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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

C Name of organization
The Toledo Hospital

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 2142 N Cove Blvd | Room/suite

City or town, state or country, and ZIP + 4
Toledo, OH 43606

D Employer identification number
34-4428256

E Telephone number
(419) 291-4000

G Gross receipts $ 1,383,220,021

F Name and address of principal officer
Kevin C Webb
2142 N Cove Blvd
Toledo, OH 43606

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www promedica org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1907 | **M** State of legal domicile OH

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
THE TOLEDO HOSPITAL IS AN ACUTE CARE FACILITY AND REFERRAL CENTER PROVIDING INPATIENT AND OUTPATIENT HEALTH SERVICES TO THE GENERAL PUBLIC WITHIN NORTHWEST OHIO

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	28
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23
5	Total number of employees (Part V, line 2a)	5	5,204
6	Total number of volunteers (estimate if necessary)	6	711
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	5,065,995
b	Net unrelated business taxable income from Form 990-T, line 34	7b	995,206

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	27,694,923	6,386,551
9	Program service revenue (Part VIII, line 2g)	551,489,469	591,253,463
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-18,784,966	11,750,112
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,358,341	26,329,514
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	579,757,767	635,719,640
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	32,618,485	19,982,197
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	244,675,616	248,785,833
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶251,513		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	301,601,157	347,760,757
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	578,895,258	616,528,787
19	Revenue less expenses Subtract line 18 from line 12	862,509	19,190,853

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	1,085,715,706	1,199,837,707
21	Total liabilities (Part X, line 26)	593,386,047	599,176,853
22	Net assets or fund balances Subtract line 21 from line 20	492,329,659	600,660,854

Part II Signature Block

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

Sign Here

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

▶ Kevin C Webb President
Type or print name and title

Paid Preparer's Use Only

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

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

As an integral part of Promedica Health System, we are a valuable community resource providing comprehensive health services with expertise and compassion and improving the health of those we serve through prevention, education and superior service

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 $ 483,479,604 including grants of $ 19,982,197) (Revenue $ 595,330,338)

The Toledo Hospital is an acute care facility providing inpatient and outpatient health care services to the general public - See Schedule O

4b (Code) (Expenses $ 35,121,812 including grants of $) (Revenue $)

Consistent with our mission, The Toledo Hospital provides a significant amount of financial assistance to patients with limited or no ability to pay - See Schedule O

4c (Code) (Expenses $ 43,644,760 including grants of $) (Revenue $ 22,031,316)

Consistent with our mission, The Toledo Hospital provides a significant amount of community benefit including community health and wellness services, subsidized health services, professional education, research, and cash and in-kind contributions - See Schedule O

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 562,246,176

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	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		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? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	483		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	5,204		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, 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	28		
b	Enter the number of voting members that are independent	1b	23		
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	Yes	
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		No

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 ▶

Anne Rospo
5520 Monroe St
Sylvania, OH 43560
(419) 824-9072

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	1,634,527	6,275,070	1,088,770

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 84

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Anesthesiology Consultants of Toledo In 2914 S Republic Blvd Toledo, OH 43615	Anesthesiology Physicians	3,557,638
Metro Aviation PO Box 7008 Shreveport, LA 71137	Aviation Services	3,501,836
Crothall Laundry Services 13028 Collections Center Dr Chicago, IL 60693	Linen Services	3,444,478
Toledo Critical Cre Assoc 4841 Monroe St Ste 350 Toledo, OH 43623	ICU Physicians	1,611,600
Michigan Pediatric Surgery 3901 Beaubien Blvd Detroit, MI 48201	PEDS Surgeons	1,200,000
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 59		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	1,015			
	d	Related organizations	1d	3,898,228			
	e	Government grants (contributions)	1e	1,953,445			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	533,863			
	g	Noncash contributions included in lines 1a-1f $ 59,534					
	h	**Total.** Add lines 1a-1f		6,386,551			
Program Service Revenue			Business Code				
	2a	Net Patient Serv Rev	622,110	586,369,133	581,013,551	5,355,582	
	b	Rental Rev from Aff	531,120	4,259,062	4,259,062		
	c	Membership Revenue	713,940	625,268	625,268		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		591,253,463			
	3	Investment income (including dividends, interest and other similar amounts)		21,268,203			21,268,203
	4	Income from investment of tax-exempt bond proceeds		525,242			525,242
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents	1,172,058				
	b	Less rental expenses	1,581,144				
	c	Rental income or (loss)	-409,086				
	d	Net rental income or (loss)		-409,086	119,851	-528,937	
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	731,787,691	3,272,154			
	b	Less cost or other basis and sales expenses	743,344,232	1,758,946			
	c	Gain or (loss)	-11,556,541	1,513,208			
	d	Net gain or (loss)		-10,043,333			-10,043,333
Other Revenue	8a	Gross income from fundraising events (not including $ 1,015 of contributions reported on line 1c) See Part IV, line 18 a	13,155				
	b	Less direct expenses b	9,272				
	c	Net income or (loss) from fundraising events		3,883			3,883
	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	1,024,227				
	b	Less cost of goods sold b	806,787				
	c	Net income or (loss) from sales of inventory		217,440			217,440
		Miscellaneous Revenue	Business Code				
	11a	Pharmacy	622,110	16,336,891	16,005,640	331,251	
	b	Dietary and Other	722,212	8,123,208	8,045,555	77,653	
	c	investment in subs	622,110	2,226,732	2,226,732		
	d	All other revenue		-169,554		-169,554	
	e	**Total.** Add lines 11a–11d		26,517,277			
	12	**Total revenue.** See Instructions		635,719,640	612,295,659	5,065,995	11,971,435

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	19,982,197	19,982,197		
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	458,146	384,946	73,200	
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	195,061,210	173,840,044	20,999,029	222,137
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,187,457	5,515,287	672,170	
9	Other employee benefits	32,473,369	28,950,177	3,523,192	
10	Payroll taxes	14,605,651	13,022,613	1,583,038	
11	Fees for services (non-employees)				
a	Management	113,745	113,745		
b	Legal	1,157,200	1,157,200		
c	Accounting	9,000		9,000	
d	Lobbying	24,931		24,931	
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees	1,031,395	1,028,639	2,756	
g	Other	43,554,953	37,338,985	6,215,968	
12	Advertising and promotion	1,056,575	991,202	65,373	
13	Office expenses	92,335,184	92,094,203	240,534	447
14	Information technology				
15	Royalties				
16	Occupancy	9,135,308	7,060,671	2,069,807	4,830
17	Travel	471,071	387,122	83,949	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	10,758,399	10,758,399		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	37,016,031	36,006,755	1,009,276	
23	Insurance	9,792,451	7,833,961	1,958,490	
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	Overhead/Other Alloc	65,889,906	52,158,796	13,731,110	0
b	Drugs	39,089,666	39,089,666	0	0
c	Provision for bad debt	20,616,088	20,616,088	0	0
d	Rental Expense	-2,104,129	-2,104,129		
e					
f	All other expenses	17,812,983	16,019,609	1,769,275	24,099
25	**Total functional expenses.** Add lines 1 through 24f	616,528,787	562,246,176	54,031,098	251,513
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		13,550,627	1	8,114,444
	2	Savings and temporary cash investments		8,437,140	2	22,456,783
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		91,955,425	4	95,952,385
	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		7,469,829	8	7,531,169
	9	Prepaid expenses and deferred charges		1,145,277	9	821,428
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 708,012,946			
	b	Less accumulated depreciation	10b 398,381,054	302,150,256	10c	309,631,892
	11	Investments—publicly traded securities		269,582,685	11	341,091,592
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		11,112,404	14	10,251,202
	15	Other assets See Part IV, line 11		380,312,063	15	403,986,812
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,085,715,706	16	1,199,837,707
Liabilities	17	Accounts payable and accrued expenses		78,162,172	17	78,199,517
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		416,499,200	20	431,896,978
	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	4,400,000
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		98,724,675	25	84,680,358
	26	**Total liabilities.** Add lines 17 through 25		593,386,047	26	599,176,853
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		370,407,872	27	453,675,575
	28	Temporarily restricted net assets		113,606,266	28	137,468,302
	29	Permanently restricted net assets		8,315,521	29	9,516,977
		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		492,329,659	33	600,660,854
	34	Total liabilities and net assets/fund balances		1,085,715,706	34	1,199,837,707

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
The Toledo Hospital

Employer identification number
34-4428256

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?

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

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

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Section C. Computation of Public Support Percentage

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

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

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

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

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
The Toledo Hospital	34-4428256

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		24,931
j	Total lines 1c through 1i			24,931
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	The Toledo Hospital pays dues to the American Hospital Association and the Ohio Hospital Association - a portion of which is allocable to lobbying by the associations

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
The Toledo Hospital

Employer identification number
34-4428256

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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

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

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

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

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	11,556,355	52,881,312		64,437,667
b Buildings		415,563,095	231,832,053	183,731,042
c Leasehold improvements		7,022,362	6,637,541	384,821
d Equipment		198,861,964	148,650,270	50,211,694
e Other		22,127,858	11,261,190	10,866,668
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				309,631,892

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

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

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

(a) Description	(b) Book value
Due from affiliates	4,121,997
Collateral receivable	37,239,639
Restricted funds	146,985,279
Bond indenture agreement	35,865,619
Other segregated investments	7,954,133
Deferred bond issue costs	2,990,127
Investments in affiliates and Other	11,487,653
Intercompany debt from related entities	157,342,365
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	403,986,812

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Due to affiliates	14,055,725
Estimated third party settlement	13,471,684
Securities lending collateral	38,240,744
Deferred compensation	7,733,596
Interest rate swap	4,697,286
Asbestos remediation	6,322,400
Capital leases	158,923
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	84,680,358

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

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

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

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

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

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	The Toledo Hospital 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

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
The Toledo Hospital

Employer identification number
34-4428256

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 50000 0000000000 %	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			12,366,409		12,366,409	2 040 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			92,563,317	70,074,638	22,488,679	3 720 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			615,492	348,768	266,724	0 040 %
d **Total** Charity Care and Means-Tested Government Programs			105,545,218	70,423,406	35,121,812	5 800 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			21,502,432	11,009,405	10,493,027	1 750 %
f Health professions education (from Worksheet 5)			8,845,050	6,134,194	2,710,856	0 450 %
g Subsidized health services (from Worksheet 6)			12,614,220	4,887,717	7,726,503	1 280 %
h Research (from Worksheet 7)			653,762		653,762	0 110 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			10,202		10,202	0 %
j **Total** Other Benefits			43,625,666	22,031,316	21,594,350	3 590 %
k **Total.** Add lines 7d and 7j			149,170,884	92,454,722	56,716,162	0

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support			19,094		19,094	0 %
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**			19,094		19,094	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense (at cost)	2	5,093,540		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	1,118,035		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	111,671,345
6	Enter Medicare allowable costs of care relating to payments on line 5	6	119,201,800
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-7,530,455
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	Yes		

Part IV Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1 ProMedica Cardiovascular Co-Management Co LLC	Physician Services	32 840 %	0 %	56 700 %
2 ProMedica Orthopedic Co-Management Co LLC	physician Services	27 470 %	0 %	56 030 %
3 Reynolds Rd Surgical Center LLC	physician Services	64 480 %	0 %	32 320 %
4 NW Ohio Dedicated Breast MRI	physician Services	50 000 %	0 %	0 %
5 Parkway Surgery Center LTD	physician Services	45 450 %	0 %	54 550 %
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Toledo Hospital 2142 N Cove Blvd Toledo, OH 43606	X	X	X	X		X	X		

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

Part I, Line 6a The Toledo Hospital reports community benefit information as part of the ProMedica Health System, Inc annual Community Benefit Report

Part I, Line 7f THE TOLEDO HOSPITAL INCLUDED $20,616,088 OF BAD DEBT EXPENSE ON FORM 990, PART IX, LINE 25, BUT SUBTRACTED THIS BAD DEBT FOR PURPOSES OF CALCULATING THE AMOUNT REPORTED ON LINE 7F

Part I, Line 7 The Toledo Hospital calculated the cost of charity care and means-tested government programs using the cost-to-charge ratio derived from Schedule H, Worksheet 2, Ratio of Patient Care Cost-to-Charges Other Benefits amounts reported on Line 7 were calculated using costs charged directly to the individual programs via the financial accounting system An indirect cost allocation factor for hospital shared services is also calculated and included for each program indicated in Other Benefits

Part III, Line 4 The Toledo Hospital's analysis and assessment of the allowance for doubtful accounts and related bad debt expense uses a receipts "look-back" method utilizing historical payment data on accounts, including contractual adjustments for payer discounts, as well as patient payments, such as co-pays and deductibles, to establish anticipated collectability rates for aged accounts receivable within each payer The cost of the bad debt expense and estimate of possible charity care within bad debt expense, is determined using the cost-to-charge ratio as determined by Schedule H, Worksheet 2, Ratio of Patient Care Cost to Charges Toledo Hospital estimated the amount of possible charity care within bad debt expense by reviewing accounts that were internally coded as having been provided a financial assistance application, but that was not completed by the patient or guarantor, in which the account was subsequently written off to bad debt The following narrative addressing the allowance for doubtful accounts is included in the footnotes to the financial statements for ProMedica Health System and Subsidiaries (System) - The System maintains an allowance for losses based on the expected collectability of patient accounts receivable - The System assesses collectability of accounts receivable based on historical and current collection experience, as well as current payer mix and accounts receivable aging trends

Part III, Line 8 ProMedica Health System treats 100% of the Medicare shortfall, which is the excess of costs to treat Medicare patients over the reimbursement received by the federal government, as community benefit for the following reasons - The Medicare shortfall represents a relief of a financial burden that would otherwise be borne by a government program - The Medicare shortfall is a societal benefit insofar as many of the programs and services would not be provided to the community if the decision to provide services was made on a financial basis - Medicare is a societal benefit mandated by the federal government for those who would otherwise be uninsured after aging out of traditional means of insurance, such as that provided by an employer - Medicare is not a true market payer whereby reimbursement rates can be negotiated and adjusted, as in the case of commercial payers, in order to reduce the losses incurred The Toledo Hospital used the Medicare allowable costs per its 2009 Medicare Cost Reports, as filed, less any adjustments for subsidized health services and health professions education, if necessary Allowable costs are calculated by allocating total facility costs to revenue generating units within the hospital The Medicare cost report does not reflect all of the costs associated with Medicare programs such as services and clinics

Part III, Line 9b Financial assistance discounts will be granted for medically necessary services when it is determined that the patient and family income meets the criteria established Patients who have insurance coverage or who are entitled to governmental assistance are identified in order for reimbursement to be obtained All patients with self-pay balances after insurance may obtain financial assistance adjustments if they provide appropriate documentation that they satisfy the income guidelines Verification of financial assistance is pursued throughout the internal collection process until all options have been exhausted All patients, including patients that may qualify for charity care or financial assistance, that have a self-pay balance, receive monthly billing statements These statements will inform all patients of the opportunity to seek a financial assistance adjustment for medically necessary services, the eligibility criteria, and the method to apply If a financial assistance application has not been completed and requested income verification has not been received from a patient who could potentially qualify, the patient will continue to receive billing statements through the normal collection process Once it has been determined that a patient qualifies for financial assistance, an adjustment will be processed The patient account analyst will determine patient eligibility and calculate the adjustment based on policy guidelines An adjustment form will be prepared and approved per policy Uninsured patients are required to complete an application and provide required documentation, including any documentation required to determine eligibility Uninsured patients are notified in writing whether or not they qualify for any financial assistance adjustment for which they have submitted an application, and of any remaining balance owed The adjustment is then applied to the patient's account Patients may be offered payment plans when appropriate based on documented financial need and circumstances Longer payment plans may be offered on an exception basis for cases with unusually high balances or special circumstances demonstrating an inability to pay Once the internal collection process has been complete, patient accounts may be referred to an external collection agency if the patient has not contacted us regarding their desire to apply for financial assistance, sent in a financial assistance application, or failed to respond to requests for additional information It is the expectation of the external collection agency as they work accounts to offer financial assistance when applicable Throughout the collection process, the collection agency will inform uninsured patients of the criteria to obtain financial assistance adjustments based on family income and family size, and will forward applications for patients who submit the required documentation to the Central Business Office for processing

Part V The Toledo Hospital has seventeen laboratory sites, twelve radiology sites, six rehabilitation sites, and one pediatric and adult clinic site

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

Part VI, Line 2 ProMedica Health System demonstrates a commitment to the communities it serves and therefore, believes it is critical to understand the health care needs of its primary service area To that end, ProMedica conducts bi-annual needs assessments in its primary service area using a variety of methodologies to assess each county's health care data, identify gaps in health care initiatives and make recommendations for the betterment of the general community health Analysis of published county health data, interviews with key stakeholders of county health departments, review of historical and existing ProMedica community assessments, and review of Healthy People are all means by which recommendations for the ProMedica Community Health Plan were developed Published County Health DataCounty health data were obtained from several sources, including the Ohio Department of Health Data Warehouse, the Michigan Department of Health and formal county assessments conducted within the individual counties Published county assessment data were not found across all counties, thus creating blanks in the county data grids that have been developed for the community assessment Although most counties conducting a formal assessment utilize the Behavioral Risk Factor Surveillance System (BRFSS) questionnaire developed by the Centers for Disease Control and Prevention (CDC) as the basis of the county questionnaire, county committees typically add and/or change questions to meet the county's perceived needs Stakeholder InterviewsHealth Department interviews are conducted by telephone to obtain county health department feedback related to 1) the top three health issues for the county, 2) current county programs and 3) perceived health care gaps in the county Because of the roles the county health departments play in their community, they have a defined perception of the health and health care needs of their communities, and may also provide a focus to what may otherwise be a lengthy dissertation of facts Current ProMedica Community Health PlanIn the past few years, the primary focus for community health activities were related to cardiovascular disease, cancer screening and prevention, adult obesity, childhood obesity and improving related conditions that result in high morbidity and mortality in our communities, with special emphasis placed on serving underserved populations ProMedica Health System strategic planning initiatives are underway to develop focused clinical service lines that are directly related to women, children, cardiovascular, orthopaedic and neurological areas Healthy PeopleHealthy People 2010 is a principal resource in identifying ten leading health indicators The ten leading health indicators as a whole reflect the major health concerns in the United States at the beginning of the 21st century They were selected on the basis of their ability to motivate action, the availability of data to measure progress, and the importance as public health issues Healthy People 2010 was designed to achieve two overarching goals The first goal was to help individuals of all ages increase life expectancy and improve their quality of life The second goal was to eliminate health disparities among different segments of the population The Healthy People 2010 Leading Health Indicators as defined through this national project were - Physical Activity - Overweight & Obesity - Tobacco Use - Substance Abuse - Responsible Sexual Behavior - Mental Health & Disorders- Injury & Violence Prevention- Environmental Quality- Immunization - Access to Health CareDrawing on the expertise of the Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020, public input and a Federal Interagency Workgroup, Healthy People will provide a framework to address risk factors and determinants of health and the diseases and disorders that affect our communities In 2010, the Healthy People 2020 objectives will be released along with guidance for achieving the new 10-year targets

3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

Part VI, Line 3 The opportunity for financial assistance adjustments are communicated to patients at all ProMedica Health System hospitals through the following methods a During the pre-registration process for scheduled inpatients and high-dollar outpatient cases The centralized pre-registration staff will communicate the financial assistance policy to uninsured patients and attempt to have a Patient Financial Advocate contact the patient prior to service to discuss potential eligibility for government programs and financial assistance The pre-service function includes account registration, insurance verification, pre-certification and financial counselingb All Admitting locations will have financial assistance forms available for self-pay patients to complete At Admitting, uninsured patients will be informed of the opportunity to seek financial assistance and will be given literature explaining the eligibility criteria and the method for applying c Patient financial advocates are available at the hospitals to assist uninsured patients in completing the forms Patient Financial Advocates attempt to meet with in-house patients to assess eligibility and to assist with application for government assistance programs, to explain patient liability for charges, to provide an estimate of charges when feasible, to explain the opportunity for financial assistance, including the criteria and the method for applying, and to explain payment options d A message is printed on the patient billing statements to notify the uninsured patient that financial assistance is available, to explain the eligibility criteria, and to describe the method to apply e Information and the financial assistance application are available via the ProMedica web site Business Office personnel also notify uninsured patients of the financial adjustment policy through the customer service and collection departments

4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

Part VI, Line 4 The Toledo Hospital, located in Toledo, Ohio, serves an area within Lucas County with a population of approximately 650,000, primarily in the 43615, 43613, 43606, 43612 and 43607 zip codes Approximately, 13% of the service area is age 65 or over, 12% is between age 55 and 64, median household income is $49,000, 49% of the adult population aged 25+ has a high school degree or lower, unemployment rate is 5 7%, 53% of households have an income of $50,000 or less Lucas County has a population of approximately 440,000 with 10 7% of families below the poverty level and a 22% Medicaid eligible rate Lucas County has 61 census tracts designated as Medically Underserved Areas or Medically Underserved Populations Approximately, 12% of Lucas County is uninsured For leading causes of death, the Lucas County age adjusted mortality rates due to heart disease, cancer, stroke, lung, unintentional injuries/accidents, and diabetes are higher than the state and national rates According to 2010 County Health Rankings, Lucas County ranked 71 of 88 counties for health outcomes and 71 of 88 for morbidity This places the county in the lower quartile of unhealthy counties in Ohio There are fourteen hospitals serving a five county area around Toledo, Herrick Medical Center, Emma L Bixby Medical Center, Fulton County Health Center, Community Hospitals and Wellness Centers - Archbold, Flower Hospital, St Anne Mercy Hospital, St Vincent Mercy Medical Center, St Charles Mercy Hospital, Bay Park Community Hospital, University of Toledo Medical Center, St Luke's Hospital, Mercy Memorial, Wood County Hospital, and H B Magruder Memorial Hospital

5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

Part VI, Line 7 - ProMedica Health System is a mission-based, locally owned, not-for-profit health care organization that was formed in Toledo, Ohio in 1986 ProMedica consists of more than 13,000 employees and 2,900 health care providers who have joined together to form a network across more than 283 ProMedica facilities in 27 counties in northwest Ohio and southeast Michigan They share resources-such as modern technology, quality standards and processes, medical expertise, and specialty services-to help increase area residents' access to high-quality care, while also striving to reduce the cost of health care by providing it in the most appropriate setting - In 2009, Promedica cared for over 2 4 million patient visits in its facilities and provider network In addition to providing care within our facilities, ProMedica contributed a total community benefit of more than $119 million in 2009, from free community health screenings and health fairs, to a free Speakers Bureau comprised of medical experts, plus we offered a number of scholarships for individuals seeking a career in health care - ProMedica's members and affiliates include The Toledo Hospital, Toledo Children's Hospital, Flower Hospital, Bay Park Community Hospital, Bixby Medical Center, Herrick Medical Center, Fostoria Community Hospital, Defiance Regional Medical Center, and Lima Memorial Hospital, ProMedica Physician Corporation, a premiere network of more than 250 health care providers, ProMedica Continuing Care Services Corporation, including senior, hospice, ambulatory, home care, and wellness, and the Health, Education and Research Corporation, with more than 200 academic affiliations, family medicine, sports care and pharmacy residency programs - With regard to health professions education, monthly, biweekly and annual programs were offered throughout 2009 for continuing medical education credit More than 950 credit hours of physician education were provided in 2009 There were 5,600 physicians who participated in educational programs, and 7,600 non-physicians (i e , allied health care professionals) also attended programs - During 2009, approximately 30 philanthropy activities were supported by our hospitals and services All of ProMedica's foundations are separate 501(c)3 organizations Annual donor programs, capital campaigns, planned giving, and event fundraising activities are conducted to raise funds in support of their respective support organizations (i e , ProMedica hospitals and business units, such as ProMedica's Ebeid Hospice facility, which is part of ProMedica Continuing Care Services Corporation)

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

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The Toledo Hospital

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34-4428256

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
ProMedica Health System 1801 Richards Rd Toledo, OH 43607	341517671	501(c)(3)	5,000,000				OPERATING GRANT
ProMedica Continuing Care Services2142 N Cove Blvd Toledo, OH 43606	344492440	501(c)(3)	2,000,000				OPERATING GRANT
ProMedica Physicians Group5855 Monroe St Sylvania, OH 43560	341899439	501(c)(3)	12,905,000				OPERATING GRANT
Toledo Hospital Foundation 2142 N Cove Blvd Toledo, OH 43606	341517672	501(c)(3)	30,627				Operating Grant
Toledo Children's Hospital Foundation2142 N Cove Blvd Toledo, OH 43606	341901463	501(c)(3)	41,622				Operating Grant

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 5

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 As an affiliate of ProMedica Health System (PHS), Corporate Treasury, with the approval and oversight of the Finance Committee, ensures that funds are distributed appropriately according to PHSs strategic business plan and consistent with corporate policies and procedures

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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Part I Questions Regarding Compensation

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

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

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

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

(A) Name	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 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 Barbara Steele $41,534 Pierre Vauthy $69,806 Kevin Webb $10,633 Alan Sattler $4,574 Michael Wilkins $6,709 Lori Ferguson $5,784 Erin Jaynes $2,354 Neeraj Kanwal $9,948 Robert Fredrick $14,515 Lori Johnston $4,717
	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

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

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Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	Series 2005 - See Schedule O for detail			04-28-2005	188,935,192	See Schedule O	X			X
B	Series 2008 - See Schedule O for detail			05-15-2008	183,217,907	See Schedule O		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	197,109,556	185,741,213			
2	Gross proceeds in reserve funds					
3	Proceeds in refunding or defeasance escrows					
4	Other unspent proceeds	53,055,803	53,055,803			
5	Issuance costs from proceeds	5,008,521	2,358,660			
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	129,409,278				
8	Year of substantial completion	2007				

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?	X		X							
10	Were the bonds issued as part of an advance refunding issue?		X		X						
11	Has the final allocation of proceeds been made?	X			X						
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X						
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X	X							

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?	X		X							
3b	Are there any research agreements with respect to the financed property which may result in private business use?	X		X							
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 100 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 020 %						
6	Total of lines 4 and 5		0 %		0 120 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X							

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X						
2	Is the bond issue a variable rate issue?	X		X							
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X			X						
b	Name of provider	UBS									
c	Term of hedge	29 600000000000									
4a	Were gross proceeds invested in a GIC?	X			X						
b	Name of provider	JP Morgan									
c	Term of GIC	2 800000000000									
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X									
5	Were any gross proceeds invested beyond an available temporary period?		X		X						
6	Did the bond issue qualify for an exception to rebate?		X		X						

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

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

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
Mary Vauthy	see schedule O	40,845	Employment		No
Tolson Investments	See schedule O	482,546	Rental Prop		No

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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.

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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				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies	X	1	1,714	FMV
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▸ (Exercise Equipment)	X	1	57,150	FMV
26	Other ▸ (Fax Machine)	X	1	34	FMV
27	Other ▸ (General Supplies)	X	1	636	FMV
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**

			Yes	No
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		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	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		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

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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.

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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 Mary Ellen Pizza Pierre Vauthy Barbara Steele Howard Stein Kevin Webb Alan Sattler Michael Wilkins Lori Ferguson Erin Jaynes Neeraj Kanwal Robert Fredrick Lori Johnston Randall Schimmoeller
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 As the member, PHS has the right to (a) elect and remove the members of the Board of Trustees of The Toledo Hospital , 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 strategic plans and 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 Systems (PHS) tax consultants, Form 990s are prepared by the respective accounting department of each affiliate and reviewed by the appropriate Director of Finance After Director of Finance approval, copies of the Form 990 for PHS and their subsidiaries are provided to the respective companys Board of Directors and are reviewed and signed by the respective companys president prior to filing with the Internal Revenue Service
Form 990, Part VI, Section B, line 12c		ProMedica Health System and affiliates (PHS) have Standards of Conduct that apply to all PHS board members and employees Board members and employees are expected to certify their compliance with the applicable standards prior to election/appointment or prior to beginning employment Board Members Annually (or immediately if new potential conflicts of interest arise), all board members are required to complete and return the Board Member Certification Statement within 30 days of dissemination Board Member Certification Statements are compiled and reviewed by the Director, Audit/Compliance Summarized information is forwarded for review to the Chief Financial Officer, General Counsel, Business Unit Presidents and the President and Chief Executive Officer (President/CEO)/Chief Compliance Officer (CCO), based upon their respective knowledge of the board members The purpose of this review is to both inform management of the disclosed conflicts and to allow them to identify to the Director, Audit/Compliance, any potential undisclosed conflicts The Audit/Compliance department then conducts an audit of all Board Member Certification Statements (along with any relationships noted through the above review) to identify any positional conflicts of interest and to test material transactions with board members/their affiliates for fair market value The results of the audit are reported directly to the Chair of the Audit/Compliance Committee with a copy to the President/CEO/CCO The report includes a summary of the audit procedures performed, any significant concerns identified and their resolution, as well as an attachment with a full listing of the board members disclosures and the total amount of financial activity in the preceding 12 months between PHS and the board members/affiliates Any unresolved conflicts are addressed by the Audit Committee with recommendations to the full board as needed Failure to file the Certification Statement, or the filing of a false or incomplete Certification Statement, or failure to disclose immediately any new conflicts of interest that may arise, or failure to cooperate without condition, honestly and completely with any investigation or review of the board members Certification Statement or his/her actions or circumstances shall be grounds for sanction by the Board of Trustees up to and including removal from the board/committee/council Employees Annually (or immediately if new conflicts of interest arise), all salaried employees are required to sign and return an Employee Certification Statement within 30 days of dissemination The Human Resources Department ensures that all statements are received and filed in the employees personnel file and provides notification to the Director, Audit/Compliance of the number of annual Employee Certification Statements sent and received, copies of any statement containing disclosures that warrant further review by the Audit/Compliance department, and a list of all new employees hired during the previous 12 months Identified conflicts are initially reviewed by the Director, Audit/Compliance and the Chief Human Resources Officer and if necessary discussed with the Business Unit President in which the employee works, and General Counsel If the conflict is considered a significant exposure risk for PHS, a recommendation will be prepared for final approval of the PHS President/CEO/CCO Results of the employee process audit are included in the above report to the Chair of the Audit/Compliance Committee Failure to file the Certification Statement, or the filing of a false or incomplete Certification Statement, or failure to disclose immediately any new conflicts of interest that may arise, or failure to cooperate without condition, honestly and completely with any investigation or review of the employees Certification Statement or his/her actions or circumstances shall be grounds for sanction up to and including termination of employment
Form 990, Part VI, Section B, line 15		Each year independent consultants conduct an annual survey and recommend executive payroll base salary ranges based upon the market The data is reviewed and approved by the ProMedica Health System Compensation Committee every October
Form 990, Part VI, Section C, line 19		ProMedica Health System and subsidiaries provide any document open to public inspection upon request

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 2c		The Toledo Hospital 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 K Supplental Information PART I SERIES 2005 BOND DETAIL ISSUER NAME SERIES 2005 A1 - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP# 549310SZ4 DATE ISSUED APRIL 28, 2005 ISSUE PRICE 52,200,000 PURPOSE FINANCE THE CONSTRUCTION AND EQUIPPING OF A 279 BED PATIENT TOWER ON THE CAMPUS OF TOLEDO HOSPITAL FINANCE THE COST OF ACQUISITION, RENOVATION AND EQUIPPING OF CERTAIN OTHER OHIO HEALTHCARE FACILITIES MATURITY MATURED ISSUER NAME SERIES 2005 A2 - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP# 549310TA8 DATE ISSUED APRIL 28, 2005 ISSUE PRICE $37,500,000 PURPOSE FINANCE THE CONSTRUCTION AND EQUIPPING OF A 279 BED PATIENT TOWER ON THE CAMPUS OF TOLEDO HOSPITAL FINANCE THE COST OF ACQUISITION, RENOVATION AND EQUIPPING OF CERTAIN OTHER OHIO HEALTHCARE FACILITIES MATURITY MATURED ISSUER NAME SERIES 2005 A-3 - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP# 549310TB6 DATE ISSUED APRIL 28, 2005 ISSUE PRICE $25,000,000 PURPOSE FINANCE THE CONSTRUCTION AND EQUIPPING OF A 279 BED PATIENT TOWER ON THE CAMPUS OF TOLEDO HOSPITAL FINANCE THE COST OF ACQUISITION, RENOVATION AND EQUIPPING OF CERTAIN OTHER OHIO HEALTHCARE FACILITIES MATURITY MATURED ISSUER NAME SERIES 2005B OH - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP# 549310TS9 DATE ISSUED APRIL 28, 2005 ISSUE PRICE $57,410,192 PURPOSE REFUND SERIES 1993 TOLEDO HOSPITAL BONDS ISSUED JULY 1, 1993 MATURITY 11/15/2021 ISSUER NAME SERIES 2005 MI B - COUNTY OF LENAWEE HOSPITAL FINANCE AUTHORITY ISSUER EIN 38-6005798 CUSIP# 52601PAX6 DATE ISSUED APRIL 28, 2005 ISSUE PRICE $16,825,000 PURPOSE FINANCE A 23,550 SQUARE FOOT ADDITION AND OTHER RENOVATION ON THE CAMPUS OF HERRICK MEDICAL CENTER IN MICHIGAN REFUND THE LENAWEE LONG TERM CARE SERIES 1994A BONDS ISSUED 8-01-1994 MATURITY MATURED SERIES 2008 BOND DETAIL ISSUER NAME 2008 SERIES A - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP# 549310TT7 DATE ISSUED MAY 15, 2008 ISSUE PRICE 62,500,000 PURPOSE REFINANCE A PORTION OF THE BANK LOAN USED TO FINANCE THE EARLY OPTIONAL REDEMPTION OF THE PROMEDICA HEALTHCARE OBLIGATED GROUP SERIES 2005A BONDS MATURITY 11/15/2034 ISSUER NAME 2008 SERIES B - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP# 549310TU4 DATE ISSUED MAY 15, 2008 ISSUE PRICE 52,855,000 PURPOSE REFINANCE A PORTION OF THE BANK LOAN USED TO FINANCE THE EARLY OPTIONAL REDEMPTION OF THE PROMEDICA HEALTHCARE OBLIGATED GROUP SERIES 2005A BONDS FINANCE THE CONSTRUCTION AND EQUIPPING OF A 36 BED ORTHOPEDIC HOSPITAL MATURITY 11/15/2040 ISSUER NAME 2008 SERIES C - COUNTY OF LENAWEE HOSPITAL FINANCE AUTHORITY ISSUER EIN 38-6005798 CUSIP# 52601PAY4 DATE ISSUED MAY 15, 2008 ISSUE PRICE 16,645,000 PURPOSE REFINANCE A PORTION OF THE BANK LOAN USED TO FINANCE THE EARLY OPTIONAL REDEMPTION OF THE PROMEDICA HEALTHCARE OBLIGATED GROUP SERIES 2005B BONDS MATURITY 11/15/2035 ISSUER NAME 2008 SERIES D - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP# 549310YV2 DATE ISSUED MAY 15, 2008 ISSUE PRICE 33,803,818 PURPOSE REFINANCE A PORTION OF THE BANK LOAN USED TO FINANCE THE EARLY OPTIONAL REDEMPTION OF THE PROMEDICA HEALTHCARE OBLIGATED GROUP SERIES 2005A BONDS FINANCE ACQUISITION OF A CT, MRI AND CERTAIN OTHER EQUIPMENT ON THE CAMPUS OF FOSTORIA COMMUNITY HOSPITAL MATURITY 11/15/2038 ISSUER NAME 2008 SERIES D - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP# 549310TW0 DATE ISSUED MAY 15, 2008 ISSUE PRICE 17,414,088 PURPOSE REFINANCE A PORTION OF THE BANK LOAN USED TO FINANCE THE EARLY OPTIONAL REDEMPTION OF THE PROMEDICA HEALTHCARE OBLIGATED GROUP SERIES 2005A BONDS FINANCE THE ACQUISITION OF A CT, MRI AND CERTAIN OTHER EQUIPMENT ON THE CAMPUS OF FOSTORIA COMMUNITY HOSPITAL MATURITY 11/15/2040 PART II, LINE 5, COLUMN A COST OF ISSUANCE $1,902,630 CREDIT ENHANCEMENT $3,105,891 PART II, LINE 5, COLUMN B COST OF ISSUANCE $2,224,707 CREDIT ENHANCEMENT $133,953 Schedule K, Part II, Line 4, Column B The proceeds from the 2008 issue remain unspent in their entirety at December 31, 2009 Reimbursement requests for smaller projects were delayed until January 2010 due to staffing issues Also contributing to the delay was the start date of a major construction project, to be reimbursed with the 2009 proceeds, which was moved from 2009 until 2010 Form 990, Part IV, Line 12 The Toledo Hospital is included in the consolidated audited financial statements of ProMedica Health System and Subsidiaries (PHS) Form 990, Part IV, Line 24a The Toledo Hospital is a health facility that is a subsidiary of ProMedica Health System (PHS) The Toledo Hospital holds an intercompany note payable to The Toledo Hospital, which is also a subsidiary of PHS The note payable represents The Toledo Hospital's portion of tax-exempt bonds issued by ProMedica Healthcare Obligated Group Form 990, Part VI, Section B, Line 16b ProMedica Health System and subsidiaries (PHS) joint venture operating agreements are negotiated with other members of the joint venture to ensure that adequate safeguards are in place to protect PHSs exempt status Each agreement contains specific language related to the provision of health care services with focus on community health benefit and must follow a formal review process prior to contract execution ProMedica Health System continually ensures that its exempt status is protected by actively participating in the governance of all PHS joint ventures Form 990, Part VII Average hours per week devoted to related organizations Kathleen Hanley - 40 Hours Jeffrey Kuhn - 40 Hours Randall Oostra - 40 Hours Gary Akenberger - 40 Hours Kevin Webb - 40 Hours Mary Ellen Pizza - 40 Hours Barbara Steele - 40 Hours Howard Stein - 40 Hours Pierre Vauthy - 40 Hours Alan Sattler - 40 Hours Michael Wilkins - 40 Hours Lori Ferguson - 40 Hours Erin Jaynes - 40 Hours Neeraj Kanwal - 40 Hours Robert Fredrick - 40 Hours Lori Johnston - 40 Hours Randall Schimmoeller - 40 Hours Schedule L, Part IV, Business Transactions Involving Interested Persons Line 1 (a) Name of Person Mary Vauthy (b) Relationship between interested person and organization Family Member of Pierre Vauthy, Trustee (c) Amount of Transaction $40,845 (d) Description of Transaction Employment (e) Sharing of Organization Revenues? = No Line 2 (a) Name of Person Tolson Investments (b) Relationship between interested person and organization Entity more than 35% owned by Harvey Tolson, Trustee (c) Amount of Transaction $482,546 (d) Description of Transaction Rental of Property (e) Sharing of Organization Revenues? = No

Identifier	Return Reference	Explanation
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

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

Specifically, through community health improvement services, health professions education, subsidized health services, research, cash and in-kind contributions, community building activities, and other community benefit operations, ProMedica contributed $32,020,000 in 2009 These programs included free community health screenings, such as diabetes testing, blood pressure, bone density, body mass, and cancer checkups, mammogram screenings for low-income and uninsured women, childhood immunizations, reduced-cost school-athletic physicals, first-aid coverage at community events, volunteer elementary school mentors, public health education lectures and seminars, a childhood obesity program, college scholarships for students entering healthcare careers, and many other community-based initiatives ProMedica also contributed $18,536,000 in charity care for patients who did not have the financial resources to pay for hospital services This amount represents the cost to provide service and does not include the costs for accounts that are written off to bad debt for patients who do not pay their bills In addition, ProMedica's cost of bad debt for 2009 was $15,747,000 This amount is not included in the community benefit amount of $100,298,000 noted above Further, ProMedica continues to be a leading participant in the Lucas County CareNet initiative-a collaborative effort among ProMedica, Mercy Health Partners, The University of Toledo College of Medicine, the City of Toledo, and others CareNet was created to provide free or lower-cost health care for low-income Lucas County residents Established in 2003, CareNet bridges the gap between adults without health insurance and needed healthcare services While some individuals may qualify for governmental insurance programs such as Medicaid, others do not, it is for these individuals that CareNet was established In 2009, ProMedica managed 5,354 clinic visits and 4,297 inpatient/ER/outpatient visits Additionally during 2009, ProMedica provided $49,742,000 of community benefit through the cost-not reimbursed by the government for treating Medicaid patients ProMedica's cost-not reimbursed by the government-for treating Medicare patients during 2009 was $19,438,000 and is not reflected in the community benefit amount of $100,298,000 noted above Indeed, ProMedica goes beyond industry standards in meeting the goal of providing care to everyone, regardless of their ability to pay We provide hospital care free-of-charge to all families without insurance with incomes at or below 200% of the federal poverty level In addition to free care for those families under this federal poverty level, ProMedica provides significant discounts to families with incomes of up to 500% of the federal poverty level In many situations, other funding sources are secured and accommodations made ProMedica's policies are posted and available in writing in all ProMedica facilities Also, financial advocates are available to help patients by explaining our free care and discount programs, and to assist with the paperwork necessary to qualify for government funding Patient bills provide clear explanations, qualifications and reminders of these programs

Identifier	Return Reference	Explanation
	The Toledo Hospital - Statement of Program Service Accomplishments	The Toledo Hospital is the adult tertiary hospital of ProMedica Health System (ProMedica), a mission-based, locally owned, not-for-profit healthcare organization highly focused on achieving core values Headquartered in Toledo, Ohio, ProMedica serves 27 counties in northwest Ohio and southeast Michigan, and is the region's largest healthcare provider Our stewardship of resources has enabled us to wisely invest in cutting-edge technology, innovative programs and family-centered facilities that help to ensure patients and area residents have equal access to high-quality, safe care in the most appropriate setting, regardless of a patient's ability to pay For more than 130 years, The Toledo Hospital (TTH) has served metro Toledo and surrounding communities with state-of-the-art emergency, medical, diagnostic, and surgical services The 794-bed hospital is staffed by more than 4,800 employees TTH offers access to the area's largest board-certified medical staff, with more than 1,000 primary care and specialty physicians The Renaissance Tower at TTH houses 224 private adult and pediatric patient rooms, large visitor waiting areas that are family-centered, advanced surgical intensive care and newborn intensive care units, a children's cancer center, and a rooftop helipad TTH offers a number of key service lines for the metro Toledo area such as the Center for Women's Health, which includes a Fertility Clinic and Level III perinatal unit, Jobst Vascular Center, and a Level I Trauma Center In addition, ProMedica's eICU technology is housed and monitored at TTH, and a bariatrics program provides options for surgical weight loss to patients who are critically overweight Other programs and services include well-established neurosciences, cardiovascular and orthopaedics departments and an Emergency Center that treats more than 81,000 patients annually All services are fully backed by accredited ancillary services, such as laboratory, radiology, and physical, speech, and occupational therapies TTH also houses Toledo Children's Hospital (TCH), ProMedica's pediatric tertiary hospital TCH exclusively serves the health care needs of children and adolescents, from newborns through age 18 TCH's medical staff includes board-certified physicians, while a newborn intensive care physician and a pediatric hospitalist are on duty 24 hours a day In 2009, National Research Corporation (NRC) selected TTH as the region's Consumer Choice award-winner for the 14th consecutive year NRC presents the award annually to the most preferred hospitals in 250 U S markets TTH was the only hospital in northwest Ohio to receive this honor in 2009 Additionally, The Toledo Hospital Breast Care Center was named a Breast Imaging Center of Excellence by the American College of Radiology for meeting the highest standards of the radiology profession and receiving accreditation in mammography, breast ultrasound, ultrasound-guided biopsy, and stereotactic breast biopsy In 2009, TTH served 32,961 inpatients, 606,166 outpatients, and 83,902 Emergency Center patients Additionally, its Family Practice Center managed 24,023 patient visits TTH contributed $56,735,000 in community benefit through community benefit expenditures, charity care and government-sponsored, means-tested health care Through community health improvement services, health professions education, subsidized health services, cash and in-kind contributions, community building activities, and other community benefit operations, TTH contributed $21,613,000 to the community during 2009 Included in this figure are programs such as - free health education lectures on disease identification and treatment options with an emphasis on individual accountability-conducted at area senior centers, local businesses and in schools - TTH Aortic Center, which combines cardiovascular surgery, vascular surgery and cardiology-a collaborative program between TTH and Jobst Vascular Center to provide a new level of expertise in aortic disease treatment and management - support groups for patients' families to assist with a variety of disease issues and to offer social services information - The First Steps and Teen Pep programs to extend care and education outside the hospital, in more nontraditional ways - free and low-cost outpatient clinics that offer a wide array of health services including flu clinics, immunizations, vascular screenings, and treatment of minor illnesses that might not require an Emergency Center visit but still require medical attention - Preparation for Parenthood classes that help prepare expectant parents for a healthy labor and delivery, and offer infant safety tips as well as new mother care and healthy baby education - screening mammograms and breast care education that emphasize the importance of routine self-breast exams for uninsured or underinsured women in the Toledo area - in-kind donations and general contributions, which support of local non-profit organizations with similar values - reduced-cost physicals for high school athletes who meet Ohio High School Athletic Association guidelines TTH also provided a significant amount of charity care to the community during 2009, of which $12,366,000 represented uncompensated amounts for treatment to those patients who did not have the financial resources to pay for hospital services Charity care represents the cost to provide service and does not include the costs for accounts that are written off to bad debt for patients who did not pay their bills TTH's cost of bad debt for 2009 was $5,094,000 This amount is not included in the community benefit total of $56,735,000 indicated above TTH provided $22,755,000 of indirect community support which represents the costs-not reimbursed by the government-for treating Medicaid patients In 2009, the costs-not reimbursed by the government-for treating Medicare patients was $9,701,000 and is not included in the community benefit amount of $56,735,000 noted above During 2009, TTH expended $142,570,000 in net payroll, providing 4,677 jobs in northwest Ohio A total of $9,262,000 was withheld from hospital employees in state and local taxes In summary, The Toledo Hospital demonstrates ProMedica's charitable mission and core values by providing high-quality health care to all patients, regardless of their race, creed, sex, national origin, disability, or age And, although reimbursement for services rendered is crucial to the operation and stability of our organization, we recognize that not all individuals possess the ability to purchase essential medical care Therefore, we provide essential healthcare services, recruit and train healthcare professionals to serve the broader community, provide appropriate charity services, offer services and contributions to other nonprofit organizations that allow them to provide key services to their constituents, and present free educational classes, health fairs and other activities to our local community to help ensure all members have equal access to care

Community Benefit Definitions ProMedica Health System (ProMedica) and its subsidiaries prepare their Community Benefit Reports in accordance with the reporting guidelines published by The Catholic Health Association Community benefits are programs or activities that provide treatment and/or promote health and healing as a response to identified community needs Community benefits reported by ProMedica respond to an identified community need and meet at least one of the following criteria - improve access to healthcare service, - enhance the health of the community, - advance medical or healthcare knowledge, or - relieve or reduce the burden of government or other community efforts Charity Care Consistent with its mission, ProMedica provides a significant amount of financial assistance to patients with limited or no ability to pay their bill ProMedica hospitals and facilities provide free care to those uninsured patients with incomes at or below 200% of the federal poverty level Significant discounts are also provided on a sliding scale to uninsured patients with incomes up to 500% of the poverty level Charity care is reported in the form of cost to provide service and has been reduced to reflect reimbursement received from Ohio's Care Assurance Program and Michigan's Inpatient Disproportionate Share Hospital Payment Program The cost of charity care does not include the costs for accounts that are written off to bad debt for patients who do not pay their bill Government-sponsored Health Care Government-sponsored health care includes services that are reimbursed or partially reimbursed through federal, state and local programs such as Medicaid ProMedica includes the unpaid costs of these public programs to the extent that payments received are less than the costs of providing services The unpaid costs of treating Medicare patients is reported separately and is not included in ProMedica's Community Benefit Reports Additionally, the cost of charity care has been eliminated from any amounts reported in this category Community Health Improvement Services Community health services include activities carried out for the express purpose of improving community health These activities do not generate inpatient or outpatient bills, as they extend beyond patient care activities and are subsidized by ProMedica Health Professions Education Health professions education includes costs for internships and residency education, the provision of a clinical setting for undergraduate/vocational training for students outside the organization, and funding for staff education that is linked to community services and health improvement Subsidized Health Services Subsidized health services are services provided to the community despite a financial loss These services generate a bill for reimbursement, and include clinical patient care services that are provided because they are needed in the community and other providers are unwilling to provide the services, or the services would otherwise not be available to meet patient demand Research Research activities include clinical and community health research, as well as studies on healthcare delivery The amount reported for ProMedica is reduced by any external subsidies, such as grants Cash and In-kind Contributions Financial contributions include funds and in-kind services donated to community organizations and/or the community at large In-kind services include hours donated by staff to the community while on work time, as well as donation of food, equipment and supplies Community Benefit Operations Community benefit operations include costs associated with dedicated staff, community health need and/or assessment, and other costs associated with community benefit strategy and operations Community Building Activities Community building activities enhance the development of community health programs and partnerships Activities may include physical and environmental improvements, economic development, healthy community initiatives, and community leadership skills training

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
The Toledo Hospital

Employer identification number
34-4428256

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

See Additional Data Table

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity

See Additional Data Table

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
Bixby Medical Office Limited Partnership 818 Riverside Ave Adrian, MI49221 38-2972398	Facility Leasing	MI	Emma L Bixby Medical Center	Related	40,287	1,315,131		No		Yes	
Lenawee Physician Hospital Organization LLC 818 Riverside Ave Adrian, MI49221 38-3605511	Health Care Management Services	MI	ProMedica North Region Inc	Related	19,321	78,564		No		Yes	
NWO Health Partners Inc 7595 County Rd 236 Suite A Findlay, OH45840 26-1815305	Outpatient/Urgent Care	OH	ProMedica Continuing Care Services Corp	Related	-184,851	123,398		No		Yes	
Reynolds Rd Surgical Center LLC 2865 N Reynolds Rd Toledo, OH43615 31-1569454	Freestanding Ambulatory Surgical Center	OH	The Toledo Hospital	Related	384,248	2,635,553		No		Yes	
Tecumseh Medical Dental Center 602 E Pottawatamie St Tecumseh, MI49286 38-3233398	Facility Leasing	MI	Herrick Memorial Development Corporation	Related				No		Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

See Additional Data Table

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

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

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

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

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

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

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

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

Additional Data

Software ID:
Software Version:
EIN: 34-4428256
Name: The Toledo Hospital

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			
Lisa Anderson Ex Officio	1 00	X						0	0	0
Roman Arce Trustee	1 00	X						0	0	0
Nancy Lee Atkins Trustee	1 00	X						0	0	0
Devan Capur Trustee	1 00	X						0	0	0
Steven Coffin Trustee	1 00	X						0	0	0
H Lee Dunn Trustee	1 00	X						0	0	0
Joan Durgin Trustee	1 00	X						0	0	0
Donald Finnegan Jr Trustee	1 00	X						0	0	0
Gary Fitzpatrick Trustee	1 00	X						0	0	0
Robert Hartwig MD Trustee	1 00	X						0	0	0
Sandra Hylant Trustee	1 00	X						0	0	0
Nancy Kabat Trustee	1 00	X						0	0	0
Marlon Kiser Trustee	1 00	X						0	0	0
Colleen Langenderfer Trustee	1 00	X						0	0	0
Rita Mansour Ex Officio	1 00	X						0	0	0
Sarah McHugh Trustee	1 00	X						0	0	0
Laura Noble Trustee	1 00	X						0	0	0
Randall Oostra Ex Officio	1 00	X						0	982,075	95,181
Larry Peterson Ex Officio	1 00	X						0	0	0
Mary Ellen Pizza MD Trustee	1 00	X						0	140,360	4,860
Charles Price MD Trustee	1 00	X						0	0	0
Garry Roberts Trustee	1 00	X						0	0	0
James Silk Jr Trustee	1 00	X						0	0	0
C Michael Smith Trustee	1 00	X						0	0	0
W Granger Souder Jr Ex Officio	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			
Stephen Staelin Ex Officio	1 00	X						0	0	0
Barbara Steele Ex Officio	1 00	X						0	786,115	79,152
Howard Stein MD Trustee	1 00	X						11,532	37,900	0
Harvey Tolson Trustee	1 00	X						0	0	0
Dirk Van Heyst Trustee	1 00	X						0	0	0
Pierre Vauthy MD Trustee	1 00	X						163,183	477,693	107,901
Lewis John Wagner Trustee	1 00	X						0	0	0
Ronald Wainz MD Trustee	1 00	X						195,002	0	0
Kara Yocum Trustee	1 00	X						0	0	0
Timothy Schlacter Chairperson TCH	1 00	X		X				0	0	0
Robert LaClair Chairperson TTH	1 00	X		X				0	0	0
Kevin Webb Presdient TTH/TCH	40 00	X		X				0	425,945	53,719
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
Michael Wilkins VP Prof & Supp Svcs	40 00				X			0	199,551	48,433
Lori Ferguson VP Patient Care TCH	40 00				X			0	161,324	35,976
Erin Jaynes VP Patient Care TTH	40 00				X			0	170,119	34,605
Neeraj Kanwal MD VP Med Affairs	40 00				X			0	304,160	53,437
Gary Akenberger SR VP Finance	1 00				X			0	282,826	59,073
Anthony Comerota MD Physician	40 00					X		572,811	0	40,521
Jeffrey Lewis MD Assoc Dir Ed Fam Prac	40 00					X		181,590	0	44,268
Shirley Bodi Assoc Dir Fam Prac	40 00					X		179,526	0	26,354
Timothy McCoy Phys Assistant	40 00					X		170,820	0	30,311
James Steckel Phys Assistant	40 00					X		160,063	0	28,528

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 Fredrick MD Former Key Employee	0 00					X	0	407,017	59,113
Lori Johnston Former Key Employee	0 00					X	0	304,783	48,567
Randall Schimmoeller Former Key Employee	0 00					X	0	267,315	38,699

Additional Data

Software ID:
Software Version:
EIN: 34-4428256
Name: The Toledo Hospital

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	**(b)** Book value
Due from affiliates	4,121,997
Collateral receivable	37,239,639
Restricted funds	146,985,279
Bond indenture agreement	35,865,619
Other segregated investments	7,954,133
Deferred bond issue costs	2,990,127
Investments in affiliates and Other	11,487,653
Intercompany debt from related entities	157,342,365

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 34-4428256
Name: The Toledo Hospital

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
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
Barbara Steele	(I)	0	0	0	0	0	0	0
	(II)	563,617	210,509	11,989	69,709	9,443	865,267	0
Pierre Vauthy MD	(I)	159,369	0	3,814	81,282	7,147	251,612	0
	(II)	477,693	0	0	17,000	2,472	497,165	0
Ronald Wainz MD	(I)	195,002	0	0	0	0	195,002	0
	(II)	0	0	0	0	0	0	0
Kevin Webb	(I)	0	0	0	0	0	0	0
	(II)	318,104	86,764	21,077	38,808	14,911	479,664	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
Michael Wilkins	(I)	0	0	0	0	0	0	0
	(II)	155,504	44,047	0	24,440	23,993	247,984	0
Lori Ferguson	(I)	0	0	0	0	0	0	0
	(II)	134,702	23,138	3,484	27,363	8,613	197,300	0
Erin Jaynes	(I)	0	0	0	0	0	0	0
	(II)	165,000	5,119	0	17,183	17,422	204,724	0
Neeraj Kanwal MD	(I)	0	0	0	0	0	0	0
	(II)	281,685	22,475	0	30,773	22,664	357,597	0
Gary Akenberger	(I)	0	0	0	0	0	0	0
	(II)	232,431	42,355	8,040	38,007	21,066	341,899	0
Anthony Comerota MD	(I)	389,226	0	183,585	20,000	20,521	613,332	0
	(II)	0	0	0	0	0	0	0
Jeffrey Lewis MD	(I)	181,590	0	0	25,930	18,338	225,858	0
	(II)	0	0	0	0	0	0	0
Shirley Bodi	(I)	170,184	0	9,342	20,951	5,403	205,880	0
	(II)	0	0	0	0	0	0	0
Timothy McCoy	(I)	162,960	0	7,860	13,808	16,503	201,131	0
	(II)	0	0	0	0	0	0	0
James Steckel	(I)	153,074	0	6,989	13,056	15,472	188,591	0
	(II)	0	0	0	0	0	0	0
Robert Fredrick MD	(I)	0	0	0	0	0	0	0
	(II)	334,380	72,393	244	45,140	13,973	466,130	0
Lori Johnston	(I)	0	0	0	0	0	0	0
	(II)	240,463	64,320	0	32,892	15,675	353,350	0
Randall Schimmoeller	(I)	0	0	0	0	0	0	0
	(II)	207,282	60,033	0	20,825	17,874	306,014	0

Additional Data Return to Form

Software ID:
Software Version:
EIN: 34-4428256
Name: The Toledo Hospital

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 Memorial Hospital 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
The Toledo Hospital Foundation 2142 N Cove Blvd Toledo, OH43606 34-1517672	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 Children's Hospital Foundation 2142 N Cove Blvd Toledo, OH43606 34-1901463	Foundation	OH	501(c)(3)	11B, II	ProMedica Health System
Toledo District Nurse Association 1946 N 13th Street Toledo, OH43624 34-4427949	Skilled Home Care	OH	501(c)(3)	7	ProMedica Health System
Visiting Nurse Hospice and Health Care 383 W Dussel Drive Maumee, OH43537 34-1831624	Hospice Home Care	OH	501(c)(3)	9	ProMedica Health System

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Percentage ownership
Central Region Properties Inc 2142 N Cove Blvd Toledo, OH43606 34-1059809	Facility Leasing	OH	The Toledo Hospital	C	251,542	21,610,894	100 000 %
Herrick Memorial Development Corp 500 E Pottawatamie Tr Adrian, MI49221 38-3146907	Facility Leasing	MI	Herrick Memorial Hosptial	C		608,729	100 000 %
Herrick Memorial Office Plaza Condominium Association 818 Riverside Ave Adrian, MI49221 38-3639616	Manages Facility Maintenance	MI	Herrick Memorial Development	C	23	9,080	42 000 %
LHA Physician Services Corporation 818 Riverside Ave Adrian, MI49221 61-1451576	Physician Billing	MI	Emma L Bixby Medical Center	C	21,521	1,348,380	100 000 %
ProMedica Central Corporation of MI Inc 5855 Monroe St Sylvania, OH43560 38-3322278	Physician Health Care Services	OH	ProMedica Physician Group	C	-475,901	11,220,631	100 000 %
ProMedica Foundation 1801 Richards Rd Toledo, OH43607 34-1901465	Foundation	OH	ProMedica Health System	C			100 000 %
ProMedica Health Education & Research Foundation 2142 N Cove Blvd Toledo, OH43606 34-1930876	Foundation	OH	ProMedica Health Ed & Research	C			100 000 %
ProMedica Insurance Corp Inc and Subsidiaries 1901 Indian Wood Cir Maumee, OH43537 34-1570675	Health Care Insurance	OH	ProMedica Health System	C	7,128,791	229,328,255	100 000 %
ProMedica North Physician Corporation 5855 Monroe St Sylvania, OH43560 38-3482148	Physician Health Care Services	OH	ProMedica Physician Group	C		203,340	100 000 %
ProMedica Physician Hospital Organization 5855 Monroe St Sylvania, OH43560 34-1887065	Physician Management Services	OH	ProMedica Physician Group	C		404,501	100 000 %
ProMedica Physicians Corporation 5855 Monroe St Sylvania, OH43560 34-1757084	Manages Physician Services	OH	ProMedica Physician Group	C			100 000 %
ProMedica Retail Group Inc 3890 Monroe St Toledo, OH43606 34-1159928	Florist	OH	ProMedica Continuing Care Services	C	-37,813	717,061	100 000 %
Toledo Hospital Local Provider Unit 2142 N Cove Blvd Toledo, OH43606 34-1586739	Physician Services	OH	The Toledo Hospital	C			100 000 %

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	ProMedica Continuing Care Services Corp	B	2,000,000
(2)	ProMedica Health System	B	5,000,000
(3)	ProMedica Physician Group	B	12,905,000
(4)	ProMedica Health Education & Research Corp	C	658,376
(5)	The Toledo Hospital Foundation	C	2,803,811
(6)	Toledo Children's Hospital Foundation	C	434,191
(7)	ProMedica Continuing Care Services Corp	I	138,177
(8)	ProMedica Health System	I	1,038,285
(9)	ProMedica Physician Corp	I	230,790
(10)	ProMedica Physician Group	I	4,036,839
(11)	Central Region Properties	J	55,476
(12)	Defiance Hospital inc dba Defiance Regional Medical Center	N	51,425
(13)	Bay Park Community Hospital	N	667,264
(14)	Flower Hospital	N	526,595
(15)	ProMedica Health System	N	517,928
(16)	ProMedica Physician Group	N	61,599
(17)	ProMedica Continuing Care Services Corp	N	240,237
(18)	Defiance Hospital inc dba Defiance Regional Medical Center	P	749,292
(19)	Fostoria Hospital Association dba Fostoria Community Hospital	P	625,416
(20)	Bay Park Community Hospital	P	1,463,130
(21)	Emma L Bixby Medical Center	P	1,163,204
(22)	Herrick Memorial Hospital	P	449,322
(23)	Flower Hospital	P	3,458,218
(24)	ProMedica Continuing Care Services Corp	P	243,485
(25)	ProMedica Courier Services Inc	P	156,557
(26)	ProMedica Health System	P	1,693,762
(27)	ProMedica Physician Corp	P	52,819
(28)	ProMedica Physician Group	P	293,518
(29)	ProMedica Orthopaedic Co-Mgmt	P	88,536
(30)	Wildwood Health Pavilion	P	268,644
(31)	ProMedica Continuing Care Services Corporation	O	61,704
(32)	ProMedica Health System	O	66,252,947
(33)	ProMedica Insurance Corporation	O	2,493,389
(34)	ProMedica Health System	P	8,799,000
(35)	ProMedica Physician Group	O	23,429,764
(36)	Flower Hospital	O	629,511
(37)	Wildwood Health Pavilion	O	75,000
(38)	ProMedica Courier Services Inc	O	1,460,884