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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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

C Name of organization
PROMEDICA HEALTH SYSTEM INC

Doing Business As

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

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

D Employer identification number
34-1517671

E Telephone number
(419)891-8505

G Gross receipts $ 186,925,232

F Name and address of principal officer
KATHLEEN S HANLEY
1801 RICHARDS ROAD
TOLEDO,OH 43607

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW PROMEDICA ORG

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

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PROMEDICA HEALTH SYSTEM, AN INTEGRATED HEALTH SYSTEM INNOVATIVE, SERVICE-ORIENTED, COST-EFFECTIVE WITH SUPERIOR QUALITY, WORKING WITH PHYSICIANS, HEALTH CARE PROVIDERS, BUSINESSES AND THE COMMUNITY TO IMPROVE HEALTH

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	16
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	1,146
6	Total number of volunteers (estimate if necessary)	**6**	21
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	26,838
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	23,254

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	15,815,720	29,097,251
9	Program service revenue (Part VIII, line 2g)	344,145,191	151,113,784
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	119,330	184,365
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,023	156,578
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	360,104,264	180,551,978

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,231,329	15,037,827
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	76,748,161	82,361,076
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	58,384,033	69,259,536
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	143,363,523	166,658,439
19	Revenue less expenses Subtract line 18 from line 12	216,740,741	13,893,539

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,792,676,848	1,788,012,710
21	Total liabilities (Part X, line 26)	126,984,007	156,541,270
22	Net assets or fund balances Subtract line 21 from line 20	1,665,692,841	1,631,471,440

Part II Signature Block

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

Sign Here

▶ Signature of officer — 2012-11-12 Date

▶ KATHLEEN S HANLEY TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ SHAWNA M JIMENEZ | Date | Check if self-employed ▶☐ | Preparer's taxpayer identification number (see instructions) P01222873

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DELOITTE TAX LLP
111 MONUMENT CIRCLE STE 2000
INDIANAPOLIS, IN 462045108

EIN ▶ 86-1065772

Phone no ▶ (317) 464-8600

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

PROMEDICA HEALTH SYSTEM, AN INTEGRATED HEALTH SYSTEM INNOVATIVE, SERVICE-ORIENTED, COST-EFFECTIVE WITH SUPERIOR QUALITY, WORKING WITH PHYSICIANS, HEALTHCARE PROVIDERS, BUSINESSES AND THE COMMUNITY TO IMPROVE HEALTH

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 125,069,638 including grants of $ 10,927,347) (Revenue $ 152,576,345)

PROMEDICA HEALTH SYSTEM (PHS) IS AN OHIO NOT-FOR-PROFIT CORPORATION WHICH SERVES AS A HOLDING COMPANY FOR SEVERAL CORPORATIONS IN A SYSTEM THAT PROVIDES VARIOUS TYPES OF HEALTH CARE SERVICES PHS PROVIDES MANAGEMENT SERVICES AND SUPPORT TO ALL ENTITIES WITHIN PROMEDICA HEALTH SYSTEM - SEE SCHEDULE O

4b (Code) (Expenses $ 4,110,480 including grants of $ 4,110,480) (Revenue $)

CONSISTENT WITH OUR MISSION, PROMEDICA HEALTH SYSTEM PROVIDES A SIGNIFICANT AMOUNT OF COMMUNITY BENEFIT, INCLUDING COMMUNITY HEALTH SERVICES AND COMMUNITY BENEFIT OPERATIONS, AND CASH-IN-KIND CONTRIBUTIONS - SEE SCHEDULE O

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 129,180,118

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	140		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	1,146		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	25		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

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

BRIAN HANSEN
5901 MONCLOVA RD
MAUMEE, OH 43537
(419) 891-8505

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

☐ Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								15,448,348	3,485,597	2,309,672

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 118

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
MCKESSON PHARMACEUTICAL 38220 PLYMOUTH RD LIVONIA, MI 481501050	SOFTWARE SUPPORT	66,861,077
MCKESSON TECHNOLOGIES INC PO BOX 98347 CHICAGO, IL 606930001	SOFTWARE SUPPORT	8,366,915
MCDERMOTT WILL & EMERY 227 W MONROE ST STE 440 CHICAGO, IL 606065096	LEGAL SERVICES	5,531,642
HART ASSOCIATES INC 1915 INDIAN WOOD CIRCLE MAUMEE, OH 43537	ADVERTISING	5,281,449
MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MI 55905	LAB TESTING	4,387,499

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 53

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d 29,097,251				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	29,097,251			
Program Service Revenue		Business Code				
	2a	ADMIN SUPPORT SERV 621110	153,718,978	153,718,978		
	b	INVEST IN AFFILIATES 900099	-2,605,194	-1,272,373		-1,332,821
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	151,113,784			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	92,690			92,690
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 6,463,780 / 1,149				
	b	Less cost or other basis and sales expenses: 6,356,258 / 16,996				
	c	Gain or (loss): 107,522 / -15,847				
	d	Net gain or (loss) . . . . . ▶	91,675			91,675
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a	MANAGEMENT FEE 541610	26,838		26,838	
	b					
	c					
	d	All other revenue	129,740	129,740		
	e	**Total.** Add lines 11a–11d . . . . . ▶	156,578			
	12	**Total revenue.** See Instructions . . . ▶	180,551,978	152,576,345	26,838	-1,148,456

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)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

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 United States See Part IV, line 21	14,997,327	14,997,327		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	40,500	40,500		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	12,389,581	12,389,581		
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	54,437,883	41,180,557	13,257,326	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,558,836	3,647,069	911,767	
9	Other employee benefits	6,766,454	5,413,163	1,353,291	
10	Payroll taxes	4,208,322	3,366,658	841,664	
11	Fees for services (non-employees)				
a	Management				
b	Legal	7,250,658		7,250,658	
c	Accounting	1,774,185		1,774,185	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	29,810,861	23,848,689	5,962,172	
12	Advertising and promotion	6,853,059	5,482,447	1,370,612	
13	Office expenses	4,658,029	3,726,423	931,606	
14	Information technology				
15	Royalties . .				
16	Occupancy	866,294	693,035	173,259	
17	Travel	965,214	772,171	193,043	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	6,311	5,049	1,262	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,445,040	9,156,032	2,289,008	
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	DUES & SUBSCRIPTIONS	789,475	631,580	157,895	0
b	RECRUITMENT	367,270	293,816	73,454	0
c					
d					
e					
f	All other expenses	4,473,140	3,536,021	937,119	
25	**Total functional expenses.** Add lines 1 through 24f	166,658,439	129,180,118	37,478,321	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	1,122,030
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,115	4	1,329
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		560,898	8	60,091
	9	Prepaid expenses and deferred charges		17,785,127	9	19,478,430
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 91,120,942			
	b	Less accumulated depreciation	10b 60,802,736	32,178,257	10c	30,318,206
	11	Investments—publicly traded securities		1,722,898	11	666,917
	12	Investments—other securities See Part IV, line 11		1,714,088,876	12	1,710,929,251
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		26,339,677	15	25,436,456
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,792,676,848	16	1,788,012,710
Liabilities	17	Accounts payable and accrued expenses		29,581,293	17	37,606,009
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		97,402,714	25	118,935,261
	26	**Total liabilities.** Add lines 17 through 25		126,984,007	26	156,541,270
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,665,457,341	27	1,631,163,443
	28	Temporarily restricted net assets		235,500	28	307,997
	29	Permanently restricted net assets			29	0
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,665,692,841	33	1,631,471,440
	34	Total liabilities and net assets/fund balances		1,792,676,848	34	1,788,012,710

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	180,551,978
2	Total expenses (must equal Part IX, column (A), line 25)	2	166,658,439
3	Revenue less expenses Subtract line 2 from line 1	3	13,893,539
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,665,692,841
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-48,114,940
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,631,471,440

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
PROMEDICA HEALTH SYSTEM INC

Employer identification number
34-1517671

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

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

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

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

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

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

_____

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
See Additional Data Table									
Total									10,000,000

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

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

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test

Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
PROMEDICA HEALTH SYSTEM INC

Employer identification number
34-1517671

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,958,385		1,958,385
b Buildings		9,013,273	1,979,516	7,033,757
c Leasehold improvements		1,463,968	535,813	928,155
d Equipment		78,055,241	58,287,407	19,767,834
e Other		630,075		630,075
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				30,318,206

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTMENT IN AFFILIATED COMPANIES	1,696,169,065	C
(B) SELF INSURANCE/DEFERRED COMPENSATION	14,760,186	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	1,710,929,251	

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

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

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

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

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO AFFILIATES	15,165,251
PROFESSIONAL LIABILITY & WORKERS COMPENSATION	11,567,088
OTHER CURRENT LIABILITIES	30,144
DEFERRED COMPENSATION	14,689,192
PENSION	76,030,512
ASBESTOS REMEDIATION	194,646
CONTINGENT LIABILITIES	1,258,428
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	118,935,261

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

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

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

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

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

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

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	PROMEDICA HEALTH SYSTEM IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF PROMEDICA HEALTH SYSTEM AND SUBSIDIARIES (PHS) THE FOLLOWING REFLECTS PHS'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER ASC 740 EXCEPT AS NOTED BELOW, PHS DID NOT HAVE ANY MATERIAL UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2011 AND 2010 FOR THE YEAR ENDING DECEMBER 31, 2011, A TAXABLE SUBSIDIARY OF PHS RECOGNIZED A LIABILITY FOR UNCERTAIN TAX POSITIONS OF $2,080,000 THE INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AMOUNTED TO $308,000 PROMEDICA HEALTH SYSTEM DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2011 AND 2010

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
PROMEDICA HEALTH SYSTEM INC

Employer identification number
34-1517671

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 40

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) EDUCATIONAL ASSISTANCE	28	40,500	0		

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 AS THE PARENT COMPANY OF PROMEDICA HEALTH SYSTEM (PHS), CORPORATE POLICIES EXIST TO ENSURE THAT THE APPROVAL AND DISTRIBUTION OF FOUNDATION FUNDS ARE CONSISTENT WITH THE APPROVED SUPPORTED ORGANIZATION STRATEGIC PLAN AND DOCUMENTED DONOR INTENT ALL REQUESTS FOR FUNDS MUST BE SUBMITTED ON THE "FUND UTILIZATION REQUEST" FORM AND INCLUDE WRITTEN SUPPORTING DOCUMENTATION AND APPROPRIATE APPROVALS DEPENDING ON THE DOLLAR AMOUNT OF THE REQUEST ON A MONTHLY BASIS A REPORT LISTING ALL FUND DISTRIBUTIONS IS DISTRIBUTED TO THE PHS PRESIDENT/CHIEF EXECUTIVE OFFICER AND CHIEF PHILANTHROPIC OFFICER AS THE PARENT COMPANY, PROMEDICA HEALTH SYSTEM (PHS), CORPORATE TREASURY, WITH THE APPROVAL AND OVERSIGHT OF THE FINANCE COMMITTEE, ENSURES THAT FUNDS ARE DISTRIBUTED APPROPRIATELY ACCORDING TO PHS'S STRATEGIC BUSINESS PLAN AND CONSISTENT WITH CORPORATE TREASURY POLICIES AND PROCEDURES

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 34-1517671
Name: PROMEDICA HEALTH SYSTEM INC

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ADRIAN REA LITERACY CENTER 1269 E SIENA HEIGHTS DRIVE ADRIAN,MI 49221	20-8394932	501(C)(3)	5,000				CHARITABLE DONATION
ADRIAN SYMPHONY ORCHESTRA110 S MADISON STREET ADRIAN,MI 492212575	38-2435775	501(C)(3)	7,100				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALLIANCE FOR PAIRED DONATION 3661 BRIARFIELD BLVD 105 MAUMEE,OH 43537	20-5196689	501(C)(3)	5,000				CHARITABLE DONATION
AMERICAN CANCER SOCIETY 740 COMMERCE DRIVE SUITE B PERRYSBURG,OH 43551	13-1788491	501(C)(3)	13,050				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN HEART ASSOCIATION7272 GREENVILLE AVE DALLAS,TX 752843543	13-5613797	501(C)(3)	15,000				CHARITABLE DONATION
AUTO DEALERS UNITED FOR KIDS 1605 INDIAN WOOD CIRCLE MAUMEE,OH 43537	20-0466596	501(C)(3)	5,000				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOYS AND GIRLS CLUBS OF TOLEDO2250 N DETROIT AVENUE TOLEDO,OH 43606	34-4427933	501(C)(3)	15,000				CHARITABLE DONATION
CARDINAL STRITCH HIGH SCHOOL3225 PICKLE ROAD OREGON,OH 436164099	34-0891884	501(C)(3)	5,500				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CEDAR CREEK CHRUCH29129 LIME CITY ROAD PERRYSBURG,OH 43551	34-1789315	501(C)(3)	5,000				CHARITABLE DONATION
CITY OF MAUMEE - FINANCE DEPARTMENT400 CONANT STREET MAUMEE,OH 435373374	34-6400847	GOV'T ENTITY	5,000				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CITY OF TOLEDO - DEPARTMENT OF POLICE OPERATIONS1 GOVERNMENT CENTER TOLEDO,OH 43604	34-6401447	GOV'T ENTITY	6,000				CHARITABLE DONATION
CROSWELL OPERA HOUSE129 E MAUMEE STREET ADRIAN,MI 49221	38-6144993	501(C)(3)	5,250				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EAST TOLEDO FAMILY CENTER 1020 VARLAND AVENUE TOLEDO,OH 43605	34-4429426	501(C)(3)	6,750				CHARITABLE DONATION
EASTERN MAUMEE BAY CHAMBER OF COMMERCE2460 NAVARRE AVENUE OREGON,OH 43616	34-1393190	501(C)(6)	5,750				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ERNST & YOUNG FOUNDATION200 PLAZA DRIVE SECAUCUS,NJ 07094	13-6094489	501(C)(3)	10,000				CHARITABLE DONATION
HUDSON EDUCATIONAL FOUNDATIONPO BOX 101 HUDSON,MI 49247	38-2572811	501(C)(3)	6,300				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KIDNEY FOUNDATION OF NW OHIO3100 CENTRAL AVENUE TOLEDO,OH 43606	34-1133682	501(C)(3)	6,500				CHARITABLE DONATION
KIDS UNLIMITED 8927 ROYAL OAK DRIVE HOLLAND,OH 43528	20-4487408	501(C)(3)	12,500				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LENAWEE COMMUNITY FOUNDATIONPO BOX 142 TECUMSEH, MI 49286	38-6095474	501(C)(3)	6,200				CHARITABLE DONATION
LIMA MEMORIAL HOSPITAL FOUNDATION1001 BELLEFONTAINE ROAD LIMA, OH 45804	34-1707570	501(C)(3)	10,000				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LOURDES COLLEGE 6832 CONVENT BLVD SYLVANIA,OH 43560	34-1226547	501(C)(3)	12,000				CHARITABLE DONATION
MAKE A WISH FOUNDATION405 MADISON AVENUE SUITE 210 TOLEDO,OH 43604	34-1430961	501(C)(3)	12,000				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MCCORD ROAD CHRISTIAN CHURCH4765 MCCORD ROAD SYLVANIA,OH 43560	34-1096073	501(C)(3)	15,000				CHARITABLE DONATION
MUSCULAR DYSTROPHY ASSOCIATION3300 EAST SUNRISE DRIVE TUCSON,AZ 857183299	13-1665552	501(C)(3)	5,000				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NATIONAL FOOTBALL FOUNDATION433 LAS COLINAS BLVD EAST IRVING,TX 75039	51-0226347	501(C)(3)	20,000				CHARITABLE DONATION
NEW LIFE CENTER INC3487 S LINDEN ROAD FLINT,MI 48507	74-3203599	501(C)(3)	5,000				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PROMEDICA FOUNDATION2142 N COVE BLVD TOLEDO,OH 436063896	34-1517672	501(C)(3)	85,670				OPERATING GRANT
ST FRANCIS DE SALES HIGH2323 W BANCROFT STREET TOLEDO,OH 43607	34-4465715	501(C)(3)	16,650				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST LUKE'S HOSPITAL5901 MONCLOVA RD MAUMEE,OH 43537	34-4428232	501(C)(3)	10,000,000				OPERATING GRANT
CHURCH ON STRAYER ROAD 3000 STRAYER ROAD MAUMEE,OH 43537	62-0484177	501(C)(3)	5,019				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SUSAN G KOMEN BREAST CANCER FOUNDATIONPO BOX 650309 DALLAS,TX 752650309	78-1835298	501(C)(3)	5,000				CHARITABLE DONATION
THE TOLEDO SYMPHONY1838 PARKWOOD AVENUE 310 TOLEDO,OH 436242502	34-4005365	501(C)(3)	506,450				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TOLEDO COMMUNITY FOUNDATION300 MADISON AVENUE TOLEDO,OH 43604	23-7284004	501(C)(3)	2,100,500				CHARITABLE DONATION
TOLEDO MUSEUM OF ART2445 MONROE STREET TOLEDO,OH 43620	34-4434678	501(C)(3)	66,050				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TOLEDO OPERA 425 JEFFERSON AVE SUITE 601 TOLEDO,OH 436041066	34-6556139	501(C)(3)	25,000				CHARITABLE DONATION
TOLEDO WALLEYE 406 WASHINGTON STREET TOLEDO,OH 43604	20-8815642	N/A	137,500				CORPORATE SPONSORSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED WAY424 JACKSON STREET TOLEDO,OH 43604	34-4427947	501(C)(3)	10,200				CHARITABLE DONATION
UNIVERSITY OF TOLEDO2801 BANCROFT TOLEDO,OH 43606	34-6555110	501(C)(3)	32,800				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YMCA6465 SYLVANIA AVENUE SYLVANIA,OH 43560	34-4428262	501(C)(3)	14,450				CHARITABLE DONATION
YWCA1018 JEFFERSON AVENUE TOLEDO,OH 43604	34-4428265	501(C)(3)	10,000				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RONALD MCDONALD HOUSE OF NW OH 3883 MONROE ST TOLEDO,OH 43606	34-1349742	501(C)(3)	1,004,000				CHARITABLE DONATION
HOSPICE OF LENAWEE INC 1903 WOLF CREEK HWY ADRIAN,MI 49221	38-2414012	501(C)(3)	500,000				CHARITABLE DONATION

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
PROMEDICA HEALTH SYSTEM INC

Employer identification number
34-1517671

Part I Questions Regarding Compensation

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

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

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

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

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

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	PART I, LINE 1A TRAVEL FOR COMPANIONS 1 CEO INCLUDED IN TAXABLE COMPENSATION 2 BOARD MEMBERS INCLUDED IN TAXABLE COMPENSATION TAX INDEMNIFICATION AND GROSS UP PAYMENTS 2 PRESIDENTS INCLUDED IN TAXABLE COMPENSATION 3 SEVERANCE EMPLOYEES INCLUDED IN TAXABLE COMPENSATION HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE 2 PRESIDENTS INCLUDED IN TAXABLE COMPENSATION
SUPPLEMENTAL INFORMATION	PART III	PART I, LINE 4A 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 KATHLEEN CARLSON $155,247 STEPHEN MOONEY $40,317 ALBERT BIANCO $169,497 JOHN HORNS $335,655 CHARLES MCDOWELL $317,139
SUPPLEMENTAL INFORMATION	PART III	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 JEFFREY KELLER $20,060 BARBARA PETEE $49,305 BARBARA STEELE $347,092 ALAN BRASS $742,811
SUPPLEMENTAL INFORMATION	PART III	PART I, LINE 7 AN INCENTIVE BONUS IS PAID TO ALL EXECUTIVES BASED ON ATTAINMENT OF GOALS IN THE AREAS OF 1) INTEGRATED DELIVERY SYSTEM DEVELOPMENT, 2) COMMUNITY SERVICE, 3) QUALITY, SAFETY AND SERVICE, 4) FINANCIAL RESPONSIBILITY, AND 5) WORKFORCE DEVELOPMENT THE BONUS IS A PERCENTAGE OF BASE PAY APPROVED BY THE PROMEDICA HEALTH SYSTEM COMPENSATION COMMITTEE

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 34-1517671
Name: PROMEDICA HEALTH SYSTEM INC

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
BRUCE BARNETT MD	(I)	0	0	0	0	0	0	0
	(II)	470,399	4,523	1,676	0	5,391	481,989	0
PAUL BERLACHER	(I)	0	0	0	0	0	0	0
	(II)	546,762	160,145	16,305	50,000	16,232	789,444	0
ROBERT DEROSA MD	(I)	0	0	0	0	0	0	0
	(II)	505,200	118,691	205,295	0	18,541	847,727	0
PETER DZIAD MD	(I)	0	0	0	0	0	0	0
	(II)	300,000	33,610	118,325	0	17,793	469,728	0
THOMAS HOUSTON MD	(I)	0	0	0	0	0	0	0
	(II)	275,150	0	234,925	6,314	10,111	526,500	0
SAMANTHA MUCHA	(I)	0	0	0	0	0	0	0
	(II)	494,591	0	0	0	22,037	516,628	0
RANDALL OOSTRA	(I)	800,000	469,179	15,570	240,362	21,604	1,546,715	0
	(II)	0	0	0	0	0	0	0
KATHLEEN HANLEY	(I)	464,200	199,713	4,816	84,664	22,008	775,401	0
	(II)	0	0	0	0	0	0	0
JEFFREY KUHN	(I)	346,280	153,750	14,208	50,654	20,216	585,108	0
	(II)	0	0	0	0	0	0	0
GARY AKENBERGER	(I)	239,292	92,964	9,695	49,772	21,858	413,581	0
	(II)	0	0	0	0	0	0	0
KENNETH ARMSTRONG	(I)	174,147	30,306	0	38,545	15,891	258,889	0
	(II)	0	0	0	0	0	0	0
KATHLEEN CARLSON	(I)	117,484	89,466	185,712	14,845	155	407,662	0
	(II)	0	0	0	0	0	0	0
THOMAS DELLA-FLORA	(I)	166,338	36,346	0	35,312	17,481	255,477	0
	(II)	0	0	0	0	0	0	0
ROBERT FREDRICK	(I)	335,308	106,312	429	57,171	13,394	512,614	0
	(II)	0	0	0	0	0	0	0
LEE HAMMERLING MD	(I)	489,600	222,406	7,102	69,694	20,221	809,023	0
	(II)	0	0	0	0	0	0	0
A DAVID JAMES	(I)	338,889	0	1,204	19,600	7,589	367,282	0
	(II)	0	0	0	0	0	0	0
JEFFREY KELLER	(I)	170,850	63,121	1,419	41,350	8,691	285,431	0
	(II)	0	0	0	0	0	0	0
STEPHEN MOONEY	(I)	228,465	117,243	84,813	29,248	20,658	480,427	0
	(II)	0	0	0	0	0	0	0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
SUSAN PAYDEN	(I)	166,464	45,245	0	39,662	17,669	269,040	0
	(II)	0	0	0	0	0	0	0
BARBARA PETEE	(I)	188,490	112,513	11,896	65,787	3,199	381,885	42,778
	(II)	0	0	0	0	0	0	0
ARTURO POLIZZI	(I)	236,808	61,657	8,795	49,098	17,541	373,899	0
	(II)	0	0	0	0	0	0	0
JOHN RANDOLPH	(I)	407,936	191,493	12,600	76,442	21,991	710,462	0
	(II)	0	0	0	0	0	0	0
ROBERT REITER	(I)	163,637	93,967	46,870	29,283	77	333,834	0
	(II)	0	0	0	0	0	0	0
GLADEEN ROBERTS	(I)	280,908	111,811	21,165	44,112	18,159	476,155	0
	(II)	0	0	0	0	0	0	0
SHEILA SCHWARTZ	(I)	234,090	93,269	9,425	35,434	18,507	390,725	0
	(II)	0	0	0	0	0	0	0
DAVID SELMAN	(I)	304,837	129,406	9,523	49,202	22,550	515,518	0
	(II)	0	0	0	0	0	0	0
BARBARA STEELE	(I)	554,195	258,858	404,221	79,777	13,345	1,310,396	276,271
	(II)	0	0	0	0	0	0	0
RONALD WACHSMAN	(I)	209,016	78,750	3,318	45,808	19,284	356,176	0
	(II)	0	0	0	0	0	0	0
KEVIN WEBB	(I)	336,049	143,228	4,818	44,151	20,635	548,881	0
	(II)	0	0	0	0	0	0	0
NEERAJ KANWAL	(I)	282,989	84,813	0	28,434	23,400	419,636	0
	(II)	0	0	0	0	0	0	0
ALAN SATTLER	(I)	234,090	102,319	9,891	46,273	21,008	413,581	0
	(II)	0	0	0	0	0	0	0
LORI JOHNSTON	(I)	241,129	84,396	0	38,229	19,805	383,559	0
	(II)	0	0	0	0	0	0	0
TIMOTHY JAKACKI	(I)	218,484	90,900	13,064	48,828	21,335	392,611	0
	(II)	0	0	0	0	0	0	0
GARY CATES	(I)	209,435	88,929	11,025	32,048	14,645	356,082	0
	(II)	0	0	0	0	0	0	0
ALAN BRASS	(I)	0	0	742,811	0	0	742,811	699,274
	(II)	0	0	0	0	0	0	0
ALBERT BIANCO	(I)	0	40,917	187,951	0	1,105	229,973	0
	(II)	0	0	0	0	0	0	0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
MARTIN DANSACK	(I)	147,691	42,963	1,807	27,706	17,048	237,215	0
	(II)	0	0	0	0	0	0	0
JOHN HORNS	(I)	0	121,778	401,805	0	2,605	526,188	0
	(II)	0	0	0	0	0	0	0
CHARLES MCDOWELL	(I)	0	119,803	473,442	0	1,665	594,910	0
	(II)	0	0	0	0	0	0	0
JOHN MEIER	(I)	225,767	37,611	0	48,397	16,267	328,042	0
	(II)	0	0	0	0	0	0	0
RANDALL SCHIMMOELLER	(I)	219,300	75,603	470	22,697	20,534	338,604	0
	(II)	0	0	0	0	0	0	0
CYNTHIA SCHRIEFER	(I)	170,286	29,994	0	46,258	12,270	258,808	0
	(II)	0	0	0	0	0	0	0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
PROMEDICA HEALTH SYSTEM INC

Employer identification number
34-1517671

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SEE PART V	SEE PART V	187,142	SEE PART V		No
(2) SEE PART V	SEE PART V	87,313	SEE PART V		No
(3) SEE PART V	SEE PART V	53,249	SEE PART V		No
(4) SEE PART V	SEE PART V	140,688	SEE PART V		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS		(A) NAME OF PERSON COOPER & KOWALSKI(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION PARISS COLEMAN, II (TRUSTEE) IS GREATER THAN 5% SHAREHOLDER (C) AMOUNT OF TRANSACTION $187,142(D) DESCRIPTION OF TRANSACTION LEGAL SERVICES(E) SHARING OF ORGANIZATION REVENUES? = NO
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS		(A) NAME OF PERSON TIM PETEE(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION TIM PETEE IS A FAMILY MEMBER OF BARBARA PETEE (KEY EMPLOYEE) (C) AMOUNT OF TRANSACTION $87,313(D) DESCRIPTION OF TRANSACTION EMPLOYMENT(E) SHARING OF ORGANIZATION REVENUES? = NO
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS		(A) NAME OF PERSON MARK BRASS(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION MARK BRASS IS A FAMILY MEMBER OF ALAN BRASS (FORMER OFFICER) (C) AMOUNT OF TRANSACTION $53,249(D) DESCRIPTION OF TRANSACTION EMPLOYMENT(E) SHARING OF ORGANIZATION REVENUES? = NO
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS		(A) NAME OF PERSON DAVID WOLFF(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION DAVID WOLFF IS A FAMILY MEMBER OF KATHLEEN HANLEY (TREASURER) (C) AMOUNT OF TRANSACTION $140,688(D) DESCRIPTION OF TRANSACTION EMPLOYMENT(E) SHARING OF ORGANIZATION REVENUES? = NO

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
PROMEDICA HEALTH SYSTEM INC

Employer identification number
34-1517671

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES CONSISTS OF NOT LESS THAN THREE (3) TRUSTEES NOR MORE THAN SEVEN (7) TRUSTEES WITHIN THESE PARAMETERS, THE COMPOSITION OF THE EXECUTIVE COMMITTEE SHALL INCLUDE THE CHAIRPERSON, THE VICE CHAIRPERSON/CHAIR ELECT, THE CHIEF EXECUTIVE OFFICER AND SUCH OTHER TRUSTEES AS SHALL BE DESIGNATED BY THE BOARD DEVELOPMENT COMMITTEE ALL EXECUTIVE COMMITTEE MEMBERS ARE PHS BOARD MEMBERS THE EXECUTIVE COMMITTEE SHALL HAVE AND EXERCISE ALL OF THE POWER AND AUTHORITY OF THE BOARD OF TRUSTEES DURING THE INTERIM BETWEEN MEETINGS OF THE BOARD OF TRUSTEES ONE BOARD MEMBER, DR LLOYD JACOBS, HAS VOTING PRIVILEGES LIMITED TO ACADEMIC ISSUES ONLY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	THE FOLLOWING OFFICERS, BOARD MEMBERS AND KEY EMPLOYEES ARE EMPLOYEES OF PROMEDICA HEALTH SYSTEM OR ITS RELATED ORGANIZATIONS MANY OF THESE EMPLOYEES ALSO SERVE ON OTHER RELATED PROMEDICA HEALTH SYSTEM BOARDS BRUCE BARNETT PAUL BERLACHER ROBERT DEROSA PETER DZIAD THOMAS HOUSTON SAMANTHA MUCHA RANDALL OOSTRA KATHLEEN HANLEY JEFFREY KUHN GARY AKENBERGER KENNETH ARMSTRONG KATHLEEN CARLSON THOMAS DELLA-FLORA ROBERT FREDRICK LEE HAMMERLING A DAVID JAMES JEFFREY KELLER STEPHEN MOONEY SUSAN PAYDEN BARBARA PETEE ARTURO POLIZZI JOHN RANDOLPH ROBERT REITER GLADEEN ROBERTS SHEILA SCHWARTZ DAVID SELMAN BARBARA STEELE RONALD WACHSMAN KEVIN WEBB

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	AS AN OHIO NON-PROFIT ORGANIZATION, THIS CORPORATION HAS INDIVIDUALS AS ITS MEMBERS THAT SERVE AS ITS BOARD OF TRUSTEES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	THE MEMBER OF PROMEDICA HEALTH SYSTEM, INC IS ITS BOARD OF TRUSTEES ALL CORPORATE ACTIONS REQUIRE APPROVAL BY A MAJORITY VOTE OF THE BOARD OF TRUSTEES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	UNDER THE GUIDANCE OF PROMEDICA HEALTH SYSTEM'S (PHS) TAX CONSULTANTS, FORM 990S ARE PREPARED BY THE RESPECTIVE ACCOUNTING DEPARTMENT OF EACH AFFILIATE AND REVIEWED BY THE AFFILIATE'S FINANCE LEADERSHIP AFTER AFFILIATE'S FINANCE LEADERSHIP APPROVAL, COPIES OF THE FORM 990 FOR PHS AND THEIR SUBSIDIARIES ARE PROVIDED TO THE RESPECTIVE COMPANY'S BOARD OF DIRECTORS AND ARE REVIEWED AND SIGNED BY THE RESPECTIVE COMPANY'S PRESIDENT OR A PRINCIPAL OFFICER PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

Identifier	Return Reference	Explanation
	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 ASSOC V P, 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 ASSOC V P, AUDIT/COMPLIANCE, ANY POTENTIAL UNDISCLOSED CONFLICTS THE AUDIT/COMPLIANCE DEPARTMENT THEN CONDUCTS AN AUDIT OF ALL BOARD MEMBER CERTIFICATION STATEMENTS (ALONG WITH ANY RELATIONSHIPS NOTED THROUGH THE ABOVE REVIEW) TO IDENTIFY ANY POSITIONAL CONFLICTS OF INTEREST AND TO TEST MATERIAL TRANSACTIONS WITH BOARD MEMBERS/THEIR AFFILIATES FOR FAIR MARKET VALUE THE RESULTS OF THE AUDIT ARE REPORTED DIRECTLY TO THE CHAIR OF THE AUDIT/COMPLIANCE COMMITTEE WITH A COPY TO THE PRESIDENT/CEO/CCO THE REPORT INCLUDES A SUMMARY OF THE AUDIT PROCEDURES PERFORMED, ANY SIGNIFICANT CONCERNS IDENTIFIED AND THEIR RESOLUTION, AS WELL AS AN ATTACHMENT WITH A FULL LISTING OF THE BOARD MEMBER'S 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 MEMBER'S 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 COMPLETE AND SUBMIT AN ELECTRONIC EMPLOYEE CERTIFICATION QUESTIONNAIRE WITHIN 30 DAYS OF NOTIFICATION THE HUMAN RESOURCES DEPARTMENT ENSURES THAT ALL QUESTIONNAIRES, WHICH ARE STORED ELECTRONICALLY, ARE COMPLETED AND PROVIDES NOTIFICATION TO THE ASSOC V P, AUDIT/COMPLIANCE OF THE NUMBER OF ANNUAL EMPLOYEE CERTIFICATION QUESTIONNAIRES SENT AND RECEIVED, COPIES OF ANY QUESTIONNAIRES 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 ASSOC V P, 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 COMPLETE THE CERTIFICATION QUESTIONNAIRE, OR THE COMPLETION OF A FALSE OR INCOMPLETE CERTIFICATION QUESTIONNAIRE, 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 EMPLOYEE'S CERTIFICATION QUESTIONNAIRE OR HIS/HER ACTIONS OR CIRCUMSTANCES SHALL BE GROUNDS FOR SANCTION UP TO AND INCLUDING TERMINATION OF EMPLOYMENT

Identifier	Return Reference	Explanation
	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 SALARY ADJUSTMENTS ARE DETERMINED AT THE DECEMBER MEETING OF THE COMPENSATION COMMITTEE THE COMPENSATION COMMITTEE APPROVES OTHER FORMS OF COMPENSATION BASED UPON THE PRIOR YEAR PERFORMANCE AT THE JANUARY MEETING EACH YEAR

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	PROMEDICA HEALTH SYSTEM AND SUBSIDIARIES PROVIDE ANY DOCUMENT OPEN TO PUBLIC INSPECTION UPON REQUEST

Identifier	Return Reference	Explanation
AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS DURING THE YEAR	FORM 990, PART VII	BRUCE BARNETT - 40 HOURS PAUL BERLACHER - 40 HOURS ROBERT DEROSA - 40 HOURS PETER DZIAD - 40 HOURS THOMAS HOUSTON - 40 HOURS SAMANTHA MUCHA - 40 HOURS JOHN MEIER - 40 HOURS RANDALL SCHIMMOELLER - 40 HOURS

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -71,968 PENSION/POST-RETIREMENT EXPENSE ADJUSTMENT -48,042,972 TOTAL TO FORM 990, PART XI, LINE 5 -48,114,940

Identifier	Return Reference	Explanation
PROMEDICA HEALTH SYSTEM, INC - PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4	ESTABLISHED IN 1986, PROMEDICA HEALTH SYSTEM (PROMEDICA) IS A MISSION-BASED, LOCALLY OWNED , NOT-FOR-PROFIT HEALTHCARE ORGANIZATION HIGHLY FOCUSED ON ACHIEVING CORE VALUES HEADQUAR TERED IN TOLEDO, OHIO, PROMEDICA SERVES 27 COUNTIES IN NORTHWEST OHIO AND SOUTHEAST MICHIG AN AND IS ONE OF THE REGION'S LEADING HEALTHCARE PROVIDERS OUR STEWARDSHIP OF RESOURCES H AS 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 H IGH-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 LA UNCHED NEW SERVICES AND PROGRAMS IN 2011 TO HELP MEET THE GROWING DEMANDS OF LOCAL CONSUME RS ACROSS ALL SPECTRUMS OF LIFE, INCLUDING THOSE INDIVIDUALS WHO ARE OFTEN THE MOST VULNER ABLE WHEN IT COMES TO HEALTH CARE. THE ELDERLY, POOR AND UNDERSERVED PROMEDICA'S MISSION IS TO IMPROVE THE HEALTH AND WELL-BEING OF THOSE WE SERVE. THIS IS REFLECTED IN OUR FOUR C ORE VALUES, INCLUDING COMPASSION - WE TREAT OUR PATIENTS AND EACH OTHER WITH RESPECT, INT EGRITY AND DIGNITY, INNOVATION - WE CONTINUALLY SEARCH TO FIND A BETTER WAY FORWARD, TEAMW ORK - WE PARTNER WITH OTHERS BECAUSE WE ARE BETTER TOGETHER THAN APART, AND EXCELLENCE - W E STRIVE TO BE THE BEST IN ALL WE DO PROMEDICA AND ITS AFFILIATES COMPRISE 306 SITES, AND APPROXIMATELY 1,674 PHYSICIANS AND 14,300 EMPLOYEES AND VOLUNTEERS DURING 2011, PROMEDIC A DISCHARGED 71,717 INPATIENTS AND SERVED MORE THAN 1,362,377 OUTPATIENTS, WHILE HANDLING 267,124 EMERGENCY VISITS SYSTEM-WIDE. AMONG THE REGION'S LARGEST EMPLOYERS, PROMEDICA PLAY S A SIGNIFICANT ROLE IN ECONOMIC DEVELOPMENT AND STABILITY IN OUR REGION DURING 2011, FOR EVERY ONE DOLLAR OF REVENUE, ANOTHER 33 CENTS WAS CREATED IN OUR SERVICE-AREA ECONOMY, WI TH A TOTAL ECONOMIC OUTPUT OF $2 54 BILLION WE ALSO CREATE A DIRECT ECONOMIC IMPACT WITH OUR REVENUE, PAYROLL AND EMPLOYMENT ADDITIONALLY, SPENDING ON SERVICES AND MATERIALS WITH VENDORS IN OUR REGION CREATES AN INDIRECT ECONOMIC BENEFIT ADDITIONALLY, OUR PHYSICIANS, LEADERSHIP TEAM MEMBERS AND EMPLOYEES INDIVIDUALLY CONTRIBUTE PERSONAL RESOURCES TO THE C OMMUNITY IN NUMEROUS WAYS - SUCH AS THROUGH TUTORING ELEMENTARY STUDENTS IN READING, PROVI DING MONTHLY HEALTH LECTURES AT LOCAL SENIOR CENTERS, PARTICIPATING IN MEDICAL MISSIONS, S ERVING 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 A ND OPERATED PROMEDICA'S MEMBER AND AFFILIATE HOSPITALS INCLUDE THE TOLEDO HOSPITAL, TOLE DO CHILDREN'S HOSPITAL (OPERATING AS PART OF THE TOLEDO HOSPITAL), FLOWER HOSPITAL, FOSTOR IA HOSPITAL ASSOCIATION, DEFIANCE HOSPITAL, INC , BAY PARK COMMUNITY HOSPITAL, HERRICK MEM ORIAL HOSPITAL, INC , EMMA L BIXBY MEDICAL CENTER, PROMEDICA WILDWOOD ORTHOPAEDIC AND SPI NE HOSPITAL (A DIVISION OF THE TOLEDO HOSPITAL), AND ST LUKE'S HOSPITAL IN 2011, PROMEDI CA ALSO PROVIDED INTEGRATED SERVICES, COMPRISED OF - PROMEDICA CONTINUING CARE SERVICES C ORPORATION, PROVIDING REHABILITATION, HOME CARE, AMBULATORY AND SENIOR SERVICES, COMMUNITY HEALTH, MEDICAL TRANSPORTATION SERVICES, AND CARE COORDINATION - PROMEDICA PHYSICIAN GRO UP, WITH MORE THAN 400 HEALTHCARE PROVIDERS, INCLUDING PRIMARY CARE, OBSTETRICS AND SPECIA LTY PHYSICIANS, AS WELL AS ADVANCED PRACTICE PROVIDERS, THEY HELP PROMEDICA TO BROADEN THE CARE WE OFFER AREA RESIDENTS, INCLUDING IN SMALLER, OUTLYING COMMUNITIES - PROMEDICA INS URANCE CORPORATION, THE LARGEST HEALTH MAINTENANCE ORGANIZATION PHYSICALLY LOCATED IN NORT HWEST OHIO, EARNED AN EXCELLENT RATING FOR ITS COMMERCIAL AND ELITE PRODUCTS, AND PARAMOUN T ADVANTAGE RETAINED ITS COMMENDABLE RATING, AS REPORTED IN CONSUMER REPORTS - ACADEMIC H EALTH CENTER CORPORATION, AN ACADEMIC RELATIONSHIP BETWEEN PROMEDICA AND THE UNIVERSITY OF TOLEDO, CONTINUED TO PROMOTE RESEARCH AND EDUCATION THROUGHOUT THE REGION PROMEDICA HAS ADDITIONAL ACADEMIC RELATIONSHIPS WITH NUMEROUS OTHER INSTITUTIONS INCLUDING THE UNIVERSIT Y OF MICHIGAN, MICHIGAN STATE UNIVERSITY, AND THE WEST VIRGINIA SCHOOL OF OSTEOPATHIC MEDI CINE - PROMEDICA INDEMNITY CORPORATION, PROVIDING MEDICAL PROFESSIONAL AND COMPREHENSIVE GENERAL LIABILITY COVERAGE FOR PROMEDICA, INCLUDING IN OUTLYING AREAS WHERE PRIMARY-CARE P HYSICIAN RECRUITMENT IS DIFFICULT - TWELVE CONTROLLED FOUNDATIONS THAT SERVE AS FUNDRAISI NG ENTITIES FOR THEIR RESPECTIVE HOSPITALS/BUSINESS UNITS AND FACILITIES, SUCH AS THE EBEI D HOSPICE RESIDENCE ON THE FLOWER HOSPITAL CAMPUS PROMEDICA'S SPECIALIZED CARE INCLUDES O NCOLOGY, ORTHOPAEDICS, CARDIAC, VASCULAR, NEUROLOGY, REHABILITATIVE, AND BEHAVIORAL MEDICI NE, AS WELL AS WOMEN'S AND PEDIATRIC CARE. A FUNDAMENTAL PART OF OUR MISSION IS THAT OUR S ERVICES ARE TAILORED TO THE NEEDS OF OUR COMMUNITIES AND THEY ARE AVAILABLE TO EVERYONE IN OUR COMMUNITY, REGARDLESS OF THEIR ABILITY TO PAY

Identifier	Return Reference	Explanation
PROMEDICA HEALTH SYSTEM, INC - PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4	IN ADDITION TO BEING A STRONG ADVOCATE FOR THE HEALTH AND WELL-BEING OF OTHERS, PROMEDIC A PROVIDES AND PROMOTES COMMUNITY WELLNESS, COLLABORATING WITH MORE THAN 300 LOCAL NONPROF IT AGENCIES AND ORGANIZATIONS IN 2011 THAT HAD VALUES AND MISSIONS SIMILAR TO OURS PROMED ICA IS CONTINUALLY IMPROVING ITS SERVICES, FACILITIES, TECHNOLOGIES, AND OUTREACH EFFORTS TO MEET THE EVER-CHANGING NEEDS OF ITS DIVERSE POPULATIONS IN DIRECT RESPONSE TO COMMUNIT Y NEEDS, JUST A FEW EXAMPLES FROM 2011 INCLUDE THE FOLLOWING

Identifier	Return Reference	Explanation
		- PROMEDICA WILDWOOD ORTHOPAEDIC AND SPINE HOSPITAL, A DIVISION OF THE TOLEDO HOSPITAL, OP ENED AS PROMEDICA'S FIRST ALL-DIGITAL ACUTE CARE FACILITY, MAKING EXTENSIVE USE OF INFORMA TION TECHNOLOGY TO IMPROVE PATIENT OUTCOMES - PROMEDICA'S JOINT VENTURE WITH MERCY MEMORI AL HOSPITAL OF MONROE, MICHIGAN, ESTABLISHED A NEW CANCER TREATMENT FACILITY IN MONROE, HE LPING TO MAKE FULL ARRAY CANCER CARE MORE ACCESSIBLE TO PATIENTS IN SOUTHEAST MICHIGAN - FLOWER HOSPITAL AND LOURDES UNIVERSITY ANNOUNCED THAT, THROUGH THE HOSPITAL'S MCKESSON MEM ORIAL FUND, $1 MILLION OVER 10 YEARS WILL BE DONATED TO LOURDES' MASTER OF SCIENCE IN NURS ING / NURSE ANESTHESIA PROGRAM THE DONATED FUNDS WILL BE USED TO HELP MEET GROWING DEMAND FOR THESE SPECIALIZED NURSING SKILLS ACROSS THE REGION - THE PHARMACY COUNTER OFFERED PA TIENTS RXMAP, A STATE-OF-THE-ART ROBOTICS SYSTEM TO REDUCE MEDICATION ERRORS AND HELP INDI VIDUALS REMEMBER WHEN TO TAKE MULTIPLE MEDICATIONS SO THEY REMAIN ON SCHEDULE - TO ADDRES S THE GROWING NEED FOR AUTISM SERVICES IN OUR COMMUNITY, TOLEDO CHILDREN'S HOSPITAL JOINED A COMMUNITY-WIDE PARTNERSHIP KNOWN AS THE GREAT LAKES COLLABORATIVE FOR AUTISM THIS NEW INITIATIVE IS THE FIRST OF ITS KIND IN THE AREA AND WILL ALLOW THOSE WITH AUTISM AND THEIR FAMILIES TO SEEK THE BEST POSSIBLE RESOURCES AND CARE - DEFIANCE HOSPITAL FOUNDATION, PA RT OF THE PROMEDICA FOUNDATION, RAISED MORE THAN $1 6 MILLION FOR KAITLYN'S COTTAGE, A RES PITE CARE CENTER WHERE CHILDREN WITH SPECIAL NEEDS CAN SPEND A FEW HOURS OR A COUPLE OF DA YS IN A SAFE AND COMPASSIONATE ENVIRONMENT - PROMEDICA HOSPICE, A SERVICE OF PROMEDICA PH YSICIANS AND CONTINUUM SERVICES, EXPANDED ITS ABILITY TO PROVIDE PALLIATIVE AND END-OF-LIF E CARE BY SIGNING A JOINDER AGREEMENT WITH ERIE WEST HOSPICE AND PALLIATIVE CARE - THROUG H A GRANT FROM THE NORTHWEST OHIO AFFILIATE OF SUSAN G KOMEN(R) FOR THE CURE, PROMEDICA C ANCER INSTITUTE LAUNCHED A HEALTH EDUCATION SERIES CALLED BREAST CANCER SURVIVORSHIP THE PROGRAM INCLUDED FOUR FREE WORKSHOPS FOCUSED ON SURVIVING BREAST CANCER AND FEATURING PANE L DISCUSSIONS WITH BREAST CANCER SURVIVORS - PROMEDICA CONTINUED ITS INITIATIVE TO FIGHT OBESITY LOCALLY THROUGH ITS FIELDS OF GREEN CAMPAIGN, BY ADDRESSING THE PROBLEM OF HUNGER AS A HEALTH ISSUE IN ITS ANNUAL SCHOLARSHIP COMPETITION FOR HIGH SCHOOL STUDENTS EACH MEM BER OF THE WINNING TEAM RECEIVED A $5,000 COLLEGE SCHOLARSHIP FROM PROMEDICA AND THE STUDE NTS' WINNING SCHOOL RECEIVED A CASH AWARD FOR ITS HEALTH AND SCIENCES CURRICULA - COORDIN ATED THROUGH ITS ADVOCACY DEPARTMENT, PROMEDICA CONTINUED TO PROVIDE HEALTH AND NUTRITION EDUCATION TO ELEMENTARY SCHOOL CHILDREN IN GRADES 1 - 6 THE HEALTHY KIDS CONVERSATION MAP (R) PROGRAM IS DESIGNED TO EMPOWER STUDENTS AND THEIR PARENTS/GUARDIANS TO MAKE HEALTHY CH OICES ABOUT FOOD AND EXERCISE - PROMEDICA PHYSICIAN GROUP EXPANDED CARE TO BETTER COVER L OCAL AND RURAL COMMUNITIES, ADDING 47 NEW PRIMARY CARE PHYSICIANS AND SPECIALISTS IN 2011 - PROMEDICA CONTINUING CARE SERVICES CORPORATION PARTICIPATED IN DOZENS OF COMMUNITY HEAL TH FAIRS THAT INCLUDED THOUSANDS OF FREE PUBLIC SCREENINGS FOR HIGH BLOOD PRESSURE AND CHO LESTEROL, BODY MASS AND BONE DENSITY - AS PART OF ITS HUNGER-FREE INITIATIVE, PROMEDICA P ARTNERED WITH UNITED WAY OF GREATER TOLEDO AND THE YMCA TO PROVIDE A SUMMER FEEDING PROGRA M FOR METRO-TOLEDO SCHOOL CHILDREN, INCREASING THE NUMBER OF MEALS SERVED FROM 1,500 IN 20 10 TO 45,000 IN 2011 - THE TOLEDO HOSPITAL STROKE PROGRAM ACHIEVED ACCREDITATION AS A PRI MARY STROKE CENTER FROM THE JOINT COMMISSION, CONSIDERED A NATIONAL GOLD SEAL OF APPROVAL FOR MEETING SPECIFIC TREATMENT GUIDELINES FOR STROKE PATIENTS - FLOWER HOSPITAL RECEIVED THE AMERICAN HEART ASSOCIATION / AMERICAN STROKE ASSOCIATION'S GET WITH THE GUIDELINES - S TROKE BRONZE PERFORMANCE ACHIEVEMENT AWARD FOR DEMONSTRATING A COMMITMENT TO IMPROVED CARE FOR STROKE PATIENTS - PROMEDICA CANCER INSTITUTE'S COMMUNITY OUTREACH INCLUDED SCREENING S FOR SKIN AND PROSTATE CANCERS, AS WELL AS SPONSORSHIP OF THE ANNUAL SUSAN G KOMEN(R) RA CE FOR THE CURE IN SUPPORT OF BREAST CANCER RESEARCH - THROUGH ITS ADVOCACY FUND, PROMEDI CA CONTINUED TO SUPPORT LOCAL COMMUNITY ORGANIZATIONS THAT PROVIDE ASSISTANCE TO THOSE IN NEED WITH BASIC NECESSITIES THAT DIRECTLY IMPACT INDIVIDUALS' HEALTH AND WELL-BEING - THE TOLEDO HOSPITAL'S BREAST CARE CENTER ADDED THE LUMAGEM(TM) MOLECULAR BREAST IMAGING SYSTE M TO IMPROVE EARLY DETECTION OF BREAST CANCER IN AT-RISK WOMEN IN 2011, PROMEDICA CONTRIB UTED $118,483,000 IN COMMUNITY BENEFIT THROUGH COMMUNITY BENEFIT EXPENDITURES, FINANCIAL A SSISTANCE AND GOVERNMENT-SPONSORED, MEANS-TESTED HEALTH CARE THESE NUMBERS NOT ONLY INDIC ATE PROMEDICA'S LONG-STANDING COMMITMENT TO THE COMMUNITY, BUT ALSO FULFILL OUR NOT-FOR-PR OFIT STATUS BY IMPROVING THE HEALTH AND WELL-BEING OF RESIDENTS IN THE COMMUNITIES WE SERV E SPECIFICALLY, THROUGH COMMUNITY HEALTH IMPROVEMENT SERVICES, HEALTH PROFESSIONS EDUCATI ON, SUBSIDIZED HEALTH SERVICES, RESEARCH, CASH AND

Identifier	Return Reference	Explanation
		IN-KIND CONTRIBUTIONS, COMMUNITY BUILDING ACTIVITIES, AND OTHER COMMUNITY BENEFIT OPERATI ONS, PROMEDICA CONTRIBUTED $44,685,000 IN 2011 THESE PROGRAMS INCLUDED FREE COMMUNITY HEA LTH SCREENINGS, SUCH AS DIABETES TESTING, BLOOD PRESSURE, BONE DENSITY, BODY MASS, AND CAN CER CHECKUPS, MAMMOGRAM SCREENINGS FOR LOW-INCOME AND UNINSURED WOMEN, CHILDHOOD IMMUNIZAT IONS, REDUCED-COST SCHOOL-ATHLETIC PHYSICALS, FIRST-AID COVERAGE AT COMMUNITY EVENTS, VOLU NTEER ELEMENTARY SCHOOL MENTORS, PUBLIC HEALTH EDUCATION LECTURES AND SEMINARS, A CHILDHOO D OBESITY PROGRAM, COLLEGE SCHOLARSHIPS FOR STUDENTS ENTERING HEALTHCARE CAREERS, AND MANY OTHER COMMUNITY-BASED INITIATIVES PROMEDICA ALSO CONTRIBUTED $27,755,000 IN FINANCIAL AS SISTANCE FOR PATIENTS WHO DID NOT HAVE THE FINANCIAL RESOURCES TO PAY FOR HOSPITAL SERVICE S THIS AMOUNT REPRESENTS THE COST TO PROVIDE SERVICE AND DOES NOT INCLUDE THE COSTS FOR A CCOUNTS THAT ARE WRITTEN OFF TO BAD DEBT FOR PATIENTS WHO DO NOT PAY THEIR BILLS IN ADDIT ION, PROMEDICA'S COST OF BAD DEBT FOR 2011 WAS $23,259,000 THIS AMOUNT IS NOT INCLUDED IN THE COMMUNITY BENEFIT AMOUNT OF $118,483,000 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 BETWEE N ADULTS WITHOUT HEALTH INSURANCE AND NEEDED HEALTHCARE SERVICES WHILE SOME INDIVIDUALS M AY QUALIFY FOR GOVERNMENTAL INSURANCE PROGRAMS SUCH AS MEDICAID, OTHERS DO NOT, IT IS FOR THESE INDIVIDUALS THAT CARENET WAS ESTABLISHED ADDITIONALLY DURING 2011, PROMEDICA PROVID ED $46,043,000 OF COMMUNITY BENEFIT THROUGH THE COST - NOT REIMBURSED BY THE GOVERNMENT - FOR TREATING MEDICAID PATIENTS PROMEDICA'S TOTAL COST - NOT REIMBURSED BY THE GOVERNMENT - FOR TREATING MEDICARE PATIENTS DURING 2011 WAS $62,811,000 AND IS NOT REFLECTED IN THE C OMMUNITY BENEFIT AMOUNT OF $118,483,000 NOTED ABOVE. INDEED, PROMEDICA GOES BEYOND INDUSTR Y 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 IN COMES AT OR BELOW 200% OF THE FEDERAL POVERTY LEVEL IN ADDITION TO FREE CARE FOR THOSE FA MILIES UNDER THIS FEDERAL POVERTY LEVEL, PROMEDICA PROVIDES SIGNIFICANT DISCOUNTS TO FAMIL IES WITH INCOMES OF UP TO 400% OF THE FEDERAL POVERTY LEVEL IN MANY SITUATIONS, OTHER FUN DING SOURCES ARE SECURED AND ACCOMMODATIONS MADE. PROMEDICA'S POLICIES ARE POSTED AND AVAI LABLE IN WRITING IN ALL PROMEDICA FACILITIES ALSO, FINANCIAL ADVOCATES ARE AVAILABLE TO H ELP PATIENTS BY EXPLAINING OUR FREE CARE AND DISCOUNT PROGRAMS, AND TO ASSIST WITH THE PAP ERWORK NECESSARY TO QUALIFY FOR GOVERNMENT FUNDING PATIENT BILLS PROVIDE CLEAR EXPLANATIO NS, QUALIFICATIONS AND REMINDERS OF THESE PROGRAMS IN SUMMARY, PROMEDICA DEMONSTRATES ITS 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, WE RECOGNIZE THAT NO T ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL CARE. THEREFORE, WE PR OVIDE THESE HEALTHCARE SERVICES, RECRUIT AND TRAIN HEALTHCARE PROFESSIONALS TO SERVE THE B ROADER COMMUNITY, PROVIDE APPROPRIATE FINANCIAL ASSISTANCE, OFFER SERVICES AND CONTRIBUTIO NS TO OTHER NONPROFIT ORGANIZATIONS THAT ALLOW THEM TO PROVIDE KEY SERVICES TO THEIR CONST ITUENTS, AND PRESENT FREE EDUCATIONAL CLASSES, HEALTH FAIRS AND OTHER ACTIVITIES TO OUR LO CAL COMMUNITY TO HELP ENSURE ALL MEMBERS HAVE EQUAL ACCESS TO CARE.

Identifier	Return Reference	Explanation
	COMMUNITY BENEFIT DEFINITIONS	PROMEDICA HEALTH SYSTEM AND ITS SUBSIDIARIES (THE SYSTEM) PREPARES ITS COMMUNITY BENEFIT REPORTS USING REPORTING GUIDELINES PUBLISHED BY THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES AND CONSISTENT WITH FORM 990, SCHEDULE H REPORTING 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 THE SYSTEM RESPOND TO AN IDENTIFIED COMMUNITY NEED AND MEET AT LEAST ONE OF THE FOLLOWING CRITERIA - IMPROVE ACCESS TO HEALTH CARE SERVICE - ENHANCE THE HEALTH OF THE COMMUNITY - ADVANCE MEDICAL OR HEALTH CARE KNOWLEDGE - RELIEVE OR REDUCE THE BURDEN OF GOVERNMENT OR OTHER COMMUNITY EFFORTS FINANCIAL ASSISTANCE CONSISTENT WITH ITS MISSION, THE SYSTEM PROVIDES A SIGNIFICANT AMOUNT OF FINANCIAL ASSISTANCE TO PATIENTS WITH LIMITED OR NO ABILITY TO PAY THEIR BILL PROMEDICA HOSPITALS PROVIDE FREE CARE TO THOSE UNINSURED PATIENTS WITH INCOMES BELOW 200% OF THE FEDERAL POVERTY LEVEL SIGNIFICANT DISCOUNTS ARE ALSO PROVIDED ON A SLIDING SCALE TO UNINSURED PATIENTS UP TO 400% OF THE FEDERAL POVERTY LEVEL FINANCIAL ASSISTANCE IS REPORTED IN THE FORM OF COST TO PROVIDE SERVICES AND HAS BEEN REDUCED TO REFLECT REIMBURSEMENT RECEIVED FROM STATE PROGRAMS DESIGNED TO RELIEVE THE BURDEN OF PROVIDING FINANCIAL ASSISTANCE THE COST OF FINANCIAL ASSISTANCE DOES NOT INCLUDE THE COSTS FOR ACCOUNTS THAT ARE WRITTEN OFF TO BAD DEBT FOR PATIENTS THAT 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 MEANS-TESTED PROGRAMS SUCH AS MEDICAID THE SYSTEM 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 THE SYSTEM'S COMMUNITY BENEFIT REPORT ADDITIONALLY, THE COST OF FINANCIAL ASSISTANCE HAS BEEN ELIMINATED FROM ANY AMOUNTS REPORTED IN THIS CATEGORY COMMUNITY HEALTH IMPROVEMENT SERVICES & COMMUNITY BENEFIT OPERATIONS COMMUNITY HEALTH IMPROVEMENT 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 THE SYSTEM COMMUNITY BENEFIT OPERATIONS INCLUDE COSTS ASSOCIATED WITH DEDICATED STAFF, COMMUNITY HEALTH NEED AND/OR ASSESSMENT, AND OTHER COSTS ASSOCIATED WITH COMMUNITY BENEFIT PLANNING AND ADMINISTRATION HEALTH PROFESSIONS EDUCATION HEALTH PROFESSIONS EDUCATION INCLUDE COSTS FOR INTERNSHIPS AND RESIDENCY EDUCATION, THE PROVISION OF A CLINICAL SETTING FOR UNDERGRADUATE/VOCATIONAL TRAINING FOR STUDENTS OUTSIDE THE ORGANIZATION, AND FUNDING FOR 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 HEALTH CARE DELIVERY THE AMOUNT REPORTED FOR THE SYSTEM IS REDUCED BY ANY EXTERNAL SUBSIDIES, SUCH AS GRANTS CASH AND IN KIND CONTRIBUTIONS FINANCIAL CONTRIBUTIONS INCLUDE FUNDS AND IN-KIND SERVICES DONATED TO COMMUNITY ORGANIZATIONS AND/OR THE COMMUNITY AT LARGE IN-KIND SERVICES INCLUDE HOURS DONATED BY STAFF TO THE COMMUNITY WHILE ON HOSPITAL WORK TIME, DONATION OF FOOD, EQUIPMENT, AND SUPPLIES

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
PROMEDICA HEALTH SYSTEM INC

Employer identification number
34-1517671

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) BIXBY MEDICAL OFFICE LIMITED PARTNERSHIP 818 RIVERSIDE AVE ADRIAN, MI 49221 38-2972398	FACILITY LEASING	MI	EMMA L BIXBY MEDICAL CENTER	RELATED	31,757	1,285,556		No		Yes		64 600 %
(2) REYNOLDS RD SURGICAL CENTER LLC 2865 N REYNOLDS RD TOLEDO, OH 43615 31-1569454	FREESTANDING AMBULATORY SURGICAL CENTER	OH	THE TOLEDO HOSPITAL	RELATED	1,015,922	2,856,976		No			No	64 960 %
(3) WATERVILLE MEDICAL CENTER LLC 5901 MONCLOVA RD MAUMEE, OH 43537 32-0160784	FACILITY LEASING	OH	CARE ENTERPRISES INC	RELATED	25,759	824,921		No			No	70 000 %

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

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

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

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 34-1517671
Name: PROMEDICA HEALTH SYSTEM INC

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

(a) Name, address, and EIN of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income ($)	(e) End-of-year assets ($)	(f) Direct Controlling Entity
COBRA VENTURES LLC 5901 MONCLOVA RD MAUMEE, OH 43537 20-4671613	LAND LEASING	OH	3,990	84,429	ST LUKE'S HOSPITAL FOUNDATION
MIDWEST CARDIOVASCULAR CONSULTANTS LLC 5855 MONROE ST SYLVANIA, OH 43560 61-1448753	EMPLOYS PHYSICIANS	OH	2,870,362	670,378	PROMEDICA PHYSICIAN GROUP
PROMEDICA CENTRAL PHYSICIANS LLC 5855 MONROE ST SYLVANIA, OH 43560 34-1881137	EMPLOYS PHYSICIANS	OH	80,023,037	23,688,638	PROMEDICA PHYSICIAN GROUP
PROMEDICA EAST PHYSICIANS LLC 5855 MONROE ST SYLVANIA, OH 43560 34-1881145	EMPLOYS PHYSICIANS	OH	5,200,466	2,720,878	PROMEDICA PHYSICIAN GROUP
PROMEDICA ORTHOPEDIC PHYSICIANS LLC 5855 MONROE ST SYLVANIA, OH 43560 20-8050622	EMPLOYS PHYSICIANS	OH	2,853,930	1,705,850	PROMEDICA PHYSICIAN GROUP
PROMEDICA SOUTH PHYSICIANS LLC 5855 MONROE ST SYLVANIA, OH 43560 34-1898679	EMPLOYS PHYSICIANS	OH	3,082,017	2,171,850	PROMEDICA PHYSICIAN GROUP
PROMEDICA WEST PHYSICIANS LLC 5855 MONROE ST SYLVANIA, OH 43560 34-1893773	EMPLOYS PHYSICIANS	OH	11,105,876	6,316,416	PROMEDICA PHYSICIAN GROUP
PROMEDICA NORTHWEST OHIO CARDIOLOGY CONSULTANTS LLC 5855 MONROE ST SYLVANIA, OH 43560 26-3888045	EMPLOYS PHYSICIANS	OH	26,904,881	566,293	PROMEDICA PHYSICIAN GROUP
PROMEDICA GI PHYSICIANS LLC 5855 MONROE ST SYLVANIA, OH 43560 26-3015991	EMPLOYS PHYSICIANS	OH	5,221,527	2,111,516	PROMEDICA PHYSICIAN GROUP
PROMEDICA CARDIOTHORACIC PHYSICIANS LLC 5855 MONROE ST SYLVANIA, OH 43560 27-0978204	EMPLOYS PHYSICIANS	OH	4,198,965	-234,568	PROMEDICA PHYSICIAN GROUP
WELLCARE PHYSICIANS LLC 5901 MONCLOVA RD MAUMEE, OH 43537 61-1528443	EMPLOYS PHYSICIANS	OH	13,074,068	1,922,268	PROMEDICA PHYSICIAN GROUP
PROMEDICA HEMATOLOGY-ONCOLOGY PHYSICIANS LLC 5855 MONROE ST SYLVANIA, OH 43560 27-1401750	EMPLOYS PHYSICIANS	OH	3,840,654	-1,884,310	PROMEDICA PHYSICIAN GROUP
PROMEDICA ENT LLC 5855 MONROE ST SYLVANIA, OH 43560 27-2404505	EMPLOYS PHYSICIANS	OH	4,469,531	-236,054	PROMEDICA PHYSICIAN GROUP
THE PHARMACY COUNTER LLC 5855 MONROE ST SYLVANIA, OH 43560 27-1325141	MEDICAL EQUIPMENT & PHARMACY	OH	31,125,890	10,494,044	PROMEDICA PHYSICIAN GROUP
WOLF CREEK ASSOCIATES LLC 901 KIMOLE LN ADRIAN, MI 49221 38-3164818	FACILITY LEASING	MI	291,307	1,162,453	EMMA L BIXBY MEDICAL CENTER
PROMEDICA MONROE CARDIOLOGY PLLC 5855 MONROE ST SYLVANIA, OH 43560 27-2920342	EMPLOYS PHYSICIANS	MI	2,180,730	264,026	PROMEDICA PHYSICIAN GROUP
ERIE WEST HOSPICE & PALLIATIVE CARE LLC 5855 MONROE ST SYLVANIA, OH 43560 20-5752995	PROVIDES HOSPICE CARE	OH	1,392,913	8,504,860	PROMEDICA PHYSICIANS AND CONTINUUM SERVICES
PROMEDICA ANESTHESIA CONSULTANTS LLC 5855 MONROE ST SYLVANIA, OH 43560 45-3251737	EMPLOYS PHYSICIANS	OH	3,073,672	1,261,011	PROMEDICA PHYSICIAN GROUP
PROMEDICA CRITICAL CARE LLC 5855 MONROE ST SYLVANIA, OH 43560 27-5165922	EMPLOYS PHYSICIANS	OH	1,568,519	103,327	PROMEDICA PHYSICIAN GROUP
PROMEDICA PHYSICIANS MANAGEMENT SERVICES LLC 5855 MONROE ST SYLVANIA, OH 43560 45-3230331	PRACTICE MANAGEMENT	OH	2,589,397	2,513,741	PROMEDICA PHYSICIAN GROUP

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

(a) Name, address, and EIN of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income ($)	(e) End-of-year assets ($)	(f) Direct Controlling Entity
PROMEDICA SURGICAL SERVICES LLC 5855 MONROE ST SYLVANIA, OH 43560 34-1899439	EMPLOYS PHYSICIANS	OH	0	0	PROMEDICA PHYSICIAN GROUP

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
BAY PARK COMMUNITY HOSPITAL 2801 BAY PARK DR OREGON, OH 43616 34-1883132	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM	Yes	
BAY PARK COMMUNITY HOSPITAL FOUNDATION 2801 BAY PARK DR OREGON, OH 43616 34-1901462	FOUNDATION	OH	501(C)(3)	11B, II	PROMEDICA HEALTH SYSTEM	Yes	
BIXBY COMMUNITY HEALTH FOUNDATION 818 RIVERSIDE AVE ADRIAN, MI 49221 38-2691494	FOUNDATION	MI	501(C)(3)	11B, II	EMMA L BIXBY MEDICAL CENTER	Yes	
CARE ENTERPRISES 5901 MONCLOVA RD MAUMEE, OH 43537 34-1366709	FACILITY LEASING	OH	501(C)(3)	11B, II	PROMEDICA HEALTH SYSTEM	Yes	
DEFIANCE HOSPITAL AUXILIARY 1200 RALSTON DEFIANCE, OH 43512 51-0173779	HOSPITAL / FOUNDATION SUPPORT	OH	501(C)(3)	11D, III-O	DEFIANCE HOSPITAL INC	Yes	
DEFIANCE HOSPITAL FOUNDATION INC 1200 RALSTON DEFIANCE, OH 43512 34-1559647	FOUNDATION	OH	501(C)(3)	11B, II	PROMEDICA HEALTH SYSTEM	Yes	
DEFIANCE HOSPITAL INC 1200 RALSTON DEFIANCE, OH 43512 34-4446484	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM	Yes	
EMMA L BIXBY MEDICAL CENTER 818 RIVERSIDE AVE ADRIAN, MI 49221 38-2796005	HOSPITAL	MI	501(C)(3)	3	PROMEDICA HEALTH SYSTEM	Yes	
EMMA L BIXBY MEDICAL CENTER AUXILIARY 818 RIVERSIDE AVE ADRIAN, MI 49221 38-2149602	HOSPITAL / FOUNDATION SUPPORT	MI	501(C)(3)	11B, II	EMMA L BIXBY MEDICAL CENTER	Yes	
FLOWER HOSPITAL 5200 HARROUN RD SYLVANIA, OH 43560 34-4428794	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM	Yes	
FLOWER HOSPITAL FOUNDATION 2142 N COVE BLVD TOLEDO, OH 43606 34-1556730	FOUNDATION	OH	501(C)(3)	7	PROMEDICA HEALTH SYSTEM	Yes	
FOSTORIA COMMUNITY HOSPITAL FOUNDATION PO BOX 907 FOSTORIA, OH 44830 34-1805993	FOUNDATION	OH	501(C)(3)	11A, I	FOSTORIA HOSPITAL ASSOCIATION	Yes	
FOSTORIA HOSPITAL ASSOCIATION PO BOX 907 FOSTORIA, OH 44830 34-0898745	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM	Yes	
FOSTORIA HOSPITAL AUXILIARY PO BOX 907 FOSTORIA, OH 44830 34-6517634	HOSPITAL / FOUNDATION SUPPORT	OH	501(C)(3)	11A, I	FOSTORIA HOSPITAL ASSOCIATION	Yes	
HERRICK MEDICAL CENTER AUXILIARY 500 E POTTAWATAMIE ST TECUMSEH, MI 49286 38-3076105	HOSPITAL / FOUNDATION SUPPORT	MI	501(C)(3)	11B, II	HERRICK MEMORIAL HOSPITAL INC	Yes	
HERRICK MEDICAL CENTER FOUNDATION 500 E POTTAWATAMIE ST TECUMSEH, MI 49286 38-3076106	FOUNDATION	MI	501(C)(3)	11B, II	HERRICK MEMORIAL HOSPITAL INC	Yes	
HERRICK MEMORIAL HOSPITAL INC 500 E POTTAWATAMIE ST TECUMSEH, MI 49286 38-3049015	HOSPITAL	MI	501(C)(3)	3	PROMEDICA HEALTH SYSTEM	Yes	
LENAWEE LONG TERM CARE 700 LAKESHORE TR ADRIAN, MI 49221 38-2879330	LONG TERM CARE	MI	501(C)(3)	9	EMMA L BIXBY MEDICAL CENTER	Yes	
PROMEDICA CONTINUING CARE SERVICES CORP 5855 MONROE ST SYLVANIA, OH 43560 34-4492440	LONG TERM AND HOME HEALTH CARE	OH	501(C)(3)	9	PROMEDICA PHYSICIANS & CONTINUUM SERVICES	Yes	
PROMEDICA CONTINUING CARE SERVICES CORP FOUNDATION 5855 MONROE ST SYLVANIA, OH 43560 34-1901457	FOUNDATION	OH	501(C)(3)	11B, II	PROMEDICA HEALTH SYSTEM	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
PROMEDICA COURIER SERVICES INC 3170 W CENTRAL AVE TOLEDO, OH 43606 26-0324790	COURIER SERVICE	OH	501(C)(3)	11B, II	PROMEDICA PHYSICIANS & CONTINUUM SERVICES	Yes	
PHS VENTURES FKA BVPH VENTURES INC 1801 RICHARDS RD TOLEDO, OH 43607 34-1880473	HEALTH CARE MANAGEMENT SERVICES	OH	501(C)(3)	11C, III-FI	PROMEDICA HEALTH SYSTEM	Yes	
ACADEMIC HEALTH CENTER CORPORATION 2142 N COVE BLVD TOLEDO, OH 43606 34-1887062	MEDICAL EDUCATION & RESEARCH	OH	501(C)(3)	11B, II	PROMEDICA HEALTH SYSTEM	Yes	
PROMEDICA INDEMNITY CORP ONE CHURCH ST 5TH FLOOR BURLINGTON, VT 05401 34-1931936	PROFESSIONAL & GENERAL LIABILITY	VT	501(C)(3)	11B, II	PROMEDICA HEALTH SYSTEM	Yes	
PROMEDICA NORTH REGION INC 818 RIVERSIDE AVE ADRIAN, MI 49221 38-3307345	MANAGES DELIVERY OF HEALTH SYSTEM	MI	501(C)(3)	11B, II	PROMEDICA HEALTH SYSTEM	Yes	
PROMEDICA PHYSICIANS & CONTINUUM SERVICES 5855 MONROE ST SYLVANIA, OH 43560 34-1880767	MANAGES PHYSICIAN SERVICES	OH	501(C)(3)	11C, III-FI	PROMEDICA HEALTH SYSTEM	Yes	
PROMEDICA PHYSICIAN GROUP 5855 MONROE ST SYLVANIA, OH 43560 34-1899439	PHYSICIAN HEALTH CARE SERVICES	OH	501(C)(3)	9	PROMEDICA PHYSICIANS & CONTINUUM SERVICES	Yes	
ST LUKE'S HOSPITAL 5901 MONCLOVA RD MAUMEE, OH 43537 34-4428232	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM	Yes	
ST LUKE'S HOSPITAL FOUNDATION 5901 MONCLOVA RD MAUMEE, OH 43537 34-1292849	FOUNDATION	OH	501(C)(3)	11B, II	PROMEDICA HEALTH SYSTEM	Yes	
THE TOLEDO HOSPITAL 2142 N COVE BLVD TOLEDO, OH 43606 34-4428256	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM	Yes	
PROMEDICA FOUNDATION 2142 N COVE BLVD TOLEDO, OH 43606 34-1517672	FOUNDATION	OH	501(C)(3)	11B, II	PROMEDICA HEALTH SYSTEM	Yes	
TOLEDO CHILDREN'S HOSPITAL FOUNDATION 2142 N COVE BLVD TOLEDO, OH 43606 34-1901463	FOUNDATION	OH	501(C)(3)	11B, II	PROMEDICA HEALTH SYSTEM	Yes	
TOLEDO DISTRICT NURSE ASSOCIATION 1946 N 13TH STREET TOLEDO, OH 43624 34-4427949	SKILLED HOME CARE	OH	501(C)(3)	7	PROMEDICA PHYSICIANS & CONTINUUM SERVICES	Yes	
VISITING NURSE HOSPICE AND HEALTH CARE 383 W DUSSEL DRIVE MAUMEE, OH 43537 34-1831624	HOSPICE HOME CARE	OH	501(C)(3)	9	PROMEDICA PHYSICIANS & CONTINUUM SERVICES	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Percentage ownership
CARE HOLDINGS 5901 MONCLOVA RD MAUMEE, OH 43537 34-1796790	HOLDING COMPANY	OH	PROMEDICA HEALTH SYSTEM	C			100 000 %
CENTRAL REGION PROPERTIES INC 2142 N COVE BLVD TOLEDO, OH 43606 34-1059809	FACILITY LEASING	OH	THE TOLEDO HOSPITAL	C	-367,000		100 000 %
HERRICK MEMORIAL DEVELOPMENT CORP 500 E POTTAWATAMIE TR ADRIAN, MI 49221 38-3146907	FACILITY LEASING	MI	EMMA L BIXBY MEDICAL CENTER	C	1,221	563,401	100 000 %
LHA PHYSICIAN SERVICES CORPORATION 818 RIVERSIDE AVE ADRIAN, MI 49221 61-1451576	PHYSICIAN BILLING	MI	EMMA L BIXBY MEDICAL CENTER	C	-93,594	275,288	100 000 %
PHYSICIANS ADVANTAGE MSO 5901 MONCLOVA RD MAUMEE, OH 43537 06-1811760	PHYSICIAN MANAGEMENT SERVICES	OH	PROMEDICA HEALTH SYSTEM	C	-3,162	25,787	100 000 %
PROMEDICA CENTRAL CORPORATION OF MI INC 5855 MONROE ST SYLVANIA, OH 43560 38-3322278	PHYSICIAN HEALTH CARE SERVICES	OH	PROMEDICA PHYSICIAN GROUP	C	-774,889	7,118,533	100 000 %
PROMEDICA FOUNDATION 1801 RICHARDS RD TOLEDO, OH 43607 34-1901465	FOUNDATION	OH	PROMEDICA HEALTH SYSTEM	C			100 000 %
PROMEDICA HEALTH EDUCATION & RESEARCH FOUNDATION 2142 N COVE BLVD TOLEDO, OH 43606 34-1930876	FOUNDATION	OH	PROMEDICA HEALTH SYSTEM	C			100 000 %
PROMEDICA INSURANCE CORP INC AND SUBSIDIARIES 1901 INDIAN WOOD CIR MAUMEE, OH 43537 34-1570675	HEALTH CARE INSURANCE	OH	PROMEDICA HEALTH SYSTEM	C	26,798,000	258,924,000	100 000 %
PROMEDICA NORTH PHYSICIAN CORPORATION 5855 MONROE ST SYLVANIA, OH 43560 38-3482148	PHYSICIAN HEALTH CARE SERVICES	OH	PROMEDICA PHYSICIAN GROUP	C		203,340	100 000 %
PROMEDICA PHYSICIAN HOSPITAL ORGANIZATION 5855 MONROE ST SYLVANIA, OH 43560 34-1887065	PHYSICIAN MANAGEMENT SERVICES	OH	PROMEDICA PHYSICIANS AND CONTINUUM SERVICES	C		404,501	100 000 %
PROMEDICA RETAIL GROUP INC 3890 MONROE ST TOLEDO, OH 43606 34-1159928	FLORIST	OH	PROMEDICA PHYSICIANS AND CONTINUUM SERVICES	C	5,045	1,195,233	100 000 %
TOLEDO HOSPITAL LOCAL PROVIDER UNIT 2142 N COVE BLVD TOLEDO, OH 43606 34-1586739	PHYSICIAN SERVICES	OH	THE TOLEDO HOSPITAL	C			100 000 %

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	ST LUKE'S HOSPITAL	B	10,000,000	FMV
(2)	PROMEDICA FOUNDATION	B	85,670	FMV
(3)	DEFIANCE HOSPITAL INC	C	1,500,000	FMV
(4)	FOSTORIA HOSPITAL ASSOCIATION	C	500,000	FMV
(5)	BAY PARK COMMUNITY HOSPITAL	C	1,000,000	FMV
(6)	EMMA L BIXBY MEDICAL CENTER	C	1,502,000	FMV
(7)	HERRICK MEMORIAL HOSPITAL INC	C	1,500,000	FMV
(8)	THE TOLEDO HOSPITAL	C	16,000,000	FMV
(9)	FLOWER HOSPITAL	C	7,000,000	FMV
(10)	PROMEDICA FOUNDATION	C	95,251	FMV
(11)	THE TOLEDO HOSPITAL	J	1,515,396	FMV
(12)	THE TOLEDO HOSPITAL	N	379,816	FMV
(13)	DEFIANCE HOSPITAL INC	N	82,041	FMV
(14)	THE TOLEDO HOSPITAL	O	8,821,433	FMV
(15)	FLOWER HOSPITAL	O	56,271	FMV
(16)	ST LUKE'S HOSPITAL	O	320,027	FMV
(17)	PROMEDICA INDEMNITY CORPORATION	O	11,334,216	FMV
(18)	DEFIANCE HOSPITAL INC	P	6,717,850	FMV
(19)	FOSTORIA HOSPITAL ASSOCIATION	P	5,032,747	FMV
(20)	BAY PARK COMMUNITY HOSPITAL	P	10,445,979	FMV

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(21)	EMMA L BIXBY MEDICAL CENTER	P	11,278,370	FMV
(22)	HERRICK MEMORIAL HOSPITAL INC	P	138,530	FMV
(23)	THE TOLEDO HOSPITAL	P	74,265,578	FMV
(24)	FLOWER HOSPITAL	P	21,715,140	FMV
(25)	ST LUKE'S HOSPITAL	P	3,632,515	FMV
(26)	PROMEDICA CONTINUING CARE SERVICES CORPORATION	P	7,758,335	FMV
(27)	LENAWEE LONG TERM CARE	P	552,316	FMV
(28)	PROMEDICA NORTH REGION INC	P	3,920,235	FMV
(29)	PROMEDICA INDEMNITY CORPORATION	P	555,964	FMV
(30)	PROMEDICA FOUNDATION	P	376,110	FMV
(31)	BIXBY COMMUNITY HEALTH FOUNDATION	P	76,341	FMV
(32)	PROMEDICA PHYSICIANS & CONTINUUM SERVICES	P	14,159,367	FMV
(33)	PROMEDICA INSURANCE CORP INC & SUBSIDIARIES	P	18,318,862	FMV

Additional Data

Software ID:
Software Version:
EIN: 34-1517671
Name: PROMEDICA HEALTH SYSTEM INC

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

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) BAY PARK COMMUNITY HOSPITAL	341883132	3		No	Yes		Yes		0
(B) DEFIANCE HOSPITAL INC	344446484	3		No	Yes		Yes		0
(C) EMMA L BIXBY MEDICAL CENTER	382796005	3		No	Yes		Yes		0
(D) FLOWER HOSPITAL	344428794	3		No	Yes		Yes		0
(E) FOSTORIA HOSPITAL ASSOCIATION	340898745	3		No	Yes		Yes		0
(F) HERRICK MEMORIAL HOSPITAL INC	383049015	3		No	Yes		Yes		0
(G) LENAWEE LONG TERM CARE	382879330	9		No	Yes		Yes		0
(H) PROMEDICA CONTINUING CARE SERVICES CORP	344492440	9		No	Yes		Yes		0
(I) PROMEDICA PHYSICIAN GROUP	341899439	9		No	Yes		Yes		0
(J) ST LUKE'S HOSPITAL	344428232	3		No	Yes		Yes		10000000
(K) THE TOLEDO HOSPITAL	344428256	3		No	Yes		Yes		0
(L) TOLEDO DISTRICT NURSE ASSOCIATION	344427949	7		No	Yes		Yes		0
(M) VISITING NURSE HOSPICE & HEALTH CARE	341831624	9		No	Yes		Yes		0

Additional Data

Software ID:
Software Version:
EIN: 34-1517671
Name: PROMEDICA HEALTH SYSTEM INC

Form 990, Special Condition Description:

Special Condition Description

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SR ROSEMARY ABRAMOVICH OP TRUSTEE	1 00	X						25,000	0	0
BRUCE BARNETT MD TRUSTEE	1 00	X						0	476,598	5,391
PAUL BERLACHER TRUSTEE	1 00	X						0	723,212	66,232
EMMETT BOYLE JR MD EX OFFICIO	1 00	X						0	0	0
ELIZABETH BRADY TRUSTEE	1 00	X						0	0	0
ROBERT CHIRDON EX OFFICIO	1 00	X						0	0	0
PARISS COLEMAN II TRUSTEE	1 00	X						0	0	0
ROBERT DEROSA MD TRUSTEE	1 00	X						0	829,186	18,541
H LEE DUNN JR EX OFFICIO	1 00	X						0	0	0
FRANK DUVAL EX OFFICIO	1 00	X						0	0	0
PETER DZIAD MD TRUSTEE	1 00	X						0	451,935	17,793
DANIEL FARRELL JR TRUSTEE	1 00	X						0	0	0
DAVID HICKMAN EX OFFICIO	1 00	X						0	0	0
THOMAS HOUSTON MD TRUSTEE	1 00	X						0	510,075	16,425
LLOYD JACOBS MD TRUSTEE	1 00	X						0	0	0
ROBERT LACLAIR EX OFFICIO	1 00	X						0	0	0
RITA MANSOUR EX OFFICIO	1 00	X						0	0	0
DONALD MENNEL TRUSTEE	1 00	X						0	0	0
SAMANTHA MUCHA TRUSTEE	1 00	X						0	494,591	22,037
JAMES MURRAY EX OFFICIO	1 00	X						0	0	0
JOSEPH NAPOLI EX OFFICIO	1 00	X						0	0	0
ARTHUR PURINTON II TRUSTEE	1 00	X						0	0	0
MARNA RAMNATH TRUSTEE	1 00	X						0	0	0
CLAUDE ROWLEY TRUSTEE	1 00	X						0	0	0
DAVID SNAVELY EX OFFICIO	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHRIS THORNBERRY TRUSTEE	1 00	X						0	0	0
RANDALL OOSTRA PRESIDENT/EX OFFICIO	40 00	X		X				1,284,749	0	261,966
LARRY PETERSON CHAIRPERSON/EX OFFICIO	1 00	X		X				0	0	0
STEPHEN STAELIN V-CHAIRPERSON/EX OFFICIO	1 00	X		X				0	0	0
KATHLEEN HANLEY TREASURER	40 00			X				668,729	0	106,672
JEFFREY KUHN SECRETARY	40 00			X				514,238	0	70,870
GARY AKENBERGER SR VP FINANCE	40 00				X			341,951	0	71,630
KENNETH ARMSTRONG SR VP INFO SYSTEMS	40 00				X			204,453	0	54,436
KATHLEEN CARLSON ASSOC CMO & SR VP CI	40 00				X			392,662	0	15,000
THOMAS DELLA-FLORA VP INFO SVCS	40 00				X			202,684	0	52,793
ROBERT FREDRICK ASSOC CMO & SR VP AA	40 00				X			442,049	0	70,565
LEE HAMMERLING MD CMP & PRES PPG	40 00				X			719,108	0	89,915
A DAVID JAMES CHIEF QUALITY OFFICER	40 00				X			340,093	0	27,189
JEFFREY KELLER VP HR OPS	40 00				X			235,390	0	50,041
STEPHEN MOONEY PRES PROMEDICA HEALTH NW	40 00				X			430,521	0	49,906
SUSAN PAYDEN VP TREASURY	40 00				X			211,709	0	57,331
BARBARA PETEE CHIEF COMM OFFICER	40 00				X			312,899	0	68,986
ARTURO POLIZZI CHIEF HR OFFICER	40 00				X			307,260	0	66,639
JOHN RANDOLPH PRES PIC & CHIEF CS	40 00				X			612,029	0	98,433
ROBERT REITER ASSOC CMO	40 00				X			304,474	0	29,360
GLADEEN ROBERTS PRES NURSING CTR	40 00				X			413,884	0	62,271
SHEILA SCHWARTZ CHIEF PHILANTHROPIC	40 00				X			336,784	0	53,941
DAVID SELMAN CHIEF INFO & TECH	40 00				X			443,766	0	71,752
BARBARA STEELE PRES ACUTE CARE	40 00				X			1,217,274	0	93,122
RONALD WACHSMAN SR VP MANAGED CARE	40 00				X			291,084	0	65,092

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KEVIN WEBB PRES TTH & TCH, COO PHVI	40 00				X			484,095	0	64,786
NEERAJ KANWAL VP MEDICAL AFFAIRS	40 00					X		367,802	0	51,834
ALAN SATTLER PRES FH	40 00					X		346,300	0	67,281
LORI JOHNSTON SR VP FIN & OPS , SLH	40 00					X		325,525	0	58,034
TIMOTHY JAKACKI PRES BH & HH	40 00					X		322,448	0	70,163
GARY CATES PRES DH	40 00					X		309,389	0	46,693
ALAN BRASS FORMER CEO EMERITUS	0 00						X	742,811	0	0
ALBERT BIANCO FORMER KEY EMPLOYEE	0 00						X	228,868	0	1,105
MARTIN DANSACK FORMER KEY EMPLOYEE	40 00						X	192,461	0	44,754
JOHN HORNS FORMER KEY EMPLOYEE	0 00						X	523,583	0	2,605
CHARLES MCDOWELL FORMER KEY EMPLOYEE	0 00						X	593,245	0	1,665
JOHN MEIER FORMER KEY EMPLOYEE	0 00						X	263,378	0	64,664
RANDALL SCHIMMOELLER FORMER KEY EMPLOYEE	0 00						X	295,373	0	43,231
CYNTHIA SCHRIEFER FORMER KEY EMPLOYEE	40 00						X	200,280	0	58,528