating/CapitalSupport
Promedica Health System1801 Richards Rd Toledo, OH 43607	341517671	501(c)(3)	11,836				Operating/CapitalSupport

2

Enter total number of section 501(c)(3) and government organizations

2

3

Enter total number of other organizations

0

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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.

Name of the organization
The Toledo Hospital Foundation

Employer identification number

34-1517672

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	☐ 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 or provision of all the expenses described above? If "No," complete Part III to explain		
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?	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?		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?		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?		No
b	Any related organization?		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?		No
b	Any related organization?		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	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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				
Anthony Comerota MD	(i)	0	0	0	0	0	0	0
	(ii)	389,226	0	183,585	20,000	20,521	613,332	0
Kevin Webb	(i)	0	0	0	0	0	0	0
	(ii)	318,104	86,764	21,077	38,808	14,912	479,665	0
Randall Oostra	(i)	0	0	0	0	0	0	0
	(ii)	677,854	277,997	26,224	77,755	17,426	1,077,256	0
Gopinath Upamaka MD	(i)	0	0	0	0	0	0	0
	(ii)	435,999	0	932	14,167	9,671	460,769	0
Ronald Wainz MD	(i)	0	0	0	0	0	0	0
	(ii)	195,002	0	0	0	0	195,002	0
Sheila Schwartz	(i)	0	0	0	0	0	0	0
	(ii)	231,265	55,118	15,454	29,400	20,292	351,529	0
Barbara Steele	(i)	0	0	0	0	0	0	0
	(ii)	563,617	210,509	11,989	69,709	9,443	865,267	0
Kathleen Hanley	(i)	0	0	0	0	0	0	0
	(ii)	414,699	170,816	4,302	65,907	19,880	675,604	0
Jeffrey Kuhn	(i)	0	0	0	0	0	0	0
	(ii)	308,993	119,669	5,552	46,037	17,065	497,316	0
Alan Sattler	(i)	0	0	0	0	0	0	0
	(ii)	227,824	60,860	15,172	37,649	13,534	355,039	0
Gary Akenberger	(i)	0	0	0	0	0	0	0
	(ii)	232,431	42,355	8,040	38,007	21,067	341,900	0

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 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 Kevin Webb \$10,633 Barbara Steele \$41,534 Alan Sattler \$4,574.
	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.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
The Toledo Hospital Foundation

Employer identification number
34-1517672

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential	X	1	950,000	Opinions of experts
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
Exercise				
25 Other ► (Equipment)	X	66	57,150	Opinions of experts
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29

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

29

0

30a

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

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

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

31

Yes

No

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

32a

Yes

No

b

If "Yes," describe in Part II

33

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

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Description of Arrangement	Part I, Line 30b	A donation of real estate was received and the donor has the right to occupy the residence for three years commencing on the agreement date
Third Party Use	Part I, Line 32b	The custodian of our investment assets liquidates all donated securities

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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

The Toledo Hospital Foundation

Employer identification number

34-1517672

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 Anthony Comerota, MD Kevin Webb Gopinath Upamaka, MD Sheila Schwartz Barbara Steele Alan Sattler
Form 990, Part VI, Section A, line 6		As an Ohio non-profit organization, this corporation has a corporate member
Form 990, Part VI, Section A, line 7a		ProMedica Health System, Inc (PHS) is the parent corporation and sole member of The Toledo Hospital Foundation As the member, PHS has the right to (a) elect and remove the members of the Board of Trustees of The Toledo Hospital Foundation, and (b) fill any vacancy on the Board of Trustees
Form 990, Part VI, Section A, line 7b		While the Board of Trustees of each business unit is granted certain powers with respect to such business units operations, as the member, ProMedica Health System retains approval rights with respect to certain corporate actions such as (i) adoption of the business units financial plans, (ii) expenditures for non-budgeted items in excess of certain dollar limits set from time to time by the member, (iii) expenditures for items which are included in the business units annual budgets but which exceed the budgeted amount by an amount in excess of certain dollar limits set from time to time by the member, (iv) incurrence, assumption or guarantee of any indebtedness, and (v) sale, lease, or other disposition of real property or assets with a value in excess of certain dollar limits set from time to time by the member, (vi) any merger, consolidation, reorganization, dissolution or liquidation
Form 990, Part VI, Section B, line 11		Under the guidance of ProMedica Health System's (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 company's Board of Directors and are reviewed and signed by the respective company's 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

Identifier	Return Reference	Explanation
Schedule K Supplemental Information		The Toledo Hospital Foundation is included in the consolidated audited financial statements of ProMedica Health System and Subsidiaries (PHS)

FORM 990, Part IV, Line 12 The Toledo Hospital Foundation is included in the consolidated audited financial statements of ProMedica Health System and Subsidiaries (PHS) Form 990, Part VII Average hours per week devoted to related organizations during the year Kathleen Hanley ~ 40 Hours Jeffrey Kuhn ~ 40 Hours Randall Oostra ~ 40 Hours Gary Akenberger ~ 40 Hours Anthony Comerota ~ 40 Hours Kevin Webb ~ 40 Hours Barbara Steele ~ 40 Hours Sheila Schwartz ~ 40 Hours Alan Sattler ~ 40 Hours Form 990, Part XI, Line 2B - 2D The Toledo Hospital Foundation 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 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

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

Cat No 51056K

Schedule O (Form 990) 2009

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
Name of the organization The Toledo Hospital Foundation		Employer identification number 34-1517672

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?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	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

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

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

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

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

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

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

No

Yes

No

No

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)	The Toledo Hospital	B	2,803,811
(2)	ProMedica Health System	O	103,345
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2009

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?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

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 System Inc 1801 Richards Rd Toledo, OH43607 34-1517671	Parent Company of Health System	OH	501(c)(3)	11C, III-FI	N/A
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
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 Pottawatomie 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 %