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APPENDED

Form **990**

# 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)

OMB No 1545-0047

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

## A For the 2009 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type:  See Specific Instructions	<b>C</b> Name of organization EMMA L. BIXBY MEDICAL CENTER Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 818 RIVERSIDE AVE City or town, state or country, and ZIP + 4 ADRIAN, MI 49221-1488	<b>D</b> Employer identification number 38-2796005 <b>E</b> Telephone number 517-265-0192 <b>G</b> Gross receipts \$ 94,041,552. <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ►
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J</b> Website: ► WWW.PROMEDICA.ORG	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		<b>L</b> Year of formation: 1989 <b>M</b> State of legal domicile: MI	

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: EMMA L. BIXBY MEDICAL CENTER IS AN ACUTE CARE HOSPITAL THAT PROVIDES HEALTHCARE SERVICES TO ALL  <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> 16 <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> 11 <b>5</b> Total number of employees (Part V, line 2a) <b>5</b> 574 <b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> 225 <b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> 0. <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 <b>7b</b> 0.																						
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>9</b> Program service revenue (Part VIII, line 2g) <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<table border="1"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>8</td> <td>839,576.</td> <td>408,337.</td> </tr> <tr> <td>9</td> <td>73,362,838.</td> <td>78,392,665.</td> </tr> <tr> <td>10</td> <td>762,882.</td> <td>1,252,998.</td> </tr> <tr> <td>11</td> <td>595,886.</td> <td>674,845.</td> </tr> <tr> <td>12</td> <td>75,561,182.</td> <td>80,728,845.</td> </tr> </tbody> </table>		Prior Year	Current Year	8	839,576.	408,337.	9	73,362,838.	78,392,665.	10	762,882.	1,252,998.	11	595,886.	674,845.	12	75,561,182.	80,728,845.			
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<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ► <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>19</b> Revenue less expenses. Subtract line 18 from line 12	<table border="1"> <tbody> <tr> <td>13</td> <td>865,403.</td> <td>584,834.</td> </tr> <tr> <td>14</td> <td></td> <td></td> </tr> <tr> <td>15</td> <td>25,395,232.</td> <td>25,361,778.</td> </tr> <tr> <td>16a</td> <td></td> <td></td> </tr> <tr> <td>17</td> <td>43,486,181.</td> <td>46,122,673.</td> </tr> <tr> <td>18</td> <td>69,746,816.</td> <td>72,069,285.</td> </tr> <tr> <td>19</td> <td>5,814,366.</td> <td>8,659,560.</td> </tr> </tbody> </table>	13	865,403.	584,834.	14			15	25,395,232.	25,361,778.	16a			17	43,486,181.	46,122,673.	18	69,746,816.	72,069,285.	19	5,814,366.	8,659,560.
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<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <b>21</b> Total liabilities (Part X, line 26) <b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<table border="1"> <thead> <tr> <th></th> <th>Beginning of Current Year</th> <th>End of Year</th> </tr> </thead> <tbody> <tr> <td>20</td> <td>75,303,520.</td> <td>82,378,584.</td> </tr> <tr> <td>21</td> <td>31,650,934.</td> <td>29,840,734.</td> </tr> <tr> <td>22</td> <td>43,652,586.</td> <td>52,537,850.</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	20	75,303,520.	82,378,584.	21	31,650,934.	29,840,734.	22	43,652,586.	52,537,850.									
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## 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.			
<b>Sign Here</b>	Signature of officer: <i>Timothy J. Jakacki</i> TIMOTHY J. JAKACKI, PRESIDENT Type or print name and title	Date: 3/27/12	
<b>Paid Preparer's Use Only</b>	Preparer's signature: <i>Shawna M. Jimenez</i> Firm's name (or yours if self-employed), address, and ZIP + 4: DELOITTE TAX LLP, 111 MONUMENT CIRCLE, STE 2000, INDIANAPOLIS, IN 46204-5108	Date: 3/6/12 Check if self-employed: <input type="checkbox"/>	Preparer's identifying number (see instructions): EIN: Phone no.: 317-464-8600

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

☒ Yes ☐ No

932001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

SCANNED MAY 02 2012

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**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission:

EMMA L. BIXBY MEDICAL CENTER IS DEDICATED TO IMPROVING HUMAN LIFE AND  
DEVOTED TO THE PATIENTS AND FAMILIES WE SERVE THROUGH INNOVATIVE CARE,  
SUPERIOR QUALITY AND, AND PREMIER CUSTOMER 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 \$ 54,955,728. including grants of \$ 584,834. ) (Revenue \$ 78,595,995. )  
EMMA L. BIXBY MEDICAL CENTER IS AN ACUTE CARE FACILITY PROVIDING  
INPATIENT AND OUTPATIENT HEALTH CARE SERVICES TO THE GENERAL PUBLIC.  
SEE SCHEDULE O.

4b (Code ) (Expenses \$ 4,230,317. including grants of \$ ) (Revenue \$ )  
CONSISTENT WITHOUR MISSION, EMMA L. BIXBY MEDICAL CENTER PROVIDES A  
SIGNIFICANT AMOUNT OF FINANCIAL ASSISTANCE TO PATIENTS WITH LIMITED OR  
NO ABILITY TO PAY THEIR BILL. SEE SCHEDULE O.

4c (Code ) (Expenses \$ 678,570. including grants of \$ ) (Revenue \$ )  
CONSISTENT WITH OUR MISSION, EMMA L. BIXBY MEDICAL CENTER PROVIDES A  
SIGNIFICANT AMOUNT OF COMMUNITY BENEFIT INCLUDING SUBSIDIZED HEALTH  
CARE, COMMUNITY HEALTH AND WELLNESS SERVICES, 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 ► \$ 59,864,615.

**Part IV Checklist of Required Schedules**

	Yes	No				
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X					
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	X					
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X				
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	X					
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	N/A					
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>		X				
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X				
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X				
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i>		X				
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X				
<b>11</b> Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X					
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>						
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>						
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>						
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>						
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>						
• 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? <i>If "Yes," complete Schedule D, Part X</i>						
<b>12</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		X				
<b>12A</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	<table border="1"> <tr> <th>Yes</th> <th>No</th> </tr> <tr> <td>X</td> <td></td> </tr> </table>	Yes	No	X		
Yes	No					
X						
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X				
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X				
<b>b</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? <i>If "Yes," complete Schedule F, Part I</i>		X				
<b>15</b> 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 United States? <i>If "Yes," complete Schedule F, Part II</i>		X				
<b>16</b> 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 United States? <i>If "Yes," complete Schedule F, Part III</i>		X				
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X				
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X				
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X				
<b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	X					

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**Part IV Checklist of Required Schedules** (continued)

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

**Note.** All Form 990 filers are required to complete Schedule O

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	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)?		X
<b>4b</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		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	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?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?		X
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966? N/A		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12 N/A		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders N/A		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body	16	
<b>b</b> Enter the number of voting members that are independent	11	
<b>2</b> 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?	X	
<b>3</b> 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?		X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b> Does the organization have members or stockholders?	X	
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> 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		X

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

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates?	X	
<b>b</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?	X	
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11A</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b> Does the organization have a written whistleblower policy?	X	
<b>14</b> Does the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
<b>b</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?		X

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **NONE**

**18** Section 6104 requires an organization to make its Forms 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.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **ANNE ROSPO - 419-824-9072**  
**5520 MONROE STREET, SYLVANIA, OH 43560**

**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. 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, and 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 officer, director, or trustee.

(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			
PATRICK FARVER TRUSTEE	1.00	X						0.	0.	0.
SR. ROSEMARY ABRAMOVICH TRUSTEE	1.00	X						0.	0.	0.
FRANK DICK TRUSTEE	1.00	X						0.	0.	0.
JOAN EBBITT TRUSTEE	1.00	X						0.	0.	0.
RICHARD GERMOND TRUSTEE	1.00	X						0.	0.	0.
ERNEST GROEB TRUSTEE	1.00	X						0.	0.	0.
SALLY HICKMAN TRUSTEE	1.00	X						0.	0.	0.
BARBARA STEELE EX OFFICIO	1.00	X						0.	786,115.	79,152.
RANDALL OOSTRA EX OFFICIO	1.00	X						0.	982,075.	95,181.
CLAUDE ROWLEY EX OFFICIO	1.00	X						0.	0.	0.
DAVID SELMAN TRUSTEE	1.00	X						0.	422,278.	64,184.
TERENCE SHEEHAN TRUSTEE	1.00	X						0.	0.	0.
ERIC SULLIVAN TRUSTEE	1.00	X						0.	0.	0.
JULIE YAROCH, DO TRUSTEE	1.00	X						0.	0.	0.
JAMES VAN DOREN CHAIRPERSON	1.00	X						0.	0.	0.
KATHLEEN HANLEY TREASURER	1.00	X		X				0.	589,817.	85,787.
JOHN HORNS PRESIDENT	40.00	X		X				0.	430,269.	58,739.



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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JEFFREY KUHN SECRETARY	1.00			X				0.	434,214.	63,102.
TIMOTHY JAKACKI PRESIDENT	40.00			X				0.	278,044.	62,641.
ALAN SATTLER SR VP FINANCE	1.00				X			0.	303,856.	51,183.
GARY AKENBERGER SR VP FINANCE	1.00				X			0.	282,826.	59,074.
KATHRYN GREENLEE VP CLINICAL SERVICES	40.00				X			0.	161,191.	35,457.
JAMES WHEELER VP FINANCE	40.00				X			0.	264,211.	27,687.
MARY ABRAHAM PHARMACIST	40.00					X		126,105.	0.	9,949.
MELISSA THOMPSON PHARMACIST	40.00					X		114,786.	0.	6,068.
JEAN OSBORN DIRECTOR, PHARMACY	40.00					X		114,383.	0.	1,888.
DENNIS WRIGHT FORMER KEY EMPLOYEE	0.00						X	0.	168,001.	20,607.
<b>1b Total</b>								355,274.	5,102,897.	720,699.

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 **3**

- 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
- 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
- 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

	Yes	No
3	X	
4	X	
5		X

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 **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

**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
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>	382,946.				
	<b>e</b> Government grants (contributions)	<b>1e</b>	25,391.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f \$						
	<b>h Total.</b> Add lines 1a-1f			408,337.			
<b>Program Service Revenue</b>	<b>2 a</b> NET PATIENT SERV. REV.	<b>Business Code</b> 622110		78,392,665.	78,392,665.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			78,392,665.			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			1,229,410.		
<b>4</b> Income from investment of tax-exempt bond proceeds							
<b>5</b> Royalties							
<b>6 a</b> Gross Rents		(i) Real 634,834.	(ii) Personal				
<b>b</b> Less: rental expenses		432,149.					
<b>c</b> Rental income or (loss)		202,685.					
<b>d</b> Net rental income or (loss)				202,685.			202,685.
<b>7 a</b> Gross amount from sales of assets other than inventory		(i) Securities 12,904,146.	(ii) Other				
<b>b</b> Less: cost or other basis and sales expenses		12,880,558.					
<b>c</b> Gain or (loss)		23,588.					
<b>d</b> Net gain or (loss)				23,588.			23,588.
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		<b>a</b>					
<b>b</b> Less: direct expenses		<b>b</b>					
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19		<b>a</b>					
<b>b</b> Less: direct expenses		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances		<b>a</b>					
<b>b</b> Less: cost of goods sold	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11 a</b> DIETARY AND CAFETERIA	622110		268,830.			268,830.	
<b>b</b> ATHLETIC TRAINING PROG	622110		113,446.	113,446.			
<b>c</b> OTHER DEPARTMENTAL REV	622110		89,884.	89,884.			
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d			472,160.				
<b>12 Total revenue.</b> See instructions.			80,728,845.	78,595,995.	0.	1,724,513.	

**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	584,834.	584,834.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	19,487,365.	19,487,365.		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	474,331.	474,331.		
9 Other employee benefits	3,995,929.	3,995,929.		
10 Payroll taxes	1,404,153.	1,404,153.		
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying	9,522.		9,522.	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	70,888.		70,888.	
g Other	5,282,838.	5,282,838.		
12 Advertising and promotion	205.	205.		
13 Office expenses	6,227,781.	6,227,781.		
14 Information technology				
15 Royalties				
16 Occupancy	1,462,102.	1,462,102.		
17 Travel	46,420.	46,420.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	654,966.	654,966.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,528,175.	4,528,175.		
23 Insurance	1,356,802.	1,356,802.		
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.	13,783,750.	1,659,490.	12,124,260.	
b BAD DEBT EXPENSE	7,718,720.	7,718,720.	0.	0.
c DRUGS	3,341,691.	3,341,691.	0.	0.
d OTHER EXPENSES	1,297,693.	1,297,693.	0.	0.
e FOOD	341,120.	341,120.	0.	0.
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	72,069,285.	59,864,615.	12,204,670.	0.
26 Joint costs. Check here <input type="checkbox"/> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	3,471,514.	<b>1</b>	7,814,240.
	<b>2</b> Savings and temporary cash investments	4,524,528.	<b>2</b>	8,681,310.
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net	9,638,616.	<b>4</b>	10,888,014.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> 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		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use	457,771.	<b>8</b>	431,602.
	<b>9</b> Prepaid expenses and deferred charges	353,247.	<b>9</b>	476,561.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 88,483,101.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 60,973,094.		
		30,144,828.	<b>10c</b>	27,510,007.
	<b>11</b> Investments - publicly traded securities	19,036,164.	<b>11</b>	21,011,398.
	<b>12</b> Investments - other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11	7,676,852.	<b>15</b>	5,565,452.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	75,303,520.	<b>16</b>	82,378,584.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	3,237,918.	<b>17</b>	3,816,710.
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D	28,413,016.	<b>25</b>	26,024,024.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	31,650,934.	<b>26</b>	29,840,734.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	43,630,853.	<b>27</b>	52,496,193.
	<b>28</b> Temporarily restricted net assets	21,733.	<b>28</b>	41,657.
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b>	43,652,586.	<b>33</b>	52,537,850.
	<b>34</b> <b>Total liabilities and net assets/fund balances</b>	75,303,520.	<b>34</b>	82,378,584.

Form 990 (2009)

**Part XI Financial Statements and Reporting**

**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?

**b** Were the organization's financial statements audited by an independent accountant?

**c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

**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 separate 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?

**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

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2009)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, 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 <b>Total.</b> 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 <b>Public support.</b> 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. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a <b>33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b <b>33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2009.</b> 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 <input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2008.</b> 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 <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

**Part III Support Schedule for Organizations Described in Section 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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> <b>Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8</b> <b>Public support</b> (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
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13</b> <b>Total support</b> (Add lines 9, 10c, 11, and 12)						
<b>14</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;"><input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>		%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>		%

**Section D. Computation of Investment Income Percentage**

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

**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 ☐

Schedule A (Form 990 or 990-EZ) 2009



**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), then

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

Name of organization <b>EMMA L. BIXBY MEDICAL CENTER</b>	Employer identification number <b>38-2796005</b>
---	---

**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 function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which 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-

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2009  
LHA

**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.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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.														
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-															
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 nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

**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)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities? If "Yes," describe in Part IV	X		9,522.
<b>j</b> Total. Add lines 1c through 1i			9,522.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> 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."

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> 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	
<b>5</b> 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.

PART II-B, LINE 1(i), OTHER LOBBYING ACTIVITIES:

EMMA L. BIXBY MEDICAL CENTER PAYS DUES TO THE AMERICAN HOSPITAL

ASSOCIATION AND THE MICHIGAN HOSPITAL ASSOCIATION - A PORTION OF WHICH

IS ALLOCABLE TO LOBBYING BY THE ASSOCIATIONS.

**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

EMMA L. BIXBY MEDICAL CENTER

Employer identification number

38-2796005

**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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax 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 tax year ▶ \_\_\_\_\_

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

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

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ 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.

- 1a Beginning of year balance  
 b Contributions  
 c Net investment earnings, gains, and losses  
 d Grants or scholarships  
 e Other expenditures for facilities and programs  
 f Administrative expenses  
 g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
1b					
1c					
1d					
1e					
1f					

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:

- (i) unrelated organizations  
 (ii) related organizations

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

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

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		2,426,278.		2,426,278.
1b Buildings		19,444,583.	12,701,625.	6,742,958.
1c Leasehold improvements		300,000.	206,316.	93,684.
1d Equipment		3,641,441.	2,854,314.	787,127.
1e Other		62,670,799.	45,210,839.	17,459,960.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				27,510,007.

Schedule D (Form 990) 2009



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited 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 through 8	9	
10	Excess or (deficit) for the year per audited 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 must 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 must 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, line 2; 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.

PART X: EMMA L. BIXBY MEDICAL CENTER 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

**Part XIV** Supplemental Information (continued)

GENERAL AND ADMINISTRATIVE EXPENSES. THERE ARE NO PENALTIES OR INTEREST

ACCRUED IN THE STATEMENTS OF OPERATIONS.



**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

EMMA L. BIXBY MEDICAL CENTER

Employer identification number

38-2796005

**Part I Charity Care and Certain Other Community Benefits at Cost**

- 1a** Does the organization have a charity care policy? If "No," skip to question 6a
- b** If "Yes," is it a written policy?
- 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 \_\_\_\_\_ %
- 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 500 %
- 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"?
- 5a** Does the organization budget amounts for free or discounted care provided under its charity care policy?
- b** If "Yes," did the organization's charity care expenses exceed the budgeted amount?
- c** If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?
- 6a** Does the organization prepare an annual community benefit report?
- b** If "Yes," does the organization make it available to the public?

	Yes	No
<b>1a</b>	X	
<b>1b</b>	X	
<b>2</b>		
<b>3a</b>	X	
<b>3b</b>	X	
<b>4</b>	X	
<b>5a</b>	X	
<b>5b</b>	X	
<b>5c</b>		X
<b>6a</b>	X	
<b>6b</b>	X	

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**

	(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
<b>Charity Care and Means-Tested Government Programs</b>						
<b>a</b> Charity care at cost (from Worksheets 1 and 2)			984,421.		984,421.	1.53%
<b>b</b> Unreimbursed Medicaid (from Worksheet 3, column a)			11,874,621.	8,628,725.	3,245,896.	5.02%
<b>c</b> Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
<b>d Total</b> Charity Care and Means-Tested Government Programs			12,859,042.	8,628,725.	4,230,317.	6.55%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			262,054.		262,054.	.41%
<b>f</b> Health professions education (from Worksheet 5)						
<b>g</b> Subsidized health services (from Worksheet 6)			312,291.		312,291.	.48%
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions to community groups (from Worksheet 8)			104,225.		104,225.	.16%
<b>j Total.</b> Other Benefits			678,570.		678,570.	1.05%
<b>k Total.</b> Add lines 7d and 7j			13,537,612.	8,628,725.	4,908,887.	7.60%

**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						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			135.		135.	.00%
7 Community health improvement advocacy			58.		58.	.00%
8 Workforce development						
9 Other						
10 Total			193.		193.	

**Part III Bad Debt, Medicare, & Collection Practices****Section A. Bad Debt Expense**

- 1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?
- 2 Enter the amount of the organization's bad debt expense (at cost)
- 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
- 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.

	Yes	No
1	X	
2		
3		
5		
6		
7		
9a	X	
9b	X	

**Section B. Medicare**

- 5 Enter total revenue received from Medicare (including DSH and IME)
- 6 Enter Medicare allowable costs of care relating to payments on line 5
- 7 Subtract line 6 from line 5. This is the surplus or (shortfall)
- 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?
- b 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

**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 BIXBY MEDICAL OFFICE LIMITED				
2 PARTNERSHIP	FACILITY LEASING	64.60%	.00%	19.87%
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				



**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
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 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.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 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 communities served
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 6A: EMMA L. BIXBY MEDICAL CENTER REPORTS ITS COMMUNITY

BENEFIT INFORMATION AS PART OF THE PROMEDICA HEALTH SYSTEM, INC. ANNUAL

COMMUNITY BENEFIT REPORT.

PART I, LINE 7: BIXBY MEDICAL CENTER 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 I, LINE 7F: EMMA L. BIXBY MEDICAL CENTER INCLUDED \$7,718,720 OF

BAD DEBT EXPENSE OF FORM 990, PART IX, LINE 25 BUT SUBTRACTED THIS AMOUNT

FOR PURPOSES OF CALCULATING THE AMOUNT REPORTED ON LINE 7, COLUMN F.

PART III, LINE 4: BIXBY MEDICAL CENTER'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

**Part VI Supplemental Information**

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.

BIXBY 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

**Part VI** Supplemental Information

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.

BIXBY MEDICAL CENTER 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.

**Part VI** Supplemental Information

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.

**Part VI** Supplemental Information

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. BIXBY MEDICAL CENTER HAS THREE LABORATORY SITES, TWO

RADIOLOGY SITES AND TWO PHYSICAL THERAPY SITES.

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 DATA



**Part VI Supplemental Information**

COUNTY 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 INTERVIEWS

HEALTH 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 PLAN

IN 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

**Part VI Supplemental Information**

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 PEOPLE

HEALTHY 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 CARE

DRAWING ON THE EXPERTISE OF THE ADVISORY COMMITTEE ON NATIONAL HEALTH

**Part VI** Supplemental Information

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.

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

COUNSELING

B. 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

**Part VI** Supplemental Information

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.

PART VI, LINE 4: EMMA L. BIXBY MEDICAL CENTER, LOCATED IN ADRIAN, MI,

SERVES AN AREA WITHIN LENAWEE COUNTY WITH A POPULATION OF APPROXIMATELY

86,000, PRIMARILY IN THE 49221 ZIP CODE. APPROXIMATELY, 14% OF THE

SERVICE AREA IS AGE 65 OR OVER; 12% IS BETWEEN AGE 55 AND 64; MEDIAN

HOUSEHOLD INCOME IS \$50,000; 55% OF THE ADULT POPULATION AGED 25+ HAS A

HIGH SCHOOL DEGREE OR LOWER; UNEMPLOYMENT RATE IS 4.7%; 51% OF HOUSEHOLDS

HAVE AN INCOME OF \$50,000 OR LESS. LENAWEE COUNTY HAS A POPULATION OF

APPROXIMATELY 100,000 WITH 13.1% OF FAMILIES BELOW THE POVERTY LEVEL AND A

17.3% MEDICAID ELIGIBLE RATE. LENAWEE COUNTY HAS SEVEN CENSUS TRACTS

DESIGNATED AS MEDICALLY UNDERSERVED AREAS/MEDICALLY UNDERSERVED

POPULATIONS. APPROXIMATELY, 11% OF LENAWEE COUNTY IS UNINSURED. FOR

LEADING CAUSES OF DEATH IN LENAWEE COUNTY, THE AGE ADJUSTED MORTALITY

RATES FOR CANCER, LUNG DISEASE AND DIABETES ARE HIGHER THAN BOTH THE STATE

AND NATIONAL RATES. ACCORDING TO THE 2010 COUNTY HEALTH RANKINGS, LENAWEE

COUNTY RANKED 15 OF 82 COUNTIES FOR HEALTH OUTCOMES AND 18 OF 82 FOR

MORBIDITY; THE TOP QUARTILE FOR BOTH INDICATORS. THERE ARE THIRTEEN

**Part VI** Supplemental Information

HOSPITALS SERVING A FOUR COUNTY AREA AROUND ADRIAN, HERRICK MEDICAL  
CENTER, HILLSDALE COMMUNITY HEALTH CENTER, FULTON COUNTY HEALTH CENTER,  
COMMUNITY HOSPITALS AND WELLNESS CENTERS - ARCHBOLD, FLOWER HOSPITAL, ST.  
ANNE MERCY HOSPITAL, THE TOLEDO HOSPITAL, ST. VINCENT MERCY MEDICAL  
CENTER, ST. CHARLES MERCY HOSPITAL, BAY PARK COMMUNITY HOSPITAL,  
UNIVERSITY OF TOLEDO MEDICAL CENTER, ST. LUKE'S HOSPITAL AND MERCY  
MEMORIAL HOSPITAL.

PART VI, LINE 6: - IN 2009, THERE WERE APPROXIMATELY 350 BOARD MEMBERS  
FOR PROMEDICA HEALTH SYSTEM. ONE HUNDRED PERCENT OF THESE BOARD MEMBERS  
LIVE WITHIN PROMEDICA'S SERVICE AREA; IN FACT, MOST RESIDE WITHIN METRO  
TOLEDO, WHERE PROMEDICA'S TERTIARY HOSPITALS (THE TOLEDO HOSPITAL AND  
TOLEDO CHILDREN'S HOSPITAL) ARE LOCATED. ADDITIONAL REPRESENTATION ON OUR  
BOARDS IS COMPRISED OF RESIDENTS FROM OUR NORTH, SOUTH, EAST, AND WEST  
REGIONS.

- BOARD MEMBERS ARE NOT COMPENSATED BY PROMEDICA FOR THEIR SERVICE TO OUR  
HOSPITALS AND OTHER HEALTH CARE FACILITIES/SERVICES; ALL OF THEIR  
EXPERTISE AND BOARD MEMBER MEETING ATTENDANCE, ETC., ARE DONE ON A  
VOLUNTARY BASIS. IN 2009, PROMEDICA BOARD MEMBERS GAVE AN ESTIMATED 21,500  
HOURS IN SERVICE TO THE ORGANIZATION (INCLUDING APPROXIMATELY 4,500  
PHILANTHROPY-BASED VOLUNTARY HOURS).

- WITH REGARD TO PROMEDICA'S MEDICAL STAFF, PRIVILEGES ARE EXTENDED TO ALL  
QUALIFIED PHYSICIANS IN THE COMMUNITIES WHICH PROMEDICA SERVES.  
QUALIFICATION MAY VARY BY HOSPITAL, BUT ANY PHYSICIAN WHO MEETS THOSE  
QUALIFICATIONS MAY RECEIVE PRIVILEGES.

- PROMEDICA'S ACADEMIC PROGRAMS AND PARTNERSHIPS INCLUDE MEDICAL  
RESIDENCIES AND FELLOWSHIPS. PROMEDICA HAS NUMEROUS ACADEMIC AFFILIATIONS  
WITH NATIONALLY RECOGNIZED PARTNERS, INCLUDING THE UNIVERSITY OF MICHIGAN,

**Part VI Supplemental Information**

THE UNIVERSITY OF TOLEDO, MICHIGAN STATE UNIVERSITY, AND WEST VIRGINIA

SCHOOL OF OSTEOPATHIC MEDICINE, JUST TO NAME A FEW. THESE PARTNERSHIPS

HELP TO PROVIDE OUR PATIENTS ACCESS TO NOTED SPECIALISTS AND SERVICES.

FAMILY MEDICINE RESIDENCY PROGRAMS AT THE TOLEDO HOSPITAL AND FLOWER

HOSPITAL HELP EDUCATE PRIMARY CARE PHYSICIANS. FELLOWSHIPS ARE OFFERED AT

JOBST VASCULAR CENTER AND PROMEDICA'S SPORTS MEDICINE PROGRAM.

- DURING 2009, PROMEDICA OFFERED NUMEROUS ADVOCACY EFFORTS WITHIN THE

COMMUNITIES WE SERVE. MAJOR INITIATIVES INCLUDED FIELDS OF GREEN, A

SCHOLARSHIP PROGRAM DESIGNED TO TARGET CHILDHOOD OBESITY. SPECIFICALLY, IN

2009 HIGH-SCHOOL STUDENT TEAMS FROM THROUGHOUT PROMEDICA'S SERVICE AREA

CREATED 20- TO 30-MINUTE HEALTH AND FITNESS PROGRAMS FOR ELEMENTARY SCHOOL

CHILDREN. PROGRAMS HAD TO INCLUDE A HEALTHY SNACK OPTION, A DETAILED

BUDGET, A METHOD FOR EVALUATING THE PROGRAM'S SUCCESS, AND A CREATIVE

SLOGAN. COLLEGE SCHOLARSHIPS, WHICH TOTALED MORE THAN \$50,000, WERE

AWARDED TO STUDENTS IN THE TOP THREE WINNING TEAMS, AND THEIR SCHOOLS ALSO

RECEIVED A MONETARY AWARD TO PUT TOWARD THEIR SCIENCE CURRICULA. THESE

WINNING ACTIVITIES WERE THEN SHARED WITH LOCAL ELEMENTARY SCHOOLS TO

IMPLEMENT.

- ADDITIONALLY, HEALTHY CONVERSATION MAPS(R) WERE LAUNCHED BY PROMEDICA'S

ADVOCACY DEPARTMENT IN 2009; THIS INITIATIVE IS A PREVENTIVE, INTERACTIVE

HEALTH COURSE FOR CHILDREN IN GRADES 4 - 6 (AND THEIR PARENTS) TO HELP

COMBAT THE GROWING ISSUE OF CHILDHOOD OBESITY IN OUR COMMUNITY. PROMEDICA

EMPLOYEES WERE TRAINED TO FACILITATE THIS PROGRAM USING AN EDUCATIONAL

TOOL KIT THAT CONSISTED OF A LEARNING MAP VISUAL, ACTIVITY CARDS AND A

FACILITATOR GUIDE DESIGNED TO INITIATE DISCUSSIONS THAT PROMOTE POSITIVE

BEHAVIOR CHANGE WITH REGARD TO NUTRITION AND EXERCISE.

- FURTHER, IN 2009 PROMEDICA OFFERED FREE MONTHLY VASCULAR SCREENINGS FOR

OLDER ADULTS TO AID IN THE DETECTION OF VASCULAR DISEASE THAT MAY LEAD TO

**Part VI** Supplemental Information

STROKE OR PERIPHERAL ARTERIAL DISEASE. ALSO, FREE HEALTH SCREENINGS WERE

PROVIDED THROUGHOUT PROMEDICA'S 27-COUNTY SERVICE AREA, INCLUDING BLOOD

PRESSURE, BLOOD GLUCOSE AND BODY MASS INDEX SCREENINGS AT NUMEROUS HEALTH

FAIRS. AND FREE SKIN AND PROSTATE CANCER SCREENINGS WERE HELD IN 2009 FOR

THE GENERAL PUBLIC AT OUR HOSPITALS.

- AT PROMEDICA, PATIENTS ARE GRANTED ACCESS TO TREATMENT AND

ACCOMMODATIONS THAT ARE AVAILABLE AND MEDICALLY INDICATED REGARDLESS OF

RACE, CREED, SEX, NATIONAL ORIGIN, DISABILITY, AND/OR SOURCE OF PAYMENT

FOR CARE. PROMEDICA BELIEVES IN TREATING ALL CUSTOMERS FAIRLY. FAIRNESS

MEANS FREEDOM FROM BIAS, DISHONESTY OF INJUSTICE. WE ALSO STRIVE TO TREAT

ALL CUSTOMERS EQUALLY, REGARDLESS OF GENDER, AGE, RACE, CREED, COLOR,

DISABILITY, OR ECONOMIC STATUS. PROMEDICA'S GOAL IS TO ENSURE THAT NO ONE

IS THREATENED, AND WE HONOR A PERSON'S PRIVACY. THIS POLICY GUIDES HOW WE

HIRE EMPLOYEES AND HOW PROMEDICA ADMITS, TREATS TRANSFERS, AND DISCHARGES

PATIENTS.

- FURTHERMORE, PROMEDICA VALUES THE DIVERSITY OF OUR PATIENTS AND STAFF.

THIS INCLUDES ETHNIC, CULTURAL, RELIGIOUS, AND LIFESTYLE DIVERSITY.

INTERPRETER SERVICES ARE AVAILABLE FOR PATIENTS WHO DO NOT SPEAK ENGLISH

AS THEIR PRIMARY LANGUAGE. ONLINE INTERPRETATION SERVICES ARE AVAILABLE AT

SOME PROMEDICA HOSPITALS, WHILE ALL OFFER TELEPHONE OR IN-PERSON LIVE

TRANSLATION SERVICES. INTERPRETATION SERVICES ALSO INCLUDE AMERICAN SIGN

LANGUAGE FOR DEAF PATIENTS.

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

**Part VI Supplemental Information**

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.



**Part VI** Supplemental Information

- 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).

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

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

► Attach to Form 990.

EMMA L. BIXBY MEDICAL CENTER

**Employer identification number**  
38-2796005

Part I	General Information on Grants and Assistance
--------	--

☒ Yes ☐ No

**2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States**

□  
▲

2.	Enter total number of section 501(c)(3) and government organizations	▲
3	Enter total number of other organizations	▲

Schedule I (Form 990) 2009

**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 Part IV and 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

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 PHS' S STRATEGIC BUSINESS PLAN AND CONSISTENT WITH CORPORATE POLICIES AND PROCEDURES.

**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, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

EMMA L. BIXBY MEDICAL CENTER

Employer identification number

38-2796005

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,  
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or  
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**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?

**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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**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?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations 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?

**b** Any related organization?

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?

**b** Any related organization?

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

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the  
initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in  
Regulations section 53.4958-6(c)?

	Yes	No
1b		
2	X	
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2009

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is 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				
BARBARA STEELE	(i)	0.	0.	0.	0.	0.	0.
	(ii)	563,617.	210,509.	11,989.	69,709.	865,267.	0.
RANDALL OOSTRA	(i)	0.	0.	0.	0.	0.	0.
	(ii)	677,854.	277,997.	26,224.	77,755.	1,077,256.	0.
DAVID SELMAN	(i)	0.	0.	0.	0.	0.	0.
	(ii)	298,604.	114,508.	9,166.	42,590.	486,462.	0.
KATHLEEN HANLEY	(i)	0.	0.	0.	0.	0.	0.
	(ii)	414,699.	170,816.	4,302.	65,907.	675,604.	0.
JOHN HORNS	(i)	0.	0.	0.	0.	0.	0.
	(ii)	283,977.	107,459.	38,833.	33,075.	489,008.	0.
JEFFREY KUHN	(i)	0.	0.	0.	0.	0.	0.
	(ii)	308,993.	119,669.	5,552.	46,037.	497,316.	0.
TIMOTHY JAKACKI	(i)	0.	0.	0.	0.	0.	0.
	(ii)	207,386.	61,445.	9,213.	41,269.	340,685.	0.
ALAN SATTler	(i)	0.	0.	0.	0.	0.	0.
	(ii)	227,824.	60,860.	15,172.	37,649.	355,039.	0.
GARY AKENBERGER	(i)	0.	0.	0.	0.	0.	0.
	(ii)	232,431.	42,355.	8,040.	38,007.	341,900.	0.
KATHRYN GREENLEE	(i)	0.	0.	0.	0.	0.	0.
	(ii)	133,489.	24,281.	3,421.	27,901.	196,648.	0.
JAMES WHEELER	(i)	0.	0.	0.	0.	0.	0.
	(ii)	37,425.	57,459.	169,327.	20,825.	291,898.	18,477.
DENNIS WRIGHT	(i)	0.	0.	0.	0.	0.	0.
	(ii)	2,000.	22,027.	143,974.	14,743.	188,608.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

Schedule J (Form 990) 2009

**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.

**PART I, LINES 4A-B:**

AS PER OUR EMPLOYMENT AGREEMENT, UPON A QUALIFYING TERMINATION DEFINED AS

AN INVOLUNTARY SEPARATION FROM SERVICE OTHER THAN FOR CAUSE, THE EMPLOYEE

IS ENTITLED TO SEVERANCE PAY BASED UPON YEARS OF SERVICE. THE TERMS AND

CONDITIONS TO RECEIVE SEVERANCE PAYMENTS REQUIRE THE EMPLOYEE TO SIGN A

RELEASE OF CLAIMS FORM THAT COVERS ALL SITUATIONS SURROUNDING THE

EMPLOYEE'S EMPLOYMENT AND SEPARATION FROM PROMEDICA.

JAMES WHEELER \$141,790

DENNIS WRIGHT \$137,260

**PART I, LINE 4B:**

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.

**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.

KATHLEEN HANLEY \$32,832

JEFFREY KUHN \$16,637

RANDALL OOSTRA \$49,580

GARY AKENBERGER \$4,932

BARBARA STEELE \$41,534

DAVID SELMAN \$13,190

TIMOTHY JAKACKI \$8,194

ALAN SATTLER \$4,574

KATHRYN GREENLEE \$6,070

PART I, LINE 7: AN INCENTIVE BONUS IS PAID TO ALL EXECUTIVES BASED ON

ATTAINMENT OF GOALS IN THE AREAS OF 1) INTEGRATED DELIVERY SYSTEM

DEVELOPMENT; 2) COMMUNITY SERVICE; 3) QUALITY, SAFETY AND SERVICE; 4)

FINANCIAL RESPONSIBILITY; AND 5) WORKFORCE DEVELOPMENT. THE BONUS IS A

PERCENTAGE OF BASE PAY APPROVED BY THE PROMEDICA HEALTH SYSTEM COMPENSATION

COMMITTEE.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

EMMA L. BIXBY MEDICAL CENTER

Employer identification number

38-2796005

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INDIVIDUALS IN LENAWEE COUNTY.

FORM 990, PART VI, SECTION A, LINE 2: STEPHEN KRUSICH AND CLAUDE ROWLEY

HAVE A BUSINESS RELATIONSHIP.

STEPHEN KRUSICH AND TERENCE SHEEHAN HAVE A BUSINESS RELATIONSHIP

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

JOHN HORNS

BARBARA STEELE

DAVID SELMAN

TIMOTHY JAKACKI

ALAN SATTLER

KATHRYN GREENLEE

FORM 990, PART VI, SECTION A, LINE 6: AS A MICHIGAN NON-PROFIT

ORGANIZATION, THIS CORPORATION HAS A CORPORATE MEMBER.

FORM 990, PART VI, SECTION A, LINE 7A: PROMEDICA HEALTH SYSTEM, INC. (PHS)

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

Schedule O (Form 990) 2009

932211  
02-03-10



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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IS THE PARENT CORPORATION AND SOLE MEMBER OF EMMA L. BIXBY MEDICAL CENTER

OR IS THE SOLE MEMBER OF THE SOLE MEMBER OF EMMA L. BIXBY MEDICAL CENTER .

AS THE MEMBER, PHS HAS THE RIGHT TO (A) NOMINATE AND ELECT A MINORITY OF

THE MEMBERS AND REMOVE THE MEMBERS OF THE BOARD OF TRUSTEES OF EMMA L.

BIXBY MEDICAL CENTER , AND (B) APPROVE THE NOMINEES TO FILL ANY VACANCIES

ON THE BOARD OF TRUSTEES, A MAJORITY OF WHOM ARE NOMINATED BY EMMA L. BIXBY

MEDICAL CENTER .

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

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

Schedule O (Form 990) 2009

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02-03-10

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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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

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

Schedule O (Form 990) 2009

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02-03-10

**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.  
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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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  
932211  
02-03-10

Schedule O (Form 990) 2009

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No 1545-0047

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Name of the organization

EMMA L. BIXBY MEDICAL CENTER

Employer identification number

38-2796005

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.

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FORM 990, PART IV, QUESTION 24A

EMMA L. BIXBY MEDICAL CENTER IS A HEALTH FACILITY THAT IS A SUBSIDIARY

OF PROMEDICA HEALTH SYSTEM (PHS). EMMA L. BIXBY MEDICAL CENTER HOLDS

AN INTERCOMPANY NOTE PAYABLE TO THE TOLEDO HOSPITAL, WHICH IS ALSO A

SUBSIDIARY OF PHS. THE NOTE PAYABLE REPRESENTS EMMA L. BIXBY MEDICAL

CENTER'S PORTION OF TAX-EXEMPT BONDS ISSUED BY PROMEDICA HEALTHCARE

OBLIGATED GROUP.

FORM 990, PART IV, LINE 12

EMMA L. BIXBY MEDICAL CENTER IS INCLUDED IN THE CONSOLIDATED AUDITED

FINANCIAL STATEMENTS OF PROMEDICA HEALTH SYSTEM AND SUBSIDIARIES (PHS).

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 DURING THE

YEAR:

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KATHLEEN HANLEY - 40 HOURS

JEFFREY KUHN - 40 HOURS

RANDALL OOSTRA - 40 HOURS

GARY AKENBERGER - 40 HOURS

DAVID SELMAN - 40 HOURS

BARBARA STEELE - 40 HOURS

ALAN SATTLER - 40 HOURS

FORM 990, PART XI, LINE 2C:

EMMA L. BIXBY MEDICAL CENTER 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

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AND THE ORGANIZATION AND THE MATTERS INCLUDED IN WRITTEN DISCLOSURE

REQUIRED BY THE INDEPENDENCE STANDARDS BOARD.

- OVERSEE MANAGEMENT ACTION PLANS RESULTING FROM EXTERNAL MANAGEMENT

LETTER.

SCHEDULE R, PART V, LINE 2:

PROMEDICA HEALTH SYSTEM AND SUBSIDIARIES (PHS) USE THE FOLLOWING

METHODS TO DETERMINE THE VALUE OF RELATED ORGANIZATION TRANSACTIONS:

- FAIR MARKET VALUE FOR SERVICES AND CASH

- BOOK VALUE FOR OTHER ASSETS

FORM 990, PART III, LINE 4

PROMEDICA HEALTH SYSTEM - 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

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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

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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

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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,

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TECHNOLOGIES, AND OUTREACH EFFORTS TO MEET THE EVER-CHANGING NEEDS OF

ITS DIVERSE POPULATIONS. IN DIRECT RESPONSE TO COMMUNITY NEEDS, JUST A

FEW EXAMPLES FROM 2009 INCLUDE THE FOLLOWING.

- HERRICK MEDICAL CENTER WAS RECOGNIZED FOR OUTSTANDING PERFORMANCE ON

SMOKING CESSATION COUNSELING BY THE MICHIGAN STROKE REGISTRY AND

QUALITY IMPROVEMENT PROJECT, AND RECEIVED NATIONAL RECOGNITION FROM THE

AMERICAN HEART ASSOCIATION AS A GET WITH THE GUIDELINES - STROKE

PARTICIPATING HOSPITAL.

- JOBST VASCULAR CENTER HELD PUBLIC SCREENINGS ONE DAY PER MONTH TO

PROVIDE VASCULAR SCREENINGS AT NO CHARGE.

- BIXBY MEDICAL CENTER'S ORTHOPAEDIC JOINT CENTER OFFERED FREE

EDUCATIONAL SEMINARS FOR COMMUNITY MEMBERS ON NEW TREATMENT OPTIONS,

MEDICATIONS, NUTRITION, AND EXERCISE TIPS FOR MAINTAINING BONE HEALTH.

- PROMEDICA CONTINUED ITS INITIATIVE TO FIGHT OBESITY LOCALLY THROUGH

ITS FIELDS OF GREEN CAMPAIGN. IN 2009, STUDENT TEAMS FROM PROMEDICA'S

SERVICE AREA CREATED 20- TO 30-MINUTE HEALTH AND FITNESS PROGRAMS FOR

ELEMENTARY SCHOOL CHILDREN AS PART OF A COLLEGE SCHOLARSHIP

COMPETITION. EACH MEMBER OF THE WINNING TEAM RECEIVED A \$5,000 COLLEGE

SCHOLARSHIP FROM PROMEDICA; SECOND- AND THIRD-PLACE SCHOLARSHIP AWARDS

ALSO WERE PRESENTED, AND EACH WINNING SCHOOL RECEIVED A CASH AWARD FOR

ITS HEALTH AND SCIENCES CURRICULA.

- THROUGH ITS ADVOCACY DEPARTMENT, PROMEDICA LAUNCHED A HEALTH

EDUCATION PROGRAM FOR CHILDREN IN GRADES 4 - 6 - THE HEALTHY KIDS

CONVERSATION MAP(C) PROGRAM, DESIGNED TO EMPOWER STUDENTS AND THEIR

PARENTS TO MAKE LIFELONG, HEALTHY CHOICES ABOUT FOOD AND EXERCISE.

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- 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

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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.

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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

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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.

EMMA L. BIXBY MEDICAL CENTER - PROGRAM SERVICE ACCOMPLISHMENTS

FOUNDED IN 1911, EMMA L. BIXBY MEDICAL CENTER (BIXBY) CONTINUES TO MEET

THE HEALTHCARE NEEDS OF ADRIAN, MICHIGAN AND SURROUNDING, SOUTHEAST

MICHIGAN COMMUNITIES AS THE LARGEST ACUTE CARE FACILITY IN LENAWEE

COUNTY. IT IS A MEMBER OF PROMEDICA HEALTH SYSTEM, 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

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Internal Revenue Service

**Supplemental Information to Form 990**

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OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

EMMA L. BIXBY MEDICAL CENTER

Employer identification number

38-2796005

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 ALL AREA RESIDENTS HAVE EQUAL ACCESS TO HIGH-QUALITY, SAFE CARE IN

THE MOST APPROPRIATE SETTING, REGARDLESS OF PATIENTS' ABILITY TO PAY.

BIXBY IS AN 88-BED, FULL-SERVICE, ACUTE CARE HOSPITAL STAFFED BY MORE

THAN 120 ACTIVE PHYSICIANS WORKING TO MEET IDENTIFIED NEEDS OF THE

COMMUNITY. OFFERING MYRIAD INPATIENT AND OUTPATIENT SERVICES, ITS STAFF

OF MEDICAL PROFESSIONALS OFFERS CARE IN GENERAL SURGERY, CARDIOLOGY,

OBSTETRICS/GYNECOLOGY, NEUROLOGY, BEHAVIORAL MEDICINE, ONCOLOGY,

ORTHOPAEDICS, PULMONOLOGY, PEDIATRICS, MENTAL HEALTH, FAMILY MEDICINE,

AND CRITICAL CARE. BIXBY ALSO OFFERS EMERGENCY MEDICINE SERVICES AND IS

ACCREDITED AS A PRIMARY STROKE CARE CENTER FROM THE JOINT COMMISSION.

IN 2009, BIXBY SERVED 4,295 INPATIENTS; 129,046 OUTPATIENTS; AND 28,349

EMERGENCY CENTER PATIENTS.

AS A MEMBER OF PROMEDICA NORTH REGION, F/K/A LENAWEE HEALTH ALLIANCE,

WHICH IS A SUBSIDIARY OF PROMEDICA, BIXBY PROVIDES INPATIENT AND

OUTPATIENT SERVICES WITH STATE-OF-THE-ART TECHNOLOGY AND COMPASSIONATE

CARE. OUR MISSION IS REFLECTED IN THE PROGRAMS AND SERVICES OFFERED,

SUCH AS HICKMAN CANCER CENTER. AS PART OF THE PROMEDICA CANCER

INSTITUTE, HICKMAN CANCER CENTER OFFERS DIAGNOSIS, AS WELL AS RADIATION

AND MEDICAL ONCOLOGY TREATMENT FOR HUNDREDS OF NEW PATIENTS ANNUALLY.

AS A MEMBER OF THE TOLEDO COMMUNITY HOSPITAL ONCOLOGY PROGRAM, HICKMAN

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CANCER CENTER OFFERS PATIENTS THE OPPORTUNITY TO PARTICIPATE IN

NATIONAL CANCER TRIALS.

ANOTHER AFFILIATED PROGRAM, BIXBY'S ORTHOPAEDIC JOINT CENTER, SERVES

ADULT PATIENTS NEEDING TOTAL JOINT REPLACEMENTS, TREATMENT FOR

FRACTURES DUE TO FALLS OR TRAUMA, RECONSTRUCTIVE PROCEDURES, AND SPORTS

MEDICINE. THE CENTER'S ORTHOPAEDIC SURGEONS ARE EXPERIENCED IN THE

NEWEST PROCEDURES TO HELP REDUCE PAIN FOLLOWING SURGERY AND IMPROVE

RECOVERY TIMES. THE CENTER ALSO HOLDS FREE EDUCATIONAL SEMINARS FOR

COMMUNITY MEMBERS ON NEW TREATMENT OPTIONS, MEDICATIONS, NUTRITION, AND

EXERCISE.

THE HOSPITAL CONTRIBUTED \$4,909,000 IN COMMUNITY BENEFIT THROUGH

COMMUNITY BENEFIT EXPENDITURES, CHARITY CARE AND GOVERNMENT-SPONSORED,

MEANS-TESTED HEALTH CARE IN 2009.

THROUGH COMMUNITY HEALTH IMPROVEMENT SERVICES, HEALTH PROFESSIONS

EDUCATION, SUBSIDIZED HEALTH SERVICES, CASH AND IN-KIND CONTRIBUTIONS,

COMMUNITY BUILDING ACTIVITIES, AND OTHER COMMUNITY BENEFIT OPERATIONS,

BIXBY CONTRIBUTED \$678,000 TO THE COMMUNITY DURING 2009. THE FOLLOWING

PROVIDE EXAMPLES OF SUCH CONTRIBUTIONS.

- SUPPORT GROUPS FOR INDIVIDUALS WITH CHRONIC DISEASES, FOCUSED ON

PATIENTS' EMOTIONAL, PHYSIOLOGICAL AND PSYCHOLOGICAL NEEDS

- SPONSORSHIPS OF PUBLIC EVENTS SUCH AS THE ALL ABOUT WOMEN CONFERENCE,

WHICH PROVIDED FREE HEALTH SCREENINGS TO MORE THAN 200 WOMEN

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EMMA L. BIXBY MEDICAL CENTER

Employer identification number

38-2796005

- CHILDHOOD AND ADULT IMMUNIZATIONS, ASTHMA CARE, AND INDIGENT AND

SENIOR HEALTH FAIRS FOR THE UNDERPRIVILEGED

- COMMUNITY HEALTH AND WELLNESS SERVICES, WHICH INCLUDED NUTRITION AND

FITNESS CLASSES, PRENATAL AND FAMILY PLANNING CLASSES, AND CPR TRAINING

- FREE BLOOD PRESSURE, BODY MASS INDEX (BMI), CHOLESTEROL, CANCER, AND

DIABETES SCREENINGS FOR AREA RESIDENTS, INCLUDING AT THE LOCAL SENIOR

CENTERS

BIXBY PROVIDES \$984,000 OF CHARITY CARE TO THE COMMUNITY WHICH

REPRESENTS UNCOMPENSATED AMOUNTS FOR TREATMENT TO THOSE PATIENTS WHO DO

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 WRITTEN OFF TO BAD DEBT FOR PATIENTS WHO DO NOT PAY

THEIR BILLS. BIXBY'S COST OF BAD DEBT FOR 2009 WAS \$2,165,000. THIS

AMOUNT IS NOT INCLUDED IN THE COMMUNITY BENEFIT AMOUNT OF \$4,909,000

NOTED ABOVE.

FURTHER, BIXBY PROVIDED \$3,246,000 OF INDIRECT COMMUNITY BENEFIT

THROUGH COSTS-NOT REIMBURSED BY THE GOVERNMENT-FOR TREATING MEDICAID

PATIENTS. ALSO IN 2009, THE COSTS-NOT REIMBURSED BY THE GOVERNMENT-FOR

TREATING MEDICARE PATIENTS WAS \$1,064,000 AND IS NOT INCLUDED IN THE

COMMUNITY BENEFIT AMOUNT OF \$4,909,000 NOTED ABOVE.

BIXBY PROVIDED 485 JOBS THROUGH DIRECT EMPLOYMENT IN 2009, EXPENDING

\$16,143,000 IN NET PAYROLL. A TOTAL OF \$770,000 WAS WITHHELD FROM

HOSPITAL EMPLOYEES IN STATE AND LOCAL TAXES.

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Internal Revenue Service

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EMMA L. BIXBY MEDICAL CENTER

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38-2796005

IN SUMMARY, BIXBY 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 THESE HEALTHCARE SERVICES; RECRUIT AND TRAIN

HEALTH CARE PROFESSIONALS TO SERVE THE BROADER COMMUNITY; PROVIDE

APPROPRIATE CHARITY CARE; 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 OUTREACH 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

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

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Name of the organization

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Employer identification number

38-2796005

- 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.

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**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.

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**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.

**FORM 990, ITEM B, AMENDED RETURN**

THE TAXPAYER'S 2009 FORM 990 IS BEING AMENDED TO PROVIDE A MORE

ACCURATE DETAILED BREAKOUT OF TOTAL CHARITY CARE AND MEANS TESTED

GOVERNMENT PROGRAMS.

**FORM 990, SCHEDULE H, PART I, LINE 7.**

THE AMOUNTS REPORTED FOR CHARITY CARE AT COST (PART I, LINE 7A) AND

UNREIMBURSED MEDICAID (PART I, LINE 7B) HAVE BEEN UPDATED TO REFLECT A

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

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**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
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MORE ACCURATE DETAILED BREAKOUT BETWEEN CATEGORIES. TOTAL NET CHARITY

CARE AND MEANS-TESTED GOVERNMENT PROGRAMS WAS NOT UPDATED FROM THE

ORIGINAL FILING.

FORM 990, SCHEDULE O, PART III, LINE 4.

THIS DESCRIPTION HAS BEEN UPDATED TO INCLUDE THE AMOUNT OF CHARITY CARE

AND ADJUST THE AMOUNT SHOWN FOR INDIRECT COMMUNITY BENEFIT PROVIDED.

**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**

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**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to 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
MIDWEST CARDIOVASCULAR CONSULTANTS, LLC - 61-1448753, 5855 MONROE ST, SYLVANIA, OH 43560	EMPLOYS PHYSICIANS	OHIO	3,004,989.	1,042,669.	PROMEDICA PHYSICIAN GROUP
PROMEDICA CARDIOTHORACIC PHYSICIANS, LLC - 27-0978204, 5855 MONROE ST, SYLVANIA, OH 43560	EMPLOYS PHYSICIANS	OHIO	1,286,121.	440,928.	PROMEDICA PHYSICIAN GROUP
PROMEDICA CENTRAL PHYSICIANS - 34-1881137 5855 MONROE ST SYLVANIA, OH 43560	EMPLOYS PHYSICIANS	OHIO	76,066,624.	8,550,288.	PROMEDICA PHYSICIAN GROUP
PROMEDICA EAST PHYSICIANS, LLC - 34-1881145 5855 MONROE ST SYLVANIA, OH 43560	EMPLOYS PHYSICIANS	OHIO	5,887,633.	1,507,600.	PROMEDICA PHYSICIAN GROUP

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to 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
BAY PARK COMMUNITY HOSPITAL - 34-1883132 2801 BAY PARK DR OREGON, OH 43616	HOSPITAL	OHIO	501(C)(3)	3	PROMEDICA HEALTH SYSTEM
BAY PARK COMMUNITY HOSPITAL FOUNDATION - 34-1901462, 2801 BAY PARK DR, OREGON, OH 43616	FOUNDATION	OHIO	501(C)(3)	11B, II	PROMEDICA HEALTH SYSTEM
BIXBY COMMUNITY HEALTH FOUNDATION - 38-2691494, 818 RIVERSIDE AVE, ADRIAN, MI 49221	FOUNDATION	MICHIGAN	501(C)(3)	11B, II	EMMA L. BIXBY MEDICAL CENTER
DEFIANCE HOSPITAL AUXILIARY - 51-0173779 1200 RALSTON DEFIANCE, OH 43512	HOSPITAL / FOUNDATION SUPPORT	OHIO	501(C)(3)	11D, III-O	DEFIANCE HOSPITAL, INC D/B/A DEFIANCE REGIONAL HOSPITAL

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**Schedule R (Form 990) 2009**



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
BIXBY MEDICAL OFFICE LIMITED PARTNERSHIP - 38-2972398, 818 RIVERSIDE AVE, ADRIAN, MI 49221	FACILITY LEASING	MI	EMMA L. BIXBY MEDICAL CENTER	RELATED	40,287.	1,315,131.		X	N/A		X
LENAWEE PHYSICIAN HOSPITAL ORGANIZATION, LLC - 38-3605511, 818 RIVERSIDE AVE, ADRIAN, MI 49221	HEALTH CARE MANAGEMENT SERVICES	MI	PROMEDICA NORTH REGION, INC.	RELATED	19,321.	78,564.		X	N/A		X
NWO HEALTH PARTNERS, INC. - 26-1815305, 7595 COUNTY RD 236, SUITE A, FINDLAY, OH 45840	OUTPATIENT/URGENT CARE	OH	PROMEDICA CONTINUING CARE SERVICES CORP.	RELATED	-184,851.	123,398.		X	N/A		X
REYNOLDS RD SURGICAL CENTER, LLC - 31-1569454, 2865 N REYNOLDS RD, TOLEDO, OH 43615	FREESTANDING AMBULATORY SURGICAL CENTER	OH	THE TOLEDO HOSPITAL	RELATED	384,248.	2,635,553.		X	N/A		X

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
CENTRAL REGION PROPERTIES, INC. - 34-1059809 2142 N COVE BLVD. TOLEDO, OH 43606	FACILITY LEASING	OH	THE TOLEDO HOSPITAL	C CORP	251,542.	21,610,894.	100.00%
HERRICK MEMORIAL DEVELOPMENT CORP. - 38-3146907 500 E. POTTAWATAMIE TR ADRIAN, MI 49221	FACILITY LEASING	MI	HERRICK MEMORIAL HOSPITAL	C CORP	0.	608,729.	100.00%
HERRICK MEMORIAL OFFICE PLAZA CONDOMINIUM ASSOCIATION - 38-3639616, 818 RIVERSIDE AVE, ADRIAN, MI 49221	MANAGES FACILITY MAINTENANCE	MI	HERRICK MEMORIAL DEVELOPMENT	C CORP	23.	9,080.	42.00%
LHA PHYSICIAN SERVICES CORPORATION - 61-1451576 818 RIVERSIDE AVE ADRIAN, MI 49221	PHYSICIAN BILLING	MI	EMMA L. BIXBY MEDICAL CENTER	C CORP	21,521.	1,348,380.	100.00%
PROMEDICA CENTRAL CORPORATION OF MI, INC. - 38-3322278, 5855 MONROE ST, SYLVANIA, OH 43560	PHYSICIAN HEALTH CARE SERVICES	OH	PROMEDICA PHYSICIAN GROUP	C CORP	-475,901.	11,220,631.	100.00%

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)**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(s)	(b) Transaction type (a-f)	(c) Amount involved
(1) BIXBY COMMUNITY HEALTH FOUNDATION	B	171,834.
(2) BIXBY COMMUNITY HEALTH FOUNDATION	C	382,946.
(3) PROMEDICA PHYSICIAN CORP	B	413,000.
(4) PROMEDICA HEALTH SYSTEM	M	152,970.
(5) PROMEDICA CENTRAL CORP OF MICHIGAN	M	198,958.
(6) THE TOLEDO HOSPITAL	O	1,163,204.



**Continuation Sheet for Schedule R (Form 990)**

**Attach to Form 990 to list additional information for Schedule R (Form 990), Part I; Part II; Part III; Part IV; Part V, line 2; or Part VI.**

**SCHEDULE R-1**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of filing organization

EMMA L. BIXBY MEDICAL CENTER

Employer identification number

38-2796005

**Part I**

[illegible]

**LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule R-1 (Form 990) 2009

**Part II** Continuation of 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 section 501(c)(3))	(f) Direct controlling entity
DEFIANCE HOSPITAL FOUNDATION, INC. - 34-1559647, 1200 RALSTON, DEFIANCE, OH 43512	FOUNDATION	OHIO	501(C)(3)	11B, II	PROMEDICA HEALTH SYSTEM
DEFIANCE HOSPITAL, INC. D/B/A DEFIANCE REGIONAL MEDICAL CENTER - 34-446484, 1200 RALSTON, DEFIANCE, OH 43512	HOSPITAL	OHIO	501(C)(3)	3	PROMEDICA HEALTH SYSTEM
EMMA L. BIXBY MEDICAL CENTER AUXILIARY - 38-2149602, 818 RIVERSIDE AVE, ADRIAN, MI 49221	HOSPITAL / FOUNDATION SUPPORT	MICHIGAN	501(C)(3)	11B, II	EMMA L. BIXBY MEDICAL CENTER
FLOWER HOSPITAL - 34-4428794 5200 HARROUN RD SYLVANIA, OH 43560	HOSPITAL	OHIO	501(C)(3)	3	PROMEDICA HEALTH SYSTEM
FLOWER HOSPITAL FOUNDATION - 34-1556730 2142 N COVE BLVD TOLEDO, OH 43606	FOUNDATION	OHIO	501(C)(3)	7	PROMEDICA HEALTH SYSTEM
FOSTORIA COMMUNITY HOSPITAL FOUNDATION - 34-1805993, PO BOX 907, FOSTORIA, OH 44830	FOUNDATION	OHIO	501(C)(3)	11A, I	FOSTORIA HOSPITAL ASSOC. D/B/A FOSTORIA COMMUNITY HOSPITAL
COMMUNITY HOSPITAL - 34-0898745, PO BOX 907, FOSTORIA, OH 44830	HOSPITAL	OHIO	501(C)(3)	3	PROMEDICA HEALTH SYSTEM
FOSTORIA HOSPITAL AUXILIARY - 34-6517634 PO BOX 907	HOSPITAL / FOUNDATION SUPPORT	OHIO	501(C)(3)	11A, I	FOSTORIA HOSPITAL ASSOC. D/B/A FOSTORIA COMMUNITY HOSPITAL
FOSTORIA, OH 44830	HOSPITAL	OHIO	501(C)(3)	3	PROMEDICA HEALTH SYSTEM
HERRICK MEDICAL CENTER AUXILIARY - 38-3076105, 500 E. POTTAWATOMIE ST., TECUMSEH, MI 49286	HOSPITAL / FOUNDATION SUPPORT	MICHIGAN	501(C)(3)	11B, II	HERRICK MEMORIAL HOSPITAL D/B/A HERRICK MEDICAL CENTER
HERRICK MEDICAL CENTER FOUNDATION - 38-3076106, 500 E. POTTAWATOMIE ST., TECUMSEH, MI 49286	FOUNDATION	MICHIGAN	501(C)(3)	11B, II	HERRICK MEMORIAL HOSPITAL D/B/A HERRICK MEDICAL CENTER
HERRICK MEMORIAL HOSPITAL, INC. D/B/A HERRICK MEDICAL CENTER - 38-3049015, 500 E. POTTAWATOMIE ST., TECUMSEH, MI 49286	HOSPITAL	MICHIGAN	501(C)(3)	3	PROMEDICA NORTH REGION
LENAWEE LONG TERM CARE D/B/A PROVINCIAL HOUSE OF ADRIAN - 38-2879330, 700 LAKESHORE TR, ADRIAN, MI 49221	LONG TERM CARE	MICHIGAN	501(C)(3)	9	PROMEDICA NORTH REGION

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**Part II** Continuation of 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 section 501(c)(3))	(f) Direct controlling entity
PHS VENTURES, INC. - 34-1880473					
1801 RICHARDS RD.					
TOLEDO, OH 43607	HEALTH CARE MANAGEMENT SERVICES	OHIO	501(C)(3)	11C, III-FI	PROMEDICA HEALTH SYSTEM
PROMEDICA CONTINUING CARE SERVICES CORP. -					
34-4492440, 5855 MONROE ST, SYLVANIA, OH	LONG TERM AND HOME HEALTH CARE	OHIO	501(C)(3)	9	PROMEDICA HEALTH SYSTEM
43560					
PROMEDICA CONTINUING CARE SERVICES CORP.					
FOUNDATION - 34-1901457, 5855 MONROE ST,					
SYLVANIA, OH 43560	FOUNDATION	OHIO	501(C)(3)	11B, II	PROMEDICA HEALTH SYSTEM
PROMEDICA COURIER SERVICES, INC. -					
26-0324790, 3170 W CENTRAL AVE, TOLEDO, OH					
43606	COURIER SERVICE	OHIO	501(C)(3)	11B, II	PROMEDICA CONTINUING CARE SERVICES CORP.
PROMEDICA HEALTH SYSTEM, INC. - 34-1517671					
1801 RICHARDS RD.	PARENT COMPANY OF HEALTH SYSTEM	OHIO	501(C)(3)	11C, III-FI	N/A
TOLEDO, OH 43607					
PROMEDICA HEALTH, EDUCATION & RESEARCH					
CORPORATION - 34-1887062, 2142 N COVE BLVD.,	MEDICAL EDUCATION & RESEARCH	OHIO	501(C)(3)	11B, II	PROMEDICA HEALTH SYSTEM
TOLEDO, OH 43606					
PROMEDICA INDEMNITY CORP. - 34-1931936					
ONE CHURCH ST, 5TH FLOOR					
BURLINGTON, VT 05401	PROFESSIONAL & GENERAL LIABILITY	VERMONT	501(C)(3)	11B, II	PROMEDICA HEALTH SYSTEM
PROMEDICA NORTH REGION, INC. - 38-3307345					
818 RIVERSIDE AVE	MANAGES DELIVERY OF HEALTH SYSTEM	MICHIGAN	501(C)(3)	11B, II	PROMEDICA HEALTH SYSTEM
ADRIAN, MI 49221					
PROMEDICA PHYSICIAN CORP - 34-1880767					
5855 MONROE ST					
SYLVANIA, OH 43560	MANAGES PHYSICIAN SERVICES	OHIO	501(C)(3)	11C, III-FI	PROMEDICA HEALTH SYSTEM
PROMEDICA PHYSICIAN GROUP - 34-1899439					
5855 MONROE ST	PHYSICIAN HEALTH CARE SERVICES	OHIO	501(C)(3)	9	PROMEDICA PHYSICIAN CORP.
SYLVANIA, OH 43560					
REYNOLDS ROAD FITNESS CENTER, INC. D/B/A					
WILDWOOD MEDICAL CENTER - 34-185639, 2142 N					
COVE BLVD., TOLEDO, OH 43606	HEALTH CARE SERVICES	OHIO	501(C)(3)	9	THE TOLEDO HOSPITAL
THE TOLEDO HOSPITAL - 34-4428256					
2142 N COVE BLVD.					
TOLEDO, OH 43606	HOSPITAL	OHIO	501(C)(3)	3	PROMEDICA HEALTH SYSTEM

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**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(7) FLOWER HOSPITAL	O	111,005.
(8) PROMEDICA NORTH REGION	O	12,124,260.
(9) PROMEDICA CENTRAL CORP OF MICHIGAN	P	1,098,459.
(10) PROMEDICA CENTRAL CORP OF MICHIGAN	O	264,111.
(11) PROMEDICA COURIER SERVICE	O	75,653.
(12)		
(13)		
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		

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