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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
THE TOLEDO HOSPITAL

Doing Business As
PROMEDICA TOLEDO HOSPITAL

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

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

D Employer identification number
34-4428256

E Telephone number
(419) 291-4000

G Gross receipts $ 1,648,984,225

F Name and address of principal officer
KEVIN C WEBB
2142 N COVE BLVD
TOLEDO, OH 43606

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

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

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 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 1907 | **M** State of legal domicile OH

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	5,621
6	Total number of volunteers (estimate if necessary)	**6**	826
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	5,207,558
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	2,236,110

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	5,923,883	6,078,037
9	Program service revenue (Part VIII, line 2g)	625,281,474	667,074,296
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,787,855	18,180,884
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,622,700	19,988,167
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	673,615,912	711,321,384
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	26,360,534	33,422,090
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)	255,868,326	306,969,933
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)	370,061,087	366,831,920
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	652,289,947	707,223,943
19	Revenue less expenses Subtract line 18 from line 12	21,325,965	4,097,441

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	1,225,415,157	1,347,893,540
21	Total liabilities (Part X, line 26)	562,090,638	715,731,470
22	Net assets or fund balances Subtract line 21 from line 20	663,324,519	632,162,070

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 2012-11-12

▶ KEVIN C WEBB PRESIDENT
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

AS AN INTEGRAL PART OF THE PROMEDICA HEALTH SYSTEM, WE ARE A VALUABLE COMMUNITY RESOURCE PROVIDING COMPREHENSIVE HEALTH SERVICES WITH EXPERTISE AND COMPASSION AND IMPROVING THE HEALTH OF THOSE WE SERVE THROUGH PREVENTION, EDUCATION AND SUPERIOR SERVICE

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the 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 $ 515,192,073 including grants of $ 33,422,090) (Revenue $ 652,146,836)

THE TOLEDO HOSPITAL IS AN ACUTE CARE FACILITY PROVIDING INPATIENT AND OUTPATIENT HEALTH CARE SERVICES TO THE GENERAL PUBLIC - SEE SCHEDULE O

4b (Code) (Expenses $ 32,116,011 including grants of $) (Revenue $)

CONSISTENT WITH OUR MISSION, THE TOLEDO HOSPITAL PROVIDES A SIGNIFICANT AMOUNT OF FINANCIAL ASSISTANCE TO PATIENTS WITH LIMITED OR NO ABILITY TO PAY - SEE SCHEDULE O

4c (Code) (Expenses $ 48,315,450 including grants of $) (Revenue $ 21,796,614)

CONSISTENT WITH OUR MISSION, THE TOLEDO HOSPITAL PROVIDES A SIGNIFICANT AMOUNT OF COMMUNITY BENEFIT INCLUDING COMMUNITY HEALTH IMPROVEMENT SERVICES, SUBSIDIZED HEALTH SERVICES, MEDICAL EDUCATION, RESEARCH, AND CASH AND IN-KIND CONTRIBUTIONS - SEE SCHEDULE O

(Code) (Expenses $ 1,756,699 including grants of $) (Revenue $ 1,865,698)

OPERATES A HEALTH CLUB FACILITY

4d Other program services (Describe in Schedule O)

(Expenses $ 1,756,699 including grants of $) (Revenue $ 1,865,698)

4e **Total program service expenses** ▶ $ 597,380,233

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	Yes	
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	Yes	
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		No
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	Yes	
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	Yes	
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	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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**	406		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	5,621			
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	23		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14		
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 Yes	
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	Yes	
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	Yes	
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		No
b	Other officers or key employees of the organization	15b		No
	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	Yes	
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		No

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you 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 ▶

ANNE ROSPO
5901 MONCLOVA RD
MAUMEE, OH 43537
(419) 891-8504

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)**								1,307,771	6,636,242	1,061,874

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 ▶ 95

			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
LATHROP CO 460 W DUSSEL DR MAUMEE, OH 43537	GENERAL CONTRACTOR	13,364,549
CROTHALL LAUNDRY SERVICES 13028 COLLECTIONS CENTER DR CHICAGO, IL 60693	LINEN SERVICE	5,209,052
BOSTLEMAN CORP 7142 NIGHTINGALE LN HOLLAND, OH 43528	CONSTRUCTION	4,068,880
METRO AVIATION PO BOX 7008 SHREVEPORT, LA 71137	AVIATION SERVICE	3,681,025
ANESTHESIOLOGY CONSULTANTS OF TOLEDO IN 2914 S REPUBLIC BLVD TOLEDO, OH 43615	ANESTHESIOLOGY PHYSICIANS	3,556,145

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 ▶ 57

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	4,194,827			
	e	Government grants (contributions)	1e	1,107,790			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	775,420			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		6,078,037			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERV REV	622110	660,504,176	655,987,232	4,516,944	
	b	RENT REV FROM AFFIL	531120	5,303,585			5,303,585
	c	MEMBERSHIP REVENUE	713940	1,266,535	1,266,535		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		667,074,296			
	3	Investment income (including dividends, interest and other similar amounts)		2,559,245			2,559,245
	4	Income from investment of tax-exempt bond proceeds		160,954			160,954
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross rents	3,207,489				
	b	Less rental expenses	2,587,228				
	c	Rental income or (loss)	620,261				
	d	Net rental income or (loss)		620,261		55,843	564,418
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	949,706,961 / 178,070				
	b	Less cost or other basis and sales expenses	934,397,455 / 26,891				
	c	Gain or (loss)	15,309,506 / 151,179				
	d	Net gain or (loss)		15,460,685			15,460,685
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 829,021				
	b	Less cost of goods sold	b 651,267				
	c	Net income or (loss) from sales of inventory		177,754			177,754
		Miscellaneous Revenue	Business Code				
	11a	PHARMACY	622110	14,155,019	13,986,150	168,869	
	b	DIETARY AND OTHER	722212	4,575,784	4,569,231	6,553	
	c	SECTION 337(D) GAIN	900099	459,349		459,349	
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		19,190,152			
	12	**Total revenue.** See Instructions		711,321,384	675,809,148	5,207,558	24,226,641

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	33,422,090	33,422,090		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
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	34,160	22,160	12,000	
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	243,003,429	170,833,265	72,170,164	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,955,100	6,928,689	2,026,411	
9	Other employee benefits	36,589,015	25,722,078	10,866,937	
10	Payroll taxes	18,388,229	12,926,924	5,461,305	
11	Fees for services (non-employees)				
a	Management	124,276	124,276		
b	Legal	1,401,375	1,401,375		
c	Accounting	648,492		648,492	
d	Lobbying	25,571		25,571	
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	824,559	824,559		
g	Other	54,437,873	45,879,339	8,558,534	
12	Advertising and promotion	1,951,097	1,560,878	390,219	
13	Office expenses	4,887,876	4,887,876		
14	Information technology	8,881,307	8,881,307		
15	Royalties . .				
16	Occupancy	10,850,053	8,680,044	2,170,009	
17	Travel	1,017,705	746,181	271,524	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	13,905,480	13,905,480		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	37,233,850	37,233,850		
23	Insurance	7,947,525	6,358,020	1,589,505	
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	MEDICAL SUPPLIES	92,900,537	92,900,537	0	0
b	DRUGS	47,513,739	47,513,739	0	0
c	BAD DEBT EXPENSE	31,235,829	31,235,829	0	0
d	INTERCOMPANY SERVICES	26,786,697	25,123,938	1,662,759	0
e					
f	All other expenses	24,258,079	20,267,799	3,990,280	
25	**Total functional expenses.** Add lines 1 through 24f	707,223,943	597,380,233	109,843,710	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		11,082,074	1	6,717,948
	2	Savings and temporary cash investments		21,902,453	2	17,225,350
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		98,062,727	4	115,282,759
	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		9,063,301	8	9,147,206
	9	Prepaid expenses and deferred charges		1,345,394	9	1,404,668
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 815,824,195			
	b	Less accumulated depreciation	10b 463,716,680	297,992,762	10c	352,107,515
	11	Investments—publicly traded securities		392,227,015	11	370,384,245
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		10,153,570	14	11,104,173
	15	Other assets See Part IV, line 11		383,585,861	15	464,519,676
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,225,415,157	16	1,347,893,540
Liabilities	17	Accounts payable and accrued expenses		81,570,437	17	91,576,722
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		420,926,668	20	546,069,310
	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		3,300,000	23	5,784,743
	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		56,293,533	25	72,300,695
	26	**Total liabilities.** Add lines 17 through 25		562,090,638	26	715,731,470
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		499,902,256	27	473,190,931
	28	Temporarily restricted net assets		153,359,870	28	149,548,509
	29	Permanently restricted net assets		10,062,393	29	9,422,630
		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		663,324,519	33	632,162,070
	34	Total liabilities and net assets/fund balances		1,225,415,157	34	1,347,893,540

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	711,321,384
2	Total expenses (must equal Part IX, column (A), line 25)	2	707,223,943
3	Revenue less expenses Subtract line 2 from line 1	3	4,097,441
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	663,324,519
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-35,259,890
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	632,162,070

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	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE TOLEDO HOSPITAL

Employer identification number
34-4428256

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

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

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

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

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

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

_____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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 C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**

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

OMB No 1545-0047

2011

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
THE TOLEDO HOSPITAL	34-4428256

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

1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		25,571
j	Total lines 1c through 1i			25,571
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	THE TOLEDO HOSPITAL PAYS DUES TO THE AMERICAN HOSPITAL ASSOCIATION AND THE OHIO HOSPITAL ASSOCIATION - A PORTION OF WHICH IS ALLOCABLE TO LOBBYING ACTIVITIES BY THE ASSOCIATIONS

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 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
THE TOLEDO HOSPITAL

Employer identification number
34-4428256

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

		(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	10,062,393	9,516,977	8,315,521	11,136,115	
b	Contributions		1,800		50,000	
c	Investment earnings or losses	-639,763	543,616	1,201,456	-2,870,094	
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses				500	
g	End of year balance	9,422,630	10,062,393	9,516,977	8,315,521	

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 100 000 %
- c Term endowment ▶ 0 %

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

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	11,556,355	57,751,549		69,307,904
b Buildings		466,335,766	270,267,293	196,068,473
c Leasehold improvements		6,967,084	6,830,915	136,169
d Equipment		236,475,935	172,721,513	63,754,422
e Other		36,737,506	13,896,959	22,840,547
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				352,107,515

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		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

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

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	1,311,294
(2) RESTRICTED FUNDS	158,902,509
(3) BOND INDENTURE AGREEMENT	104,542,768
(4) OTHER SEGREGATED INVESTMENTS	8,676,182
(5) DEFERRED BOND ISSUE COSTS	3,596,758
(6) INVESTMENTS IN AFFILIATES AND OTHER	7,350,775
(7) INTERCOMPANY DEBT FROM RELATED ENTITIES	180,139,390
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	464,519,676

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO AFFILIATES	12,827,756
ESTIMATED THIRD PARTY SETTLEMENT	25,139,873
DEFERRED COMPENSATION	8,491,355
INTEREST RATE SWAP	17,590,593
ASBESTOS REMEDIATION	7,454,000
CAPITAL LEASES	52,567
DEFERRED INCOME TAXES AND OTHER	744,551
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	72,300,695

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 INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ENDOWMENT FUNDS ARE INVESTED TO GENERATE INCOME TO BE USED TO SUPPORT THE TOLEDO HOSPITAL CONSISTENT WITH DONOR INTENT
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE TOLEDO HOSPITAL 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 THE TOLEDO HOSPITAL DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2011 AND 2010

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE TOLEDO HOSPITAL

Employer identification number
34-4428256

Part I Charity Care and Certain Other Community Benefits at Cost

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheet 1)			14,168,092		14,168,092	2 100 %
b Medicaid (from Worksheet 3, column a)			101,870,900	84,447,277	17,423,623	2 580 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			826,740	302,444	524,296	0 080 %
d **Total** Charity Care and Means-Tested Government Programs			116,865,732	84,749,721	32,116,011	4 760 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			5,871,243	371,235	5,500,008	0 810 %
f Health professions education (from Worksheet 5)			15,960,548	10,604,244	5,356,304	0 790 %
g Subsidized health services (from Worksheet 6)			25,407,447	10,821,135	14,586,312	2 160 %
h Research (from Worksheet 7)			1,018,177		1,018,177	0 150 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			58,035		58,035	0 010 %
j **Total** Other Benefits			48,315,450	21,796,614	26,518,836	3 920 %
k **Total.** Add lines 7d and 7j			165,181,182	106,546,335	58,634,847	8 680 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense	2	31,235,829		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3	3,298,128		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	116,637,272		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	126,764,826		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-10,127,554		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures (see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1 1 PROMEDICA CARDIOVASCULAR CO-MANAGEMENT CO LLC	PHYSICIAN SERVICES	31 990 %		57 840 %
2 2 PROMEDICA ORTHOPEDIC CO-MANAGEMENT CO LLC	PHYSICIAN SERVICES	27 470 %		56 040 %
3 3 REYNOLDS ROAD SURGICAL CENTER LLC	SURGICAL CENTER	64 960 %		34 320 %
4 4 PARKWAY SURGERY CENTER LTD	SURGICAL CENTER	45 450 %		49 490 %
5 5 NORTHWEST OHIO DEDICATED BREAST MRI LLC	MEDICAL DIAGNOSTIC	50 000 %	1 850 %	48 150 %
6 6 WEST CENTRAL SURGICAL CENTER LLC	SURGICAL CENTER	50 000 %		50 000 %
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 2

	Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
1	THE TOLEDO HOSPITAL 2142 NORTH COVE BLVD TOLEDO,OH 43606	X	X	X	X		X	X		
2	WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL 2901 N REYNOLDS RD TOLEDO,OH 43615	X	X							

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

THE TOLEDO HOSPITAL

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☐ Asset level			
	c ☐ Medical indigency			
	d ☐ Insurance status			
	e ☐ Uninsured discount			
	f ☐ Medicaid/Medicare			
	g ☐ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
	b ☑ The policy was attached to all billing invoices			
	c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☐ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☐ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☑ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 2

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
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8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
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If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☐ Asset level			
	c ☐ Medical indigency			
	d ☐ Insurance status			
	e ☐ Uninsured discount			
	f ☐ Medicaid/Medicare			
	g ☐ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
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	c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☐ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☐ Other (describe in Part VI)			

Billing and Collections

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	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
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	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
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	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☑ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? **43**

	Name and address	Type of Facility (Describe)
1	See Additional Data Table	
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B

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

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

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

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		PART I, LINE 6A THE TOLEDO HOSPITAL REPORTS COMMUNITY BENEFIT INFORMATION AS PART OF THE PROMEDICA HEALTH SYSTEM, INC ANNUAL COMMUNITY BENEFIT REPORT

Identifier	ReturnReference	Explanation
		PART I, LINE 7 THE TOLEDO HOSPITAL CALCULATED THE COST OF CHARITY CARE AND MEANS-TESTED GOVERNMENT PROGRAMS, USING THE COST-TO-CHARGE RATIO DERIVED FROM SCHEDULE H, WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES OTHER BENEFITS AMOUNTS REPORTED ON LINE 7 WERE CALCULATED USING COSTS CHARGED DIRECTLY TO THE INDIVIDUAL PROGRAMS VIA THE FINANCIAL ACCOUNTING SYSTEM AN INDIRECT COST ALLOCATION FACTOR FOR SHARED SERVICES IS ALSO CALCULATED AND INCLUDED IN APPLICABLE PROGRAMS LISTED IN OTHER BENEFITS

Identifier	ReturnReference	Explanation
		PART I, LINE 7G SUBSIDIZED HEALTH SERVICES INCLUDES NET COMMUNITY BENEFIT OF $811,800 ATTRIBUTABLE TO AN OUTPATIENT CLINIC

Identifier	ReturnReference	Explanation
		PART I, L7 COL(F) THE TOLEDO HOSPITAL INCLUDED $31,235,829 OF BAD DEBT EXPENSE ON FORM 990, PART IX, LINE 25, BUT SUBTRACTED THIS BAD DEBT EXPENSE FOR PURPOSES OF CALCULATING THE AMOUNT REPORTED ON LINE 7, COLUMN(F)

Identifier	ReturnReference	Explanation
		PART III, LINE 4 THE TOLEDO HOSPITAL'S ANALYSIS AND ASSESSMENT OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND RELATED BAD DEBT EXPENSE USES A RECEIPTS "LOOK-BACK" METHOD UTILIZING HISTORICAL PAYMENT DATA ON ACCOUNTS, INCLUDING CONTRACTUAL ADJUSTMENTS FOR PAYER DISCOUNTS, AS WELL AS PATIENT PAYMENTS, SUCH AS CO-PAYS AND DEDUCTIBLES, TO ESTABLISH ANTICIPATED COLLECTABILITY RATES FOR AGED ACCOUNTS RECEIVABLE WITHIN EACH PAYER CATEGORY THE TOLEDO HOSPITAL ESTIMATED THE POSSIBLE AMOUNT OF CHARITY CARE WITHIN BAD DEBT EXPENSE BY REVIEWING ACCOUNTS THAT WERE INTERNALLY CODED AS HAVING BEEN PROVIDED A FINANCIAL ASSISTANCE APPLICATION, BUT THAT WAS NOT COMPLETED BY THE PATIENT OR GUARANTOR, IN WHICH THE ACCOUNT WAS SUBSEQUENTLY WRITTEN OFF TO BAD DEBT THE FOLLOWING NARRATIVE ADDRESSING THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IS INCLUDED IN THE FOOTNOTES TO THE FINANCIAL STATEMENTS FOR PROMEDICA HEALTH SYSTEM AND SUBSIDIARIES (SYSTEM) - THE SYSTEM MAINTAINS AN ALLOWANCE FOR LOSSES BASED ON THE EXPECTED COLLECTABILITY OF PATIENT ACCOUNTS RECEIVABLE - THE SYSTEM ASSESSES COLLECTABILITY OF ACCOUNTS RECEIVABLE BASED ON HISTORICAL AND CURRENT COLLECTION EXPERIENCE, AS WELL AS CURRENT PAYER MIX AND ACCOUNTS RECEIVABLE AGING TRENDS

Identifier	ReturnReference	Explanation
		PART III, LINE 8 MEDICARE SHORTFALL, WHICH IS THE EXCESS OF COSTS TO TREAT MEDICARE PATIENTS OVER THE REIMBURSEMENT RECEIVED FROM THE FEDERAL GOVERNMENT, SHOULD BE TREATED AS COMMUNITY BENEFIT FOR THE FOLLOWING REASONS - THE MEDICARE SHORTFALL REPRESENTS THE RELIEF OF A FINANCIAL BURDEN THAT WOULD OTHERWISE BE BORNE BY A GOVERNMENT PROGRAM - THE MEDICARE SHORTFALL REPRESENTS A SOCIETAL BENEFIT INSOFAR AS MANY OF THE PROGRAMS AND SERVICES WOULD NOT BE PROVIDED TO THE COMMUNITY IF THE DECISION TO PROVIDE SUCH SERVICES WAS MADE ON A FINANCIAL BASIS - MEDICARE IS A SOCIETAL BENEFIT, MANDATED BY THE FEDERAL GOVERNMENT, FOR THOSE WHO WOULD OTHERWISE BE UNINSURED AFTER AGING OUT OF TRADITIONAL MEANS OF HEALTH INSURANCE, SUCH AS THAT PROVIDED BY AN EMPLOYER - MEDICARE IS NOT A TRUE MARKET PAYER, AS COMPARED TO COMMERCIAL PAYERS, WHEREBY REIMBURSEMENT RATES CAN BE NEGOTIATED AND ADJUSTED IN ORDER TO REDUCE INCURRED LOSSES THE TOLEDO HOSPITAL USED THE MEDICARE ALLOWABLE COSTS PER ITS 2011 AS-FILED MEDICARE COST REPORTS, LESS ANY ADJUSTMENTS FOR SUBSIDIZED HEALTH SERVICES AND HEALTH PROFESSIONS EDUCATION, IF NECESSARY ALLOWABLE COSTS ARE CALCULATED BY ALLOCATING TOTAL FACILITY COSTS TO REVENUE GENERATING UNITS WITHIN THE HOSPITAL THE MEDICARE COST REPORT DOES NOT REFLECT ALL OF THE COSTS ASSOCIATED WITH MEDICARE PROGRAMS, SUCH AS SERVICES AND CLINICS

Identifier	ReturnReference	Explanation
		PART III, LINE 9B FINANCIAL ASSISTANCE DISCOUNTS ARE GRANTED FOR MEDICALLY NECESSARY SERVICES WHEN IT IS DETERMINED THAT THE PATIENT AND FAMILY INCOME MEETS THE CRITERIA ESTABLISHED PATIENTS WHO HAVE INSURANCE COVERAGE OR WHO ARE ENTITLED TO GOVERNMENTAL ASSISTANCE ARE IDENTIFIED IN ORDER FOR REIMBURSEMENT TO BE OBTAINED ALL PATIENTS WITH SELF-PAY BALANCES AFTER INSURANCE MAY OBTAIN FINANCIAL ASSISTANCE ADJUSTMENTS IF THEY PROVIDE APPROPRIATE DOCUMENTATION THAT THEY SATISFY THE INCOME GUIDELINES VERIFICATION OF FINANCIAL ASSISTANCE IS PURSUED THROUGHOUT THE INTERNAL COLLECTION PROCESS UNTIL ALL OPTIONS HAVE BEEN EXHAUSTED ALL PATIENTS, THAT HAVE A SELF-PAY BALANCE, INCLUDING PATIENTS THAT MAY QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE, RECEIVE MONTHLY BILLING STATEMENTS THESE STATEMENTS INFORM ALL PATIENTS OF THE OPPORTUNITY TO SEEK A FINANCIAL ASSISTANCE ADJUSTMENT FOR MEDICALLY NECESSARY SERVICES, THE ELIGIBILITY CRITERIA, AND THE METHOD TO APPLY IF A FINANCIAL ASSISTANCE APPLICATION HAS NOT BEEN COMPLETED AND/OR REQUESTED INCOME VERIFICATION HAS NOT BEEN RECEIVED FROM A PATIENT WHO COULD POTENTIALLY QUALIFY, THE PATIENT WILL CONTINUE TO RECEIVE BILLING STATEMENTS THROUGH THE NORMAL COLLECTION PROCESS ONCE IT HAS BEEN DETERMINED THAT A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE, AN ADJUSTMENT IS PROCESSED THE PATIENT ACCOUNT ANALYST WILL DETERMINE PATIENT ELIGIBILITY AND CALCULATE THE ADJUSTMENT BASED ON POLICY GUIDELINES AN ADJUSTMENT FORM IS PREPARED AND APPROVED PER POLICY UNINSURED PATIENTS ARE REQUIRED TO COMPLETE AN APPLICATION AND PROVIDE REQUIRED DOCUMENTATION, INCLUDING ANY DOCUMENTATION REQUIRED TO DETERMINE ELIGIBILITY UNINSURED PATIENTS ARE NOTIFIED IN WRITING WHETHER OR NOT THEY QUALIFY FOR ANY FINANCIAL ASSISTANCE ADJUSTMENT FOR WHICH THEY HAVE SUBMITTED AN APPLICATION, AND OF ANY REMAINING BALANCE OWED THE ADJUSTMENT IS THEN APPLIED TO THE PATIENT'S ACCOUNT PATIENTS MAY BE OFFERED PAYMENT PLANS WHEN APPROPRIATE BASED ON DOCUMENTED FINANCIAL NEED AND CIRCUMSTANCES LONGER PAYMENT PLANS MAY BE OFFERED ON AN EXCEPTION BASIS FOR CASES WITH UNUSUALLY HIGH BALANCES OR SPECIAL CIRCUMSTANCES DEMONSTRATING AN INABILITY TO PAY ONCE THE INTERNAL COLLECTION PROCESS HAS BEEN COMPLETE, PATIENT ACCOUNTS MAY BE REFERRED TO AN EXTERNAL COLLECTION AGENCY IF THE PATIENT HAS NOT CONTACTED US REGARDING THEIR DESIRE TO APPLY FOR FINANCIAL ASSISTANCE, SENT IN A FINANCIAL ASSISTANCE APPLICATION, OR RESPONDED TO REQUESTS FOR ADDITIONAL INFORMATION IT IS THE EXPECTATION OF THE EXTERNAL COLLECTION AGENCY AS THEY WORK ACCOUNTS TO OFFER FINANCIAL ASSISTANCE WHEN APPLICABLE THROUGHOUT THE COLLECTION PROCESS, THE COLLECTION AGENCY WILL INFORM UNINSURED PATIENTS OF THE CRITERIA TO OBTAIN FINANCIAL ASSISTANCE ADJUSTMENTS BASED ON FAMILY INCOME AND FAMILY SIZE, AND WILL FORWARD APPLICATIONS FOR PATIENTS WHO SUBMIT THE REQUIRED DOCUMENTATION TO THE CENTRAL BUSINESS OFFICE FOR PROCESSING

Identifier	ReturnReference	Explanation
		PART VI, LINE 2 PROMEDICA HEALTH SYSTEM DEMONSTRATES A COMMITMENT TO THE COMMUNITIES IT SERVES AND THEREFORE, BELIEVES IT IS CRITICAL TO UNDERSTAND THE HEALTH CARE NEEDS OF ITS PRIMARY SERVICE AREA TO THAT END, PROMEDICA HAS CONDUCTED BI-ANNUAL REGIONAL NEEDS ASSESSMENTS IN ITS PRIMARY SERVICE AREAS USING A VARIETY OF METHODOLOGIES TO ASSESS EACH COUNTY'S HEALTH CARE DATA, IDENTIFY GAPS IN HEALTH CARE INITIATIVES, AND MAKE RECOMMENDATIONS FOR THE BETTERMENT OF THE GENERAL COMMUNITY HEALTH ANALYSIS OF PUBLISHED COUNTY HEALTH DATA, INTERVIEWS WITH KEY STAKEHOLDERS OF COUNTY HEALTH DEPARTMENTS, AND REVIEW OF HISTORICAL AND EXISTING PROMEDICA COMMUNITY ASSESSMENTS ARE ALL MEANS BY WHICH RECOMMENDATIONS FOR THE PROMEDICA COMMUNITY HEALTH PLAN ARE DEVELOPED PUBLISHED COUNTY HEALTH DATACOUNTY HEALTH DATA WERE OBTAINED FROM SEVERAL SOURCES, INCLUDING THE OHIO DEPARTMENT OF HEALTH DATA WAREHOUSE, THE MICHIGAN DEPARTMENT OF HEALTH AND FORMAL COUNTY ASSESSMENTS CONDUCTED WITHIN THE INDIVIDUAL COUNTIES ALTHOUGH MOST COUNTIES CONDUCTING A FORMAL ASSESSMENT UTILIZE THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) QUESTIONNAIRE DEVELOPED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) AS THE BASIS OF THE COUNTY QUESTIONNAIRE, COUNTY COMMITTEES TYPICALLY ADD AND/OR CHANGE QUESTIONS TO MEET THE COUNTY'S PERCEIVED NEEDS STAKEHOLDER INTERVIEWSHEALTH DEPARTMENT INTERVIEWS ARE CONDUCTED BY TELEPHONE TO OBTAIN COUNTY HEALTH DEPARTMENT FEEDBACK RELATED TO 1) THE TOP THREE HEALTH ISSUES FOR THE COUNTY, 2) CURRENT COUNTY PROGRAMS AND 3) PERCEIVED HEALTH CARE GAPS IN THE COUNTY BECAUSE OF THE EXPERT ROLE THE COUNTY HEALTH DEPARTMENTS PLAY IN THEIR COMMUNITY, THEY HAVE A DEFINED PERCEPTION OF THE HEALTH AND HEALTH CARE NEEDS OF THEIR COMMUNITIES, AND MAY ALSO PROVIDE A FOCUS TO WHAT MAY OTHERWISE BE A LENGTHY DISSERTATION OF FACTS PROMEDICA COMMUNITY HEALTH PLANOVERALL, EMPHASIS IS PLACED ON CLINICAL PROGRAMS FOCUSED ON LEADING CAUSES OF DEATH HEART DISEASE, CANCERS AND STROKE, DUE TO THE LARGE NUMBERS OF INDIVIDUALS AFFECTED BY THESE DISEASES THE PRIMARY FOCUS FOR COMMUNITY HEALTH ACTIVITIES ARE RELATED TO EDUCATION, SCREENING, AND PREVENTION OF CARDIOVASCULAR DISEASE, CANCERS AND OBESITY, AND IMPROVING RELATED CONDITIONS THAT RESULT IN HIGH MORBIDITY AND MORTALITY IN OUR COMMUNITIES, WITH SPECIAL EMPHASIS PLACED ON SERVING UNDERSERVED POPULATIONS IN ADDITION, PROMEDICA HEALTH SYSTEM STRATEGIC PLANNING CONTINUES TO DEVELOP PATIENT-CENTERED, INTEGRATED CLINICAL SERVICE LINES INCLUDING CANCER, CARDIOVASCULAR, ORTHOPAEDICS AND NEUROLOGY

Identifier	ReturnReference	Explanation
		PART VI, LINE 3 THE OPPORTUNITY FOR FINANCIAL ASSISTANCE ADJUSTMENTS IS COMMUNICATED TO PATIENTS AT ALL PROMEDICA HEALTH SYSTEM HOSPITALS THROUGH THE FOLLOWING METHODS A DURING THE PRE-REGISTRATION PROCESS FOR SCHEDULED INPATIENTS AND HIGH-DOLLAR OUTPATIENT CASES, THE CENTRALIZED PRE-REGISTRATION STAFF WILL COMMUNICATE THE FINANCIAL ASSISTANCE POLICY TO UNINSURED PATIENTS AND ATTEMPT TO HAVE A PATIENT FINANCIAL ADVOCATE CONTACT THE PATIENT PRIOR TO SERVICE TO DISCUSS POTENTIAL ELIGIBILITY FOR GOVERNMENT PROGRAMS AND FINANCIAL ASSISTANCE THE PRE-SERVICE FUNCTION INCLUDES ACCOUNT REGISTRATION, INSURANCE VERIFICATION, PRE-CERTIFICATION AND FINANCIAL COUNSELING B ALL ADMITTING LOCATIONS WILL HAVE FINANCIAL ASSISTANCE FORMS AVAILABLE FOR SELF-PAY PATIENTS TO COMPLETE AT ADMITTING, UNINSURED PATIENTS ARE INFORMED OF THE OPPORTUNITY TO SEEK FINANCIAL ASSISTANCE C PATIENT FINANCIAL ADVOCATES ARE AVAILABLE AT THE HOSPITALS TO ASSIST UNINSURED PATIENTS IN COMPLETING THE FORMS PATIENT FINANCIAL ADVOCATES ATTEMPT TO MEET WITH IN-HOUSE PATIENTS TO ASSESS ELIGIBILITY AND TO ASSIST WITH APPLICATION FOR GOVERNMENT ASSISTANCE PROGRAMS, TO EXPLAIN PATIENT LIABILITY FOR CHARGES, TO PROVIDE AN ESTIMATE OF CHARGES WHEN FEASIBLE, TO EXPLAIN THE OPPORTUNITY FOR FINANCIAL ASSISTANCE, INCLUDING THE CRITERIA AND THE METHOD FOR APPLYING, AND TO EXPLAIN PAYMENT OPTIONS D A MESSAGE IS PRINTED ON THE PATIENT BILLING STATEMENTS TO NOTIFY THE UNINSURED PATIENT THAT FINANCIAL ASSISTANCE IS AVAILABLE, TO EXPLAIN THE ELIGIBILITY CRITERIA, AND TO DESCRIBE THE METHOD TO APPLY E INFORMATION AND THE FINANCIAL ASSISTANCE APPLICATION ARE AVAILABLE VIA THE PROMEDICA WEB SITE BUSINESS OFFICE PERSONNEL ALSO NOTIFY UNINSURED PATIENTS OF THE FINANCIAL ADJUSTMENT POLICY THROUGH THE CUSTOMER SERVICE AND COLLECTION DEPARTMENTS

Identifier	ReturnReference	Explanation
		PART VI, LINE 4 THE TOLEDO HOSPITAL, LOCATED IN TOLEDO, OHIO, SERVES AN AREA PRIMARILY AROUND LUCAS COUNTY WITH A POPULATION OF APPROXIMATELY 571,000 APPROXIMATELY, 14% OF THE SERVICE AREA IS AGE 65 OR OVER, 40% IS BETWEEN AGE 35 AND 64, MEDIAN HOUSEHOLD INCOME IS $47,000, 46% OF THE ADULT POPULATION AGED 25+ HAS A HIGH SCHOOL DEGREE OR LOWER, 55% OF HOUSEHOLDS HAVE AN INCOME OF $50,000 OR LESS LUCAS COUNTY HAS A POPULATION OF APPROXIMATELY 442,000 WITH 10 7% OF FAMILIES BELOW THE POVERTY LEVEL AND A 23 1% MEDICAID ELIGIBLE RATE APPROXIMATELY, 19% OF LUCAS COUNTY IS UNINSURED THE AVERAGE UNEMPLOYMENT RATE FOR LUCAS COUNTY IN 2011 WAS 9 7% THE LEADING CAUSES OF DEATH IN THE SERVICE AREA, BASED ON AGE ADJUSTED MORTALITY RATES ARE HEART DISEASE, CANCER, STROKE, LUNG, UNINTENTIONAL INJURIES/ACCIDENTS, AND DIABETES ACCORDING TO 2012 COUNTY HEALTH RANKINGS, LUCAS COUNTY RANKED 72 OF 88 COUNTIES FOR HEALTH OUTCOMES, 62 OF 88 FOR MORTALITY, AND 70 OF 88 FOR MORBIDITY THERE ARE FOURTEEN HOSPITALS WITHIN A SIX COUNTY AREA SURROUNDING TOLEDO, OH HERRICK MEMORIAL HOSPITAL, INC , EMMA L BIXBY MEDICAL CENTER, FULTON COUNTY HEALTH CENTER, COMMUNITY HOSPITALS AND WELLNESS CENTERS - ARCHBOLD, FLOWER HOSPITAL, ST ANNE MERCY HOSPITAL, ST VINCENT MERCY MEDICAL CENTER, ST CHARLES MERCY HOSPITAL, BAY PARK COMMUNITY HOSPITAL, UNIVERSITY OF TOLEDO MEDICAL CENTER, ST LUKE'S HOSPITAL, MERCY MEMORIAL, WOOD COUNTY HOSPITAL, AND HENRY COUNTY HOSPITAL

Identifier	ReturnReference	Explanation
		PART VI, LINE 5 IN 2011, THERE WERE 378 BOARD MEMBERS FOR PROMEDICA HEALTH SYSTEM (PROMED ICA) OF THESE, 100% LIVED WITHIN PROMEDICA'S 27 COUNTY SERVICE AREA, WITH THE MAJORITY RE SIDING WITHIN METRO TOLEDO, WHERE PROMEDICA'S TERTIARY HOSPITALS (THE TOLEDO HOSPITAL AND TOLEDO CHILDREN'S HOSPITAL) ARE LOCATED ADDITIONAL REPRESENTATION IS COMPRISED OF DIVERSE MEMBERS, INCLUDING 58 PHYSICIANS AND OTHER HEALTHCARE PROVIDERS, FROM NORTHWEST OHIO AND SOUTHEAST MICHIGAN, ALL RESIDING WITHIN PROMEDICA'S SERVICE AREA - BOARD MEMBERS ARE NOT COMPENSATED BY PROMEDICA FOR THEIR SERVICE TO OUR HOSPITALS AND OTHER BUSINESS UNITS, THEI R DONATION OF TIME AND EXPERTISE, INCLUDING ATTENDING BOARD MEETINGS, RETREATS AND OTHER A CTIVITIES, ARE PERFORMED VOLUNTARILY IN 2011, PROMEDICA BOARD MEMBERS GAVE AN ESTIMATED 2 0,000 HOURS IN SERVICE TO THE ORGANIZATION, WHICH EQUATES TO AN APPROXIMATE CONTRIBUTION O F $1 5 MILLION TO OUR COMMUNITIES - PROMEDICA'S MEDICAL STAFF PRIVILEGES ARE EXTENDED TO A LL QUALIFIED PHYSICIANS IN THE COMMUNITIES WHICH PROMEDICA SERVES QUALIFICATION MAY VARY BY HOSPITAL, BUT ANY PHYSICIAN WHO MEETS THOSE QUALIFICATIONS MAY RECEIVE PRIVILEGES - PRO MEDICA'S ACADEMIC RELATIONSHIP WITH THE UNIVERSITY OF TOLEDO CONTINUED TO GROW IN 2011 FU RTHER COLLABORATION INCREASED THE NUMBER OF NEW CLINICAL TRIALS AVAILABLE TO PATIENTS TO M ORE THAN 400 TRIALS, ALONG WITH ADDITIONAL MEDICAL RESIDENCY EDUCATION AND ROTATIONS AT PR OMEDICA FACILITIES, WHICH NEARLY DOUBLED IN 2011 PROMEDICA ALSO HAS OTHER ACADEMIC RELATI ONSHIPS WITH NUMEROUS INSTITUTIONS INCLUDING THE UNIVERSITY OF MICHIGAN, MICHIGAN STATE UN IVERSITY AND THE WEST VIRGINIA SCHOOL OF OSTEOPATHIC MEDICINE, AS WELL AS NURSING SCHOOLS THROUGHOUT THE REGION - TO HELP MEET FUTURE WORKFORCE SHORTAGES, PROMEDICA'S FLOWER HOSPI TAL ANNOUNCED A $1 MILLION COMMITMENT TO LOURDES UNIVERSITY IN SYLVANIA, OHIO FOR A CRNA P ROGRAM - DURING 2011, PROMEDICA EXPANDED ITS ADVOCACY EFFORTS WITHIN THE COMMUNITIES IT SE RVES, INCLUDING THE FIELDS OF GREEN SCHOLARSHIP PROGRAM DESIGNED TO TARGET CHILDHOOD OBESI TY FOR EXAMPLE, IN 2011 PROMEDICA FOCUSED ON HUNGER AS A COMMUNITY HEALTH ISSUE AND SO CH ALLENGED HIGH SCHOOL JUNIORS AND SENIORS TO DEVELOP A COMMUNITY-BASED PROGRAM THAT WOULD A LLEVIATE HUNGER IN THEIR OWN COMMUNITY STUDENTS WERE INSTRUCTED TO WORK WITH A COMMUNITY PARTNER TO DEVELOP THEIR PLAN AND EXPLAIN HOW IT COULD BE IMPLEMENTED BOTH IN THEIR OWN CO MMUNITY, AS WELL AS IN OTHER COMMUNITIES ACROSS THE PROMEDICA SERVICE AREA COLLEGE SCHOLA RSHIPS, WHICH TOTALED NEARLY $14,000, WERE AWARDED TO STUDENTS ON THE WINNING TEAMS, AND T HEIR SCHOOLS ALSO RECEIVED A MONETARY AWARD TO USE TOWARD SCIENCE CURRICULA THE WINNING T EAM'S ENTRY, AS WELL AS PROMOTIONAL AND NUTRITION EDUCATION MATERIALS, WILL BE IMPLEMENTED IN 2012 IN SELECT COMMUNITIES - FURTHER, THE HEALTHY CONVERSATION MAPS(R) PROGRAM FOR CH ILDREN IN GRADES 1 THROUGH 6, AS WELL AS THEIR PARENTS/GUARDIANS, CONTINUED TO BE IMPLEMEN TED ACROSS THE REGION THE HEALTHY CONVERSATION MAPS(R) INITIATIVE IS A PREVENTIVE, INTERA CTIVE HEALTH COURSE DESIGNED TO HELP COMBAT THE GROWING ISSUE OF CHILDHOOD OBESITY IN OUR NORTHWEST OHIO AND SOUTHEAST MICHIGAN COMMUNITIES PROMEDICA EMPLOYEES FACILITATED THIS PR OGRAM USING AN EDUCATIONAL TOOL KIT THAT CONSISTED OF A LEARNING MAP VISUAL, ACTIVITY CARD S AND A FACILITATOR GUIDE DESIGNED TO INITIATE DISCUSSIONS THAT PROMOTE POSITIVE BEHAVIORA L CHANGE WITH REGARD TO NUTRITION AND EXERCISE - AS PART OF ITS HUNGER-FREE INITIATIVE, P ROMEDICA PARTNERED WITH THE NATIONAL ALLIANCE TO END HUNGER AND WORKED WITH LOCAL ORGANIZA TIONS TO FEED AREA FAMILIES AND RAISE THE AWARENESS OF HUNGER WITHIN OUR COMMUNITIES FOR EXAMPLE, PROMEDICA WORKED CLOSELY WITH UNITED WAY AND YMCA IN THE METRO TOLEDO AREA TO PRO VIDE A SUMMER FEEDING PROGRAM FOR SCHOOL AGE CHILDREN MEALS SERVED BETWEEN JUNE AND AUGUS T INCREASED FROM 1,500 IN 2010 TO 45,000 IN 2011 - PROMEDICA ALSO INCREASED ITS COMMUNITY CONTRIBUTIONS THROUGH ITS PROMEDICA ADVOCACY FUND WHICH PROVIDES ASSISTANCE WITH FOOD, CLO THING AND SHELTER FOR RESIDENTS THROUGHOUT NORTHWEST OHIO AND SOUTHEAST MICHIGAN IN 2011, NEARLY $500,000 WAS PRESENTED TO 12 LOCAL, NONPROFIT SERVICE ORGANIZATIONS SO THEY COULD MORE READILY PROVIDE PROGRAMS TO MEET BASIC NEEDS THAT IMPACT THE HEALTH AND WELL-BEING OF THE INDIVIDUALS THEY SERVE - BASED ON COMMUNITY NEEDS, IN 2011 PROMEDICA OPENED THE MONRO E CANCER CENTER, A JOINT VENTURE WITH MERCY MEMORIAL HOSPITAL SYSTEM AND DETROIT'S KARMANO S CANCER CENTER, TO OFFER EXPANDED SERVICES TO ONCOLOGY PATIENTS IN SOUTHEAST MICHIGAN AD DITIONALLY, WE OPENED PROMEDICA WILDWOOD ORTHOPAEDIC AND SPINE HOSPITAL, A DIVISION OF PRO MEDICA TOLEDO HOSPITAL, WHICH, TO PRIMARILY ADDRESS THE NEEDS OF AGING BABY BOOMERS, SOLEL Y SERVES ORTHOPAEDIC AND SPINE PATIENTS, OFFERING DIAGNOSTIC, SURGICAL AND REHABILITATION SERVICES UNDER ONE ROOF - PROMEDICA ALSO OFFERED FREE MONTHLY VASCULAR SCREENINGS FOR OLDE R ADULTS THROUGH JOBST VASCULAR CENTER TO AID IN T

Identifier	ReturnReference	Explanation
		HE DETECTION OF VASCULAR DISEASE THAT MAY LEAD TO STROKE OR PERIPHERAL ARTERIAL DISEASE A DDITIONALLY, A MYRIAD OF FREE HEALTH SCREENINGS WERE PROVIDED THROUGHOUT PROMEDICA'S 27-CO UNTY SERVICE AREA, INCLUDING BLOOD PRESSURE, BLOOD GLUCOSE AND BODY MASS INDEX SCREENINGS AT NUMEROUS HEALTH FAIRS AND SPORTING EVENTS THE PROMEDICA CANCER INSTITUTE OFFERED FREE SKIN CANCER AND PROSTATE CANCER SCREENINGS IN 2011 FOR THE GENERAL PUBLIC AT OUR COMMUNITY HOSPITALS - THROUGH THE TOLEDO/LUCAS COUNTY CARENET PROGRAM, PROMEDICA, ALONG WITH MERCY HEALTH PARTNERS, CONTINUED TO PROVIDE HEALTHCARE SERVICES TO LOW-INCOME, UNINSURED RESIDEN TS INELIGIBLE FOR PUBLIC PROGRAMS IN THE METRO-TOLEDO AREA, THESE SERVICES HAVE TOTALED $ 112 MILLION OF COORDINATED CARE, IN ADDITION TO MORE THAN $1 MILLION TO CARENET'S OPERATIN G BUDGET, SINCE THE PROGRAM BEGAN IN 2003 PROMEDICA AND MERCY ALSO HAVE PROVIDED NEARLY 9 1,500 OUTPATIENT SERVICES OVER THE PAST EIGHT YEARS, PLUS THOUSANDS OF INPATIENT SERVICES, IN- AND OUTPATIENT SURGERIES, SPECIALTY CLINICS, AND EMERGENCY CARE FREE OF CHARGE TOTAL PRIMARY CARE APPOINTMENTS REACHED A COMBINED TOTAL OF 50,000 IN 2011

Identifier	ReturnReference	Explanation
		PART VI, LINE 6 - PROMEDICA HEALTH SYSTEM (PROMEDICA) IS A MISSION-BASED, LOCALLY OWNED, NONPROFIT HEALTHCARE ORGANIZATION THAT WAS FORMED IN TOLEDO, OHIO IN 1986 PROMEDICA CONSISTS OF MORE THAN 14,300 EMPLOYEES AND NEARLY 1,700 HEALTHCARE PROVIDERS, INCLUDING MORE THAN 400 PROVIDERS EMPLOYED BY PROMEDICA PHYSICIANS, WHO HAVE JOINED TOGETHER TO FORM A NETWORK ACROSS MORE THAN 300 PROMEDICA FACILITIES IN 27 COUNTIES ACROSS NORTHWEST OHIO AND SOUTHEAST MICHIGAN THEY SHARE RESOURCES, SUCH AS ADVANCED TECHNOLOGY, QUALITY STANDARDS, SAFETY PRACTICES, MEDICAL EXPERTISE, AND SPECIALTY SERVICES, TO HELP INCREASE AREA RESIDENTS' ACCESS TO HIGH-QUALITY CARE, WHILE ALSO STRIVING TO REDUCE THE COST OF HEALTH CARE BY PROVIDING IT IN THE MOST APPROPRIATE SETTING - IN 2011, PROMEDICA RECORDED 3 3 MILLION PATIENT ENCOUNTERS AND CONTRIBUTED A TOTAL COMMUNITY BENEFIT OF NEARLY $118 5 MILLION IN 2011, FROM FREE COMMUNITY HEALTH SCREENINGS AND HEALTH FAIRS TO A FREE SPEAKERS BUREAU COMPRISED OF MEDICAL EXPERTS AND MUCH MORE IN ADDITION, PROMEDICA OFFERED A NUMBER OF COLLEGE SCHOLARSHIPS FOR STUDENTS SEEKING A CAREER IN HEALTH CARE, AS WELL AS ASSISTING OTHER NONPROFITS WITH SIMILAR MISSIONS THROUGH THE PROMEDICA ADVOCACY FUND SO THAT THEY COULD SUSTAIN OR GROW THEIR COMMUNITY SERVICES TO IMPROVE THE HEALTH AND WELL-BEING OF AREA RESIDENTS - PROMEDICA'S MEMBERS AND AFFILIATES INCLUDE THE TOLEDO HOSPITAL D/B/A PROMEDICA TOLEDO HOSPITAL, TOLEDO CHILDREN'S HOSPITAL (OPERATING AS PART OF PROMEDICA TOLEDO HOSPITAL), FLOWER HOSPITAL D/B/A PROMEDICA FLOWER HOSPITAL, BAY PARK COMMUNITY HOSPITAL D/B/A PROMEDICA BAY PARK HOSPITAL, EMMA L BIXBY MEDICAL CENTER D/B/A PROMEDICA BIXBY HOSPITAL, HERRICK MEMORIAL HOSPITAL, INC D/B/A PROMEDICA HERRICK HOSPITAL, FOSTORIA HOSPITAL ASSOCIATION D/B/A PROMEDICA FOSTORIA COMMUNITY HOSPITAL, DEFIANCE HOSPITAL, INC D/B/A PROMEDICA DEFIANCE REGIONAL HOSPITAL, ST LUKE'S HOSPITAL D/B/A PROMEDICA ST LUKE'S HOSPITAL, LIMA MEMORIAL HOSPITAL, AND PROMEDICA WILDWOOD ORTHOPAEDIC AND SPINE HOSPITAL, A DIVISION OF TOLEDO HOSPITAL, PROMEDICA PHYSICIANS, A NETWORK OF MORE THAN 400 PROMEDICA PHYSICIANS AND MIDLEVEL PROVIDERS, PROMEDICA CONTINUING CARE SERVICES, WITH SERVICES SUCH AS SENIOR CARE, HOSPICE, REHABILITATION, HOME CARE, LABORATORY, AND PHARMACY, AND THE ACADEMIC HEALTH CENTER CORPORATION, WITH FAMILY MEDICINE, SPORTS CARE, VASCULAR SURGERY, AND PHARMACY RESIDENCY PROGRAMS - WITH REGARD TO HEALTH PROFESSIONS EDUCATION, MONTHLY, BIWEEKLY AND ANNUAL PROGRAMS WERE OFFERED THROUGHOUT 2011 FOR CONTINUING MEDICAL EDUCATION CREDIT MORE THAN 900 CREDIT HOURS OF PHYSICIAN EDUCATION WERE OFFERED THERE WERE 5,500 PHYSICIANS WHO PARTICIPATED IN EDUCATIONAL PROGRAMS, AND 6,625 NON-PHYSICIANS (I E , ALLIED HEALTHCARE PROFESSIONALS) - PROMEDICA PRODUCED TWO ISSUES OF YOUR HEALTH OUR MISSION MAGAZINE IN 2011, DISTRIBUTED TO APPROXIMATELY 360,000 HOMES WITHIN ITS 27-COUNTY SERVICE AREA THIS COMMUNICATIONS TACTIC SERVED TO EDUCATE CONSUMERS ON A VARIETY OF HEALTHCARE TOPICS THROUGH PHYSICIAN COLUMNS AND FEATURE STORIES ON TOPICS INCLUDING ASTHMA, AGING, CANCER, HEART HEALTH, AND ORTHOPAEDICS - ADDITIONALLY, PROMEDICA EXPANDED ITS SOCIAL MEDIA PRESENCE BY GROWING THE PROMEDICA WELLNESS FACEBOOK PAGE WITH NEW EXPERTS AND CONTENT TO ENGAGE "FRIENDS" ON HEALTH-RELATED TOPICS SUCH AS EXERCISE AND NUTRITION NEW TWITTER AND YOUTUBE CHANNELS PROVIDED COMPLIMENTARY HEALTH AND NUTRITION CONTENT, WHILE A NEW FACEBOOK PAGE FOR TOLEDO CHILDREN'S HOSPITAL FOCUSED ON THE HEALTH AND WELL-BEING OF FAMILIES AND CHILDREN - DURING 2011, PROMEDICA'S 12 FOUNDATIONS RAISED MORE THAN $7 5 MILLION FOR PHILANTHROPY IN SUPPORT OF OUR MISSION TO IMPROVE THE HEALTH AND WELL-BEING OF OTHERS ALL OF PROMEDICA'S FOUNDATIONS ARE SEPARATE 501(C)(3) ORGANIZATIONS, AND ANNUAL DONOR PROGRAMS, CAPITAL CAMPAIGNS, PLANNED GIVING, AND EVENT FUNDRAISING ACTIVITIES ARE CONDUCTED TO RAISE FUNDS THAT SUPPORT THEIR RESPECTIVE ORGANIZATION'S PATIENTS AND FAMILIES, AS WELL AS THE COMMUNITY, THROUGH HEALTH-RELATED PROGRAMS, SERVICES AND EQUIPMENT THAT HAVE BEEN IDENTIFIED THROUGH AN ASSESSMENT OF COMMUNITY NEEDS

Additional Data

Software ID:
Software Version:
EIN: 34-4428256
Name: THE TOLEDO HOSPITAL

Form 990 Schedule H, Part V Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 43

Name and address	Type of Facility (Describe)
PROMEDICA TRANSPORTATION NETWORK 2142 NORTH COVE BLVD TOLEDO, OH 43606	GROUND AND AIR TRANSPORT
PROMEDICA TRANSPORTATION NETWORK 2142 NORTH COVE BLVD TOLEDO, OH 43606	GROUND AND AIR TRANSPORT
PROMEDICA TRANSPORTATION NETWORK 2142 NORTH COVE BLVD TOLEDO, OH 43606	GROUND AND AIR TRANSPORT
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PROMEDICA TRANSPORTATION NETWORK 2142 NORTH COVE BLVD TOLEDO, OH 43606	GROUND AND AIR TRANSPORT

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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
THE TOLEDO HOSPITAL

Employer identification number
34-4428256

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PROMEDICA CONTINUING CARE SERVICES CORP2142 N COVE BLVD TOLEDO,OH 43606	34-4492440	501(C)(3)	2,000,000				OPERATING SUPPORT
(2) PROMEDICA HEALTH SYSTEM INC1801 RICHARDS RD TOLEDO,OH 43607	34-1517671	501(C)(3)	16,000,000				OPERATING SUPPORT
(3) PROMEDICA FOUNDATION2142 N COVE BLVD TOLEDO,OH 43606	34-1517672	501(C)(3)	989,055				OPERATING SUPPORT
(4) PROMEDICA PHYSICIAN GROUP5855 MONROE ST SYLVANIA,OH 43560	34-1899439	501(C)(3)	11,000,000				OPERATING SUPPORT
(5) PROMEDICA PHYSICIANS & CONTINUUM SERVICES 5855 MONROE ST SYLVANIA,OH 43560	34-1880767	501(C)(3)	3,375,000				OPERATING SUPPORT
(6) TOLEDO SEAGATE FOODBANK NW OH526 HIGH ST TOLEDO,OH 43609	51-0252948	501(C)(3)	13,044				CHARITABLE DONATION
(7) WGTE PUBLIC BROADCASTING1270 S DETROIT TOLEDO,OH 43614	34-6554586	501(C)(3)	36,700				CHARITABLE DONATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 7

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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

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

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 AS AN AFFILIATE OF PROMEDICA HEALTH SYSTEM (PHS), CORPORATE TREASURY, WITH THE APPROVAL AND OVERSIGHT OF THE FINANCE COMMITTEE, ENSURES THAT FUNDS ARE DISTRIBUTED APPROPRIATELY ACCORDING TO PHS'S STRATEGIC BUSINESS PLAN AND CONSISTENT WITH CORPORATE TREASURY POLICIES AND PROCEDURES

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE TOLEDO HOSPITAL

Employer identification number
34-4428256

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
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 3	PROMEDICA HEALTH SYSTEM, INC , A RELATED TAX-EXEMPT ORGANIZATION OF THE TOLEDO HOSPITAL, USES THE FOLLOWING TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - COMPENSATION SURVEY OR STUDY - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
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 ERIN JAYNES $16,646 KATHLEEN CARLSON $155,247
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 LORI FERGUSON $19,569 BARBARA STEELE $347,092
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: 34-4428256
Name: THE TOLEDO HOSPITAL

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
HOLLY BRISTOLL	(I)	0	0	0	0	0	0	0
	(II)	193,962	81,923	0	37,508	17,056	330,449	0
BARBARA STEELE	(I)	0	0	0	0	0	0	0
	(II)	554,195	258,858	404,221	79,777	13,345	1,310,396	276,271
RONALD WAINZ MD	(I)	34,160	0	0	0	0	34,160	0
	(II)	309,922	11,004	152,520	0	20,327	493,773	0
KEVIN WEBB PHD	(I)	0	0	0	0	0	0	0
	(II)	336,049	143,228	4,818	44,151	20,635	548,881	0
KATHLEEN HANLEY	(I)	0	0	0	0	0	0	0
	(II)	464,200	199,713	4,815	84,664	22,008	775,400	0
JEFFREY KUHN	(I)	0	0	0	0	0	0	0
	(II)	346,280	153,750	14,208	50,653	20,216	585,107	0
ERIN JAYNES	(I)	0	0	0	0	0	0	0
	(II)	149,818	30,473	23,682	21,832	18,146	243,951	0
NEERAJ KANWAL MD	(I)	0	0	0	0	0	0	0
	(II)	282,989	84,814	0	28,434	23,400	419,637	0
GARY AKENBERGER	(I)	0	0	0	0	0	0	0
	(II)	239,292	92,964	9,695	49,772	21,858	413,581	0
MICHAEL WILKINS	(I)	0	0	0	0	0	0	0
	(II)	162,820	23,256	0	28,576	22,145	236,797	0
MICHAEL BIGGIN	(I)	130,165	0	47,281	14,198	15,487	207,131	0
	(II)	0	0	0	0	0	0	0
ANTHONY J COMEROTA	(I)	408,539	0	159,369	15,925	13,244	597,077	0
	(II)	0	0	0	0	0	0	0
MICHAEL FLANNERY	(I)	85,656	0	87,368	12,047	16,401	201,472	0
	(II)	0	0	0	0	0	0	0
JEFFREY R LEWIS	(I)	176,743	0	0	23,958	18,237	218,938	0
	(II)	0	0	0	0	0	0	0
TIMOTHY A MCCOY	(I)	163,450	0	15,040	11,932	16,553	206,975	0
	(II)	0	0	0	0	0	0	0
KATHLEEN CARLSON	(I)	0	0	0	0	0	0	0
	(II)	117,484	89,466	185,712	14,845	155	407,662	0
RANDALL SCHIMMOELLER	(I)	0	0	0	0	0	0	0
	(II)	219,300	75,603	470	22,697	20,534	338,604	0
DARRIN ARQUETTE	(I)	0	0	0	0	0	0	0
	(II)	113,306	21,304	2,562	20,467	16,387	174,026	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				
LORI FERGUSON	(I)	0	0	0	0	0	0	0
	(II)	135,252	44,806	1,992	34,607	8,649	225,306	11,387
ROBERT FREDRICK MD	(I)	0	0	0	0	0	0	0
	(II)	335,308	106,312	429	57,171	13,394	512,614	0
ALAN SATTLER	(I)	0	0	0	0	0	0	0
	(II)	234,090	102,319	9,891	46,273	21,008	413,581	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE TOLEDO HOSPITAL

Employer identification number
34-4428256

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	SERIES 2005 BONDS - SEE PART VI FOR DETAIL		549310SZ4	04-28-2005	188,935,192	SEE PART VI	X			X		X
B	SERIES 2008 BONDS - SEE PART VI FOR DETAIL		549310TT7	05-15-2008	183,217,907	SEE PART VI	X			X		X
C	CITY OF MAUMEE	34-6400847	577494EA1	08-25-2004	16,080,016	SEE PART VI		X		X		X
D	CITY OF MAUMEE	34-6400847	NONEAVAIL	11-01-2007	4,150,000	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	146,550,000	132,000,000	10,505,000	3,326,746
2	Amount of bonds defeased				
3	Total proceeds of issue	197,109,556	186,791,298	16,080,016	4,150,000
4	Gross proceeds in reserve funds		37,637	1,677,794	
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	1,902,630	2,224,707	308,175	
8	Credit enhancement from proceeds	3,105,891	133,953	385,123	
9	Working capital expenditures from proceeds			137,116	
10	Capital expenditures from proceeds	129,409,278	54,105,888		4,150,000
11	Other spent proceeds	62,691,757	130,326,750	15,249,602	
12	Other unspent proceeds				
13	Year of substantial completion	2007	2011	2004	2008

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	X		X		X			
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X			X		
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 090 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %					
6	Total of lines 4 and 5	0 %		0 090 %					
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X			

Part IV Arbitrage

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

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation
SCHEDULE K SUPPLENTAL INFORMATION		PART I SERIES 2005 BOND DETAIL ISSUER NAME SERIES 2005 A-1 - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP# 549310SZ4 DATE ISSUED 04/28/2005 ISSUE PRICE $52,200,000 PURPOSE FINANCE THE CONSTRUCTION AND EQUIPPING OF A 279 BED PATIENT TOWER ON THE CAMPUS OF TOLEDO HOSPITAL FINANCE THE COST OF ACQUISITION, RENOVATION AND EQUIPPING OF CERTAIN OTHER OHIO HEALTHCARE FACILITIES MATURITY MATURED ISSUER NAME SERIES 2005 A-2 - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP# 549310TA8 DATE ISSUED 04/28/2005 ISSUE PRICE $37,500,000 PURPOSE FINANCE THE CONSTRUCTION AND EQUIPPING OF A 279 BED PATIENT TOWER ON THE CAMPUS OF TOLEDO HOSPITAL FINANCE THE COST OF ACQUISITION, RENOVATION AND EQUIPPING OF CERTAIN OTHER OHIO HEALTHCARE FACILITIES MATURITY MATURED ISSUER NAME SERIES 2005 A-3 - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP# 549310TB6 DATE ISSUED 04/28/2005 ISSUE PRICE $25,000,000 PURPOSE FINANCE THE CONSTRUCTION AND EQUIPPING OF A 279 BED PATIENT TOWER ON THE CAMPUS OF TOLEDO HOSPITAL FINANCE THE COST OF ACQUISITION, RENOVATION AND EQUIPPING OF CERTAIN OTHER OHIO HEALTHCARE FACILITIES MATURITY MATURED ISSUER NAME SERIES 2005B OH - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP# 549310TS9 DATE ISSUED 04/28/2005 ISSUE PRICE $57,410,192 PURPOSE REFUND SERIES 1993 TOLEDO HOSPITAL BONDS ISSUED 07/29/1993 MATURITY 11/15/2021 ISSUER NAME SERIES 2005 MI B - COUNTY OF LENAWEE HOSPITAL FINANCE AUTHORITY ISSUER EIN 38-6005798 CUSIP# 52601PAX6 DATE ISSUED 04/28/2005 ISSUE PRICE $16,825,000 PURPOSE FINANCE A 23,550 SQUARE FOOT ADDITION AND OTHER RENOVATION ON THE CAMPUS OF HERRICK MEDICAL CENTER IN MICHIGAN REFUND THE LENAWEE LONG TERM CARE SERIES 1994A BONDS ISSUED 08/31/1994 MATURITY MATURED SERIES 2008 BOND DETAIL ISSUER NAME 2008 SERIES A - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP# 549310TT7 DATE ISSUED 05/15/2008 CONVERTED 03/31/2011 ISSUE PRICE $62,500,000 PURPOSE REFINANCE A PORTION OF THE BANK LOAN ISSUED 03/17/2008 USED TO FINANCE THE EARLY OPTIONAL REDEMPTION OF THE PROMEDICA HEALTHCARE OBLIGATED GROUP SERIES 2005A BONDS ISSUED 04/28/2005 MATURITY 11/15/2034 ISSUER NAME 2008 SERIES B - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP# 549310TU4 DATE ISSUED 05/15/2008 ISSUE PRICE $52,855,000 PURPOSE REFINANCE A PORTION OF THE BANK LOAN ISSUED 03/17/2008 USED TO FINANCE THE EARLY OPTIONAL REDEMPTION OF THE PROMEDICA HEALTHCARE OBLIGATED GROUP SERIES 2005A BONDS ISSUED 04/28/2005 FINANCE THE CONSTRUCTION AND EQUIPPING OF A 36 BED ORTHOPEDIC HOSPITAL MATURITY MATURED ISSUER NAME 2008 SERIES C - COUNTY OF LENAWEE HOSPITAL FINANCE AUTHORITY ISSUER EIN 38-6005798 CUSIP # 52601PAY4 DATE ISSUED 05/15/2008 ISSUE PRICE $16,645,000 PURPOSE REFINANCE A PORTION OF THE BANK LOAN ISSUED 03/17/2008 USED TO FINANCE THE EARLY OPTIONAL REDEMPTION OF THE PROMEDICA HEALTHCARE OBLIGATED GROUP SERIES 2005B BONDS ISSUED 04/28/2005 MATURITY MATURED ISSUER NAME 2008 SERIES D - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP # 549310YV2 DATE ISSUED 05/15/2008 ISSUE PRICE $33,803,818 PURPOSE REFINANCE A PORTION OF THE BANK LOAN ISSUED 03/17/2008 USED TO FINANCE THE EARLY OPTIONAL REDEMPTION OF THE PROMEDICA HEALTHCARE OBLIGATED GROUP SERIES 2005A BONDS ISSUED 04/28/2005 FINANCE ACQUISITION OF A CT, MRI AND CERTAIN OTHER EQUIPMENT ON THE CAMPUS OF FOSTORIA COMMUNITY HOSPITAL MATURITY 11/15/2038 ISSUER NAME 2008 SERIES D - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP # 549310TW0 DATE ISSUED 05/15/2008 ISSUE PRICE $17,414,088 PURPOSE REFINANCE A PORTION OF THE BANK LOAN ISSUED 03/17/2008 USED TO FINANCE THE EARLY OPTIONAL REDEMPTION OF THE PROMEDICA HEALTHCARE OBLIGATED GROUP SERIES 2005A BONDS ISSUED 04/28/2005 FINANCE THE ACQUISITION OF A CT, MRI AND CERTAIN OTHER EQUIPMENT ON THE CAMPUS OF FOSTORIA COMMUNITY HOSPITAL MATURITY 11/15/2040 SERIES 2011 BOND DETAIL ISSUER NAME 2011 SERIES A - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP# 549310UL2 & 549310UJ7 DATE ISSUED 02/09/2011 ISSUE PRICE $180,148,535 PURPOSE REFINANCE THE PROMEDICA HEALTHCARE 2008B BONDS ISSUED 05/15/2008 FINANCE THE COST OF ACQUISITION, CONSTRUCTION, RENOVATION AND EQUIPPING OF CERTAIN OTHER OHIO HEALTHCARE FACILITIES OF THE MEMBERS OF THE OBLIGATED GROUP MATURITY 11/15/2041 ISSUER NAME 2011 SERIES B - COUNTY OF LENAWEE HOSPITAL FINANCE AUTHORITY ISSUER EIN 38-6005798 CUSIP# 52601PBE7 DATE ISSUED 02/09/2011 ISSUE PRICE $16,903,082 PURPOSE REFINANCE THE REDEMPTION OF THE PROMEDICA HEALTH CARE OBLIGATED GROUP SERIES 2008C BONDS ISSUED 05/15/2008 MATURITY 11/15/2035 ISSUER NAME 2011 SERIES C - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP# N/A DATE ISSUED 05/25/2011 ISSUE PRICE $29,645,000 PURPOSE REFINANCE A PORTION OF THE EARLY OPTIONAL REDEMPTION OF THE PROMEDICA HEALTHCARE OBLIGATED GROUP SERIES 1999 BONDS ISSUED 07/01/1999 MATURITY 11/15/2019 ISSUER NAME 2011 SERIES D - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP# 549310VD9 DATE ISSUED 12/01/2011 ISSUE PRICE $142,575,271 PURPOSE TO FINANCE THE EARLY OPTIONAL REDEMPTION OF THE REMAINING OUTSTANDING MATURITIES OF THE PROMEDICA HEALTHCARE OBLIGATED GROUP SERIES 1999 BONDS ISSUED 04/01/1999 AND 07/26/1999 MATURITY 11/15/2030 ISSUER NAME 2011 SERIES E - COUNTY OF LENAWEE HOSPITAL FINANCE AUTHORITY ISSUER EIN 38-6005798 CUSIP# 52601PB56 DATE ISSUED 12/01/2011 ISSUE PRICE $9,429,057 PURPOSE REFINANCE THE EARLY OPTIONAL REDEMPTION OF THE LENAWEE HEALTH ALLIANCE OBLIGATED GROUP SERIES 1999A BONDS ISSUED 04/01/1999 AND 07/26/1999 MATURITY 11/15/2028 ISSUER NAME CITY OF MAUMEE ISSUER EIN 34-6400847 CUSIP # 577494DX, 577494DY, 577494DZ, 577494EA DATE ISSUED 08/25/2004 ISSUE PRICE $16,080,016 PURPOSE REFUND SERIES 1994 BONDS - 06/01/1994 ISSUER NAME CITY OF MAUMEE ISSUER EIN 34-6400847 CUSIP # NONE DATE ISSUED 11/21/2007 ISSUE PRICE $4,150,000 PURPOSE FINANCE ACQUISITION OF A DA-VINCI SURGICAL SYSTEM ISSUER NAME COUNTY OF LUCAS, OHIO ISSUER EIN 34-6400806 CUSIP # 549310TT7 DATE ISSUED 03/31/2011 ISSUE PRICE $62,500,000 PURPOSE DEEMED REFUNDING (REISSUANCE) OF SERIES 2008A BONDS ISSUED 05/15/2008 PART I, COLUMN (E) DIFFERENCES BETWEEN THE ISSUE PRICE SHOWN IN PART I, COLUMN (E) AND TOTAL PROCEEDS SHOWN IN PART II, LINE 3 ARE DUE TO INVESTMENT EARNINGS PART II, COLUMN (B), LINE 4, SERIES 2008 BONDS $37,637 IS IN A DEBT SERVICE FUND PART II, COLUMN (C), LINE 4, CITY OF MAUMEE BONDS $1,677,794 IS IN A DEBT SERVICE RESERVE FUND PART II, COLUMN (B), LINE 4, SERIES 2011 C BONDS $20,492 IS IN A DEBT SERVICE FUND PART III, COLUMN (C), LINE 7, CITY OF MAUMEE BONDS PART III HAS NOT BEEN COMPLETED WITH RESPECT TO THE CITY OF MAUMEE BONDS, SINCE SUCH BONDS REFUNDED PRE-2003 BOND ISSUES HAD COMPLETION OF PART III BEEN REQUIRED, LINE 7 WOULD HAVE BEEN ANSWERED "YES" FOR THESE BONDS PART III, COLUMN (B), LINE 7, COUNTY OF LUCAS, OHIO BONDS PART III HAS NOT BEEN COMPLETED WITH RESPECT TO THE COUNTY OF LUCAS, OHIO BONDS, SINCE SUCH BONDS REFUNDED PRE-2003 BOND ISSUES HAD COMPLETION OF PART III BEEN REQUIRED, LINE 7 WOULD HAVE BEEN ANSWERED "YES" FOR THESE BONDS
		PART III, COLUMN (C), LINE 7, SERIES 2011 D & E BONDS PART III HAS NOT BEEN COMPLETED WITH RESPECT TO THE SERIES 2011 D & E BONDS, SINCE SUCH BONDS REFUNDED PRE-2003 BOND ISSUES HAD COMPLETION OF PART III BEEN REQUIRED, LINE 7 WOULD HAVE BEEN ANSWERED "YES" FOR THESE BONDS
		PART V THE ORGANIZATION IS IN THE PROCESS OF REVISING ITS WRITTEN PROCEDURES SO AS TO ADDRESS THESE MATTERS, BUT THAT PROJECT HAD NOT BEEN COMPLETED AS OF THIS FILING

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE TOLEDO HOSPITAL

Employer identification number
34-4428256

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	SERIES 2011 A & B BONDS - SEE PART VI FOR DETAIL		549310UL2	02-09-2011	197,051,617	SEE PART VI		X		X		X
B	COUNTY OF LUCAS OHIO	34-6400806	NONEAVAIL	05-25-2011	29,645,000	SEE PART VI		X		X		X
C	SERIES 2011 D & E BONDS - SEE PART VI FOR DETAIL		549310VD9	12-01-2011	152,004,328	SEE PART VI		X		X		X
D	COUNTY OF LUCAS OHIO	34-6400806	549310TT7	03-31-2011	62,500,000	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds defeased				
3	Total proceeds of issue	197,692,885	29,645,000	152,004,328	62,500,000
4	Gross proceeds in reserve funds		20,492		
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	2,337,157	263,825	1,505,879	
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	69,714,460	29,381,175	150,498,449	62,500,000
12	Other unspent proceeds	125,641,268			
13	Year of substantial completion				

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	X		X					
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 210 %		0 060 %				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %				
6	Total of lines 4 and 5		0 210 %		0 060 %				
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

Part IV Arbitrage

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

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation

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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
THE TOLEDO HOSPITAL

Employer identification number
34-4428256

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	325,000	SEE PART V		No
(2) SEE PART V	SEE PART V	723,819	SEE PART V		No
(3) SEE PART V	SEE PART V	3,556,145	SEE PART V		No
(4) SEE PART V	SEE PART V	811,287	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 TRA INVESTMENT CLUB(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION CHARLES PRICE, MD (TRUSTEE) IS TREASURER OF TRA INVESTMENT CLUB (D) DESCRIPTION OF TRANSACTION THE TOLEDO HOSPITAL IS IN A JOINT VENTURE WITH TRA INVESTMENT CLUB
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS		(A) NAME OF PERSON TOLSON INVESTMENTS(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION MORE THAN 35% OF TOLSON INVESTMENTS IS OWNED BY HARVEY TOLSON (TRUSTEE) (D) DESCRIPTION OF TRANSACTION RENTAL PROPERTY
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS		(A) NAME OF PERSON ANESTHESIOLOGY CONSULTANTS OF TOLEDO, INC (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION TODD COOPERIDER, MD (TRUSTEE) IS GREATER THAN 5% OWNER OF ANESTHESIOLOGY CONSULTANTS OF TOLEDO, INC (D) DESCRIPTION OF TRANSACTION PROFESSIONAL FEES FOR ANESTHESIA SERVICES
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS		(A) NAME OF PERSON FIFTH THIRD BANK(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION ROBERT LACLAIRE (CHAIRPERSON) IS AN OFFICER OF FIFTH THIRD BANK (D) DESCRIPTION OF TRANSACTION FINANCING AND INVESTMENT FEES

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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
THE TOLEDO HOSPITAL

Employer identification number
34-4428256

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	CHARLES HEID AND HOLLY BRISTOLL HAVE A FAMILY RELATIONSHIP 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 HOLLY BRISTOLL TODD COOPERIDER BARBARA STEELE RONALD WAINZ KEVIN WEBB KATHLEEN HANLEY JEFFREY KUHN ERIN JAYNES NEERAJ KANWAL GARY AKENBERGER MICHAEL WILKINS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	AS AN OHIO NON-PROFIT ORGANIZATION, THIS CORPORATION HAS A CORPORATE MEMBER

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	PROMEDICA HEALTH SYSTEM, INC (PHS) IS THE PARENT CORPORATION AND SOLE MEMBER OF THE TOLEDO HOSPITAL AS THE MEMBER, PHS HAS THE RIGHT TO (A) ELECT AND REMOVE THE MEMBERS OF THE BOARD OF TRUSTEES OF THE TOLEDO HOSPITAL, AND (B) FILL ANY VACANCY ON THE BOARD OF TRUSTEES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	WHILE THE BOARD OF TRUSTEES OF EACH BUSINESS UNIT IS GRANTED CERTAIN POWERS WITH RESPECT TO SUCH BUSINESS UNIT'S OPERATIONS, AS THE MEMBER, PROMEDICA HEALTH SYSTEM RETAINS APPROVAL RIGHTS WITH RESPECT TO CERTAIN CORPORATE ACTIONS SUCH AS (I) ADOPTION OF THE BUSINESS UNIT'S STRATEGIC PLANS AND FINANCIAL PLANS, (II) EXPENDITURES FOR NON-BUDGETED ITEMS IN EXCESS OF CERTAIN DOLLAR LIMITS SET FROM TIME TO TIME BY THE MEMBER, (III) EXPENDITURES FOR ITEMS WHICH ARE INCLUDED IN THE BUSINESS UNIT'S ANNUAL BUDGETS BUT WHICH EXCEED THE BUDGETED AMOUNT BY AN AMOUNT IN EXCESS OF CERTAIN DOLLAR LIMITS SET FROM TIME TO TIME BY THE MEMBER, (IV) INCURRENCE, ASSUMPTION OR GUARANTEE OF ANY INDEBTEDNESS, (V) SALE, LEASE OR OTHER DISPOSITION OF REAL PROPERTY OR ASSETS WITH A VALUE IN EXCESS OF CERTAIN DOLLAR LIMITS SET FROM TIME TO TIME BY THE MEMBER, AND (VI) ANY MERGER, CONSOLIDATION, REORGANIZATION, DISSOLUTION OR LIQUIDATION

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 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 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	HOLLY BRISTOLL - 40 HOURS TODD COOPERIDER - 40 HOURS BARBARA STEELE - 40 HOURS RONALD WAINZ - 40 HOURS KATHLEEN HANLEY - 40 HOURS JEFFREY KUHN - 40 HOURS GARY AKENBERGER - 40 HOURS RANDALL SCHIMMOELLER - 40 HOURS DARRIN ARQUETTE - 40 HOURS ROBERT FREDRICK - 40 HOURS ALAN SATTLER - 40 HOURS

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -38,424,901 PENSION/POST-RETIREMENT EXPENSE ADJUSTMENT -1,120,263 BENEFICIAL INTEREST IN FOUNDATION -4,107,966 MERGER OF WHOLLY-OWNED SUBSIDIARY 8,552,612 SECTION 337(D) GAIN -459,349 OTHER 299,977 TOTAL TO FORM 990, PART XI, LINE 5 -35,259,890

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE TOLEDO HOSPITAL'S TOP MANAGEMENT OFFICIAL AND OTHER OFFICERS ARE COMPENSATED BY PROMEDICA HEALTH SYSTEM (PHS), A RELATED TAX-EXEMPT ORGANIZATION COMPENSATION DETERMINATIONS OF THE TOLEDO HOSPITAL'S TOP MANAGEMENT OFFICIAL AND OTHER OFFICERS ARE MADE BY A COMPENSATION COMMITTEE OF PHS 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 B, LINE 16B	PROMEDICA HEALTH SYSTEM AND SUBSIDIARIES (PHS) JOINT VENTURE OPERATING AGREEMENTS ARE NEGOTIATED WITH OTHER MEMBERS OF THE JOINT VENTURE TO ENSURE THAT ADEQUATE SAFEGUARDS ARE IN PLACE TO PROTECT PHS' EXEMPT STATUS EACH AGREEMENT CONTAINS SPECIFIC LANGUAGE RELATED TO THE PROVISION OF HEALTH CARE SERVICES WITH FOCUS ON COMMUNITY HEALTH BENEFIT AND MUST FOLLOW A FORMAL REVIEW PROCESS PRIOR TO CONTRACT EXECUTION PROMEDICA HEALTH SYSTEM CONTINUALLY ENSURES THAT ITS EXEMPT STATUS IS PROTECTED BY ACTIVELY PARTICIPATING IN THE GOVERNANCE OF ALL PHS JOINT VENTURES

Identifier	Return Reference	Explanation
	FORM 990, PART III, LINE 4	PROMEDICA HEALTH SYSTEM, INC - PROGRAM SERVICE ACCOMPLISHMENTS ESTABLISHED IN 1986, PROME DICA HEALTH SYSTEM (PROMEDICA) IS A MISSION-BASED, LOCALLY OWNED, NOT-FOR-PROFIT HEALTHCAR E ORGANIZATION HIGHLY FOCUSED ON ACHIEVING CORE VALUES HEADQUARTERED IN TOLEDO, OHIO, PRO MEDICA SERVES 27 COUNTIES IN NORTHWEST OHIO AND SOUTHEAST MICHIGAN AND IS ONE OF THE REGIO N'S LEADING HEALTHCARE PROVIDERS OUR STEWARDSHIP OF RESOURCES HAS ENABLED US TO WISELY IN VEST IN CUTTING-EDGE TECHNOLOGY, INNOVATIVE PROGRAMS AND FAMILY-CENTERED FACILITIES THAT H ELP TO ENSURE PATIENTS AND AREA RESIDENTS HAVE EQUAL ACCESS TO HIGH-QUALITY, SAFE CARE IN THE MOST APPROPRIATE SETTING, REGARDLESS OF A PATIENT'S ABILITY TO PAY BASED ON NEEDS THA T WE HAVE ASSESSED WITHIN THE COMMUNITIES WE SERVE, PROMEDICA LAUNCHED NEW SERVICES AND PR OGRAMS IN 2011 TO HELP MEET THE GROWING DEMANDS OF LOCAL CONSUMERS ACROSS ALL SPECTRUMS OF LIFE, INCLUDING THOSE INDIVIDUALS WHO ARE OFTEN THE MOST VULNERABLE WHEN IT COMES TO HEAL TH CARE THE ELDERLY, POOR AND UNDERSERVED PROMEDICA'S MISSION IS TO IMPROVE THE HEALTH A ND WELL-BEING OF THOSE WE SERVE THIS IS REFLECTED IN OUR FOUR CORE VALUES, INCLUDING COM PASSION - WE TREAT OUR PATIENTS AND EACH OTHER WITH RESPECT, INTEGRITY AND DIGNITY, INNOVA TION - WE CONTINUALLY SEARCH TO FIND A BETTER WAY FORWARD, TEAMWORK - WE PARTNER WITH OTHE RS BECAUSE WE ARE BETTER TOGETHER THAN APART, AND EXCELLENCE - WE STRIVE TO BE THE BEST IN ALL WE DO PROMEDICA AND ITS AFFILIATES COMPRISE 306 SITES, AND APPROXIMATELY 1,674 PHYSI CIANS AND 14,300 EMPLOYEES AND VOLUNTEERS DURING 2011, PROMEDICA DISCHARGED 71,717 INPATI ENTS AND SERVED MORE THAN 1,362,377 OUTPATIENTS, WHILE HANDLING 267,124 EMERGENCY VISITS S YSTEM-WIDE AMONG THE REGION'S LARGEST EMPLOYERS, PROMEDICA PLAYS A SIGNIFICANT ROLE IN EC ONOMIC DEVELOPMENT AND STABILITY IN OUR REGION DURING 2011, FOR EVERY ONE DOLLAR OF REVEN UE, ANOTHER 33 CENTS WAS CREATED IN OUR SERVICE-AREA ECONOMY, WITH A TOTAL ECONOMIC OUTPUT OF $2 54 BILLION WE ALSO CREATE A DIRECT ECONOMIC IMPACT WITH OUR REVENUE, PAYROLL AND E MPLOYMENT ADDITIONALLY, SPENDING ON SERVICES AND MATERIALS WITH VENDORS IN OUR REGION CRE ATES AN INDIRECT ECONOMIC BENEFIT ADDITIONALLY, OUR PHYSICIANS, LEADERSHIP TEAM MEMBERS A ND EMPLOYEES INDIVIDUALLY CONTRIBUTE PERSONAL RESOURCES TO THE COMMUNITY IN NUMEROUS WAYS - SUCH AS THROUGH TUTORING ELEMENTARY STUDENTS IN READING, PROVIDING MONTHLY HEALTH LECTUR ES AT LOCAL SENIOR CENTERS, PARTICIPATING IN MEDICAL MISSIONS, SERVING ON LOCAL NOT-FOR-PR OFIT BOARDS, AND DONATING NONPERISHABLE GOODS TO NUMEROUS LOCAL FOOD PANTRIES AND CHURCHES - UNDERSCORING A KEY BENEFIT OF PROMEDICA BEING LOCALLY OWNED AND OPERATED PROMEDICA'S M EMBER AND AFFILIATE HOSPITALS INCLUDE THE TOLEDO HOSPITAL, TOLEDO CHILDREN'S HOSPITAL (OP ERATING AS PART OF THE TOLEDO HOSPITAL), FLOWER HOSPITAL, FOSTORIA HOSPITAL ASSOCIATION, D EFIANCE HOSPITAL, INC , BAY PARK COMMUNITY HOSPITAL, HERRICK MEMORIAL HOSPITAL, INC , EMMA L BIXBY MEDICAL CENTER, PROMEDICA WILDWOOD ORTHOPAEDIC AND SPINE HOSPITAL (A DIVISION OF THE TOLEDO HOSPITAL), AND ST LUKE'S HOSPITAL IN 2011, PROMEDICA ALSO PROVIDED INTEGRATE D SERVICES, COMPRISED OF - PROMEDICA CONTINUING CARE SERVICES CORPORATION, PROVIDING REHA BILITATION, HOME CARE, AMBULATORY AND SENIOR SERVICES, COMMUNITY HEALTH, MEDICAL TRANSPORT ATION SERVICES, AND CARE COORDINATION - PROMEDICA PHYSICIAN GROUP, WITH MORE THAN 400 HEA LTHCARE PROVIDERS, INCLUDING PRIMARY CARE, OBSTETRICS AND SPECIALTY PHYSICIANS, AS WELL AS ADVANCED PRACTICE PROVIDERS, THEY HELP PROMEDICA TO BROADEN THE CARE WE OFFER AREA RESIDE NTS, INCLUDING IN SMALLER, OUTLYING COMMUNITIES - PROMEDICA INSURANCE CORPORATION, THE LA RGEST HEALTH MAINTENANCE ORGANIZATION PHYSICALLY LOCATED IN NORTHWEST OHIO, EARNED AN EXCE LLENT RATING FOR ITS COMMERCIAL AND ELITE PRODUCTS, AND PARAMOUNT ADVANTAGE RETAINED ITS C OMMENDABLE RATING, AS REPORTED IN CONSUMER REPORTS - ACADEMIC HEALTH CENTER CORPORATION, AN ACADEMIC RELATIONSHIP BETWEEN PROMEDICA AND THE UNIVERSITY OF TOLEDO, CONTINUED TO PROM OTE RESEARCH AND EDUCATION THROUGHOUT THE REGION PROMEDICA HAS ADDITIONAL ACADEMIC RELATI ONSHIPS WITH NUMEROUS OTHER INSTITUTIONS INCLUDING THE UNIVERSITY OF MICHIGAN, MICHIGAN ST ATE UNIVERSITY, AND THE WEST VIRGINIA SCHOOL OF OSTEOPATHIC MEDICINE - PROMEDICA INDEMNIT Y CORPORATION, PROVIDING MEDICAL PROFESSIONAL AND COMPREHENSIVE GENERAL LIABILITY COVERAGE FOR PROMEDICA, INCLUDING IN OUTLYING AREAS WHERE PRIMARY-CARE PHYSICIAN RECRUITMENT IS DI FFICULT - TWELVE CONTROLLED FOUNDATIONS THAT SERVE AS FUNDRAISING ENTITIES FOR THEIR RESP ECTIVE HOSPITALS/BUSINESS UNITS AND FACILITIES, SUCH AS THE EBEID HOSPICE RESIDENCE ON THE FLOWER HOSPITAL CAMPUS PROMEDICA'S SPECIALIZED CARE INCLUDES ONCOLOGY, ORTHOPAEDICS, CAR DIAC, VASCULAR, NEUROLOGY, REHABILITATIVE, AND BEHAVIORAL MEDICINE, AS WELL AS WOMEN'S AND PEDIATRIC CARE A FUNDAMENTAL PART OF OUR MISSION IS THAT OUR SERVICES ARE TAILORED TO TH E NEEDS OF OUR COMMUNITIES AND THEY ARE AVAILABLE

Identifier	Return Reference	Explanation
	FORM 990, PART III, LINE 4	TO EVERYONE IN OUR COMMUNITY, REGARDLESS OF THEIR ABILITY TO PAY IN ADDITION TO BEING A S TRONG ADVOCATE FOR THE HEALTH AND WELL-BEING OF OTHERS, PROMEDICA PROVIDES AND PROMOTES CO MMUNITY WELLNESS, COLLABORATING WITH MORE THAN 300 LOCAL NONPROFIT AGENCIES AND ORGANIZATI ONS IN 2011 THAT HAD VALUES AND MISSIONS SIMILAR TO OURS PROMEDICA IS CONTINUALLY IMPROVI NG ITS SERVICES, FACILITIES, TECHNOLOGIES, AND OUTREACH EFFORTS TO MEET THE EVER-CHANGING NEEDS OF ITS DIVERSE POPULATIONS IN DIRECT RESPONSE TO COMMUNITY NEEDS, JUST A FEW EXAMPL ES 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
		THE TOLEDO HOSPITAL - PROGRAM SERVICE ACCOMPLISHMENTS THE TOLEDO HOSPITAL (D/B/A PROMEDICA TOLEDO HOSPITAL) IS THE ADULT TERTIARY HOSPITAL OF PROMEDICA HEALTH SYSTEM (PROMEDICA), A MISSION-BASED, LOCALLY OWNED, NONPROFIT HEALTHCARE ORGANIZATION HIGHLY FOCUSED ON ACHIEVI NG CORE VALUES HEADQUARTERED IN TOLEDO, OHIO, PROMEDICA SERVES 27 COUNTIES IN NORTHWEST O HIO AND SOUTHEAST MICHIGAN, AND IS ONE OF THE REGION'S LEADING HEALTHCARE PROVIDERS OUR S TEWARDSHIP OF RESOURCES HAS ENABLED US TO WISELY INVEST IN PATIENT-CENTERED CARE, ADVANCED TECHNOLOGY, INNOVATIVE PROGRAMS, AND FAMILY-ORIENTED FACILITIES THAT HELP TO ENSURE PATIE NTS AND AREA RESIDENTS HAVE EQUAL ACCESS TO HIGH-QUALITY, SAFE CARE IN THE MOST APPROPRIAT E SETTING, REGARDLESS OF A PATIENT'S ABILITY TO PAY FOR MORE THAN 130 YEARS, PROMEDICA TO LEDO HOSPITAL (TH) HAS SERVED METRO TOLEDO AND SURROUNDING COMMUNITIES WITH STATE-OF-THE-A RT EMERGENCY, MEDICAL, DIAGNOSTIC, AND SURGICAL SERVICES THE 794-BED HOSPITAL IS STAFFED BY MORE THAN 4,800 EMPLOYEES TH OFFERS ACCESS TO THE AREA'S LARGEST BOARD-CERTIFIED MEDIC AL STAFF, WITH APPROXIMATELY 1,300 PRIMARY CARE AND SPECIALTY PHYSICIANS THE RENAISSANCE TOWER AT TH HOUSES 224 PRIVATE ADULT AND PEDIATRIC PATIENT ROOMS, LARGE VISITOR WAITING AR EAS THAT ARE FAMILY-CENTERED, ADVANCED SURGICAL INTENSIVE CARE AND NEWBORN INTENSIVE CARE UNITS, A CHILDREN'S CANCER CENTER, AND A ROOFTOP HELIPAD ADDITIONALLY, TH OFFERS A NUMBER OF KEY SERVICE LINES FOR THE METRO-TOLEDO AREA SUCH AS THE CENTER FOR WOMEN'S HEALTH, WHI CH INCLUDES ITS FERTILITY CLINIC AND LEVEL III PERINATAL UNIT, JOBST VASCULAR CENTER, AND A LEVEL I TRAUMA CENTER FURTHER, PROMEDICA'S EICU(R) TECHNOLOGY IS HOUSED AND MONITORED A T TH, THE TH BARIATRICS PROGRAM EARNED DISTINCTION AS A BARIATRIC SURGERY CENTER OF EXCELL ENCE FROM THE AMERICAN SOCIETY FOR METABOLIC AND BARIATRIC SURGERY, AND TH BREAST CARE CEN TER IS RECOGNIZED AS A BREAST IMAGING CENTER OF EXCELLENCE BY THE AMERICAN COLLEGE OF RADI OLOGY OTHER PROGRAMS AND SERVICES INCLUDE WELL-ESTABLISHED NEUROSCIENCES, CARDIOVASCULAR AND ORTHOPAEDICS DEPARTMENTS, AND AN EMERGENCY CENTER THAT TREATS MORE THAN 86,000 PATIENT S ANNUALLY ALL SERVICES ARE FULLY BACKED BY ACCREDITED ANCILLARY SERVICES, SUCH AS LABORA TORY, RADIOLOGY, AND PHYSICAL, SPEECH, AND OCCUPATIONAL THERAPIES TOLEDO CHILDREN'S HOSPI TAL, OPERATING AS PART OF TH, PROVIDES PEDIATRIC TERTIARY CARE. TOLEDO CHILDREN'S HOSPITAL (TCH) EXCLUSIVELY SERVES THE HEALTHCARE NEEDS OF CHILDREN AND ADOLESCENTS, FROM NEWBORNS THROUGH AGE 18 TCH'S MEDICAL STAFF INCLUDES BOARD-CERTIFIED PHYSICIANS, WHILE A NEWBORN I NTENSIVE CARE PHYSICIAN AND A PEDIATRIC HOSPITALIST ARE ON DUTY 24 HOURS A DAY IN 2011, N ATIONAL RESEARCH CORPORATION (NRC) SELECTED TH AS THE REGION'S CONSUMER CHOICE AWARD-WINNE R FOR THE 16TH CONSECUTIVE YEAR NRC PRESENTS THE AWARD ANNUALLY TO THE MOST PREFERRED HOS PITALS IN 250 U S MARKETS ADDITIONALLY, BOTH TH AND TCH WERE REACCREDITED AS A LEVEL I T RAUMA CENTER BY THE AMERICAN COLLEGE OF SURGEONS AND TH'S STROKE PROGRAM ACHIEVED ACCREDIT ATION AS A PRIMARY STROKE CENTER FROM THE JOINT COMMISSION A NEW DIVISION OF TH, PROMEDIC A WILDWOOD ORTHOPAEDIC AND SPINE HOSPITAL OPENED ITS DOORS IN 2011 THIS ALL-DIGITAL, ACUT E CARE FACILITY PROVIDES INPATIENT ORTHOPAEDIC SURGERY TO ADDRESS THE NEEDS OF AGING BABY BOOMERS AND SOLELY SERVES ORTHOPAEDIC AND SPINE PATIENTS, OFFERING DIAGNOSTIC, SURGICAL AN D REHABILITATION SERVICES UNDER ONE ROOF IN 2011, TH SERVED 33,149 INPATIENTS, 613,213 OU TPATIENTS, AND 86,393 EMERGENCY CENTER PATIENTS TH CONTRIBUTED $58,635,000 IN COMMUNITY B ENEFIT THROUGH COMMUNITY BENEFIT EXPENDITURES, FINANCIAL ASSISTANCE AND GOVERNMENT-SPONSOR ED, MEANS-TESTED HEALTH CARE THROUGH COMMUNITY HEALTH IMPROVEMENT SERVICES, HEALTH PROFES SIONS EDUCATION, SUBSIDIZED HEALTH SERVICES, CASH AND IN-KIND CONTRIBUTIONS, RESEARCH ACTI VITIES, AND OTHER COMMUNITY BENEFIT OPERATIONS, TH CONTRIBUTED $26,519,000 TO THE COMMUNIT Y DURING 2011 INCLUDED IN THIS FIGURE ARE PROGRAMS SUCH AS - FREE HEALTH EDUCATION LECTU RES ON DISEASE IDENTIFICATION AND TREATMENT OPTIONS - WITH AN EMPHASIS ON INDIVIDUAL ACCOU NTABILITY - CONDUCTED AT AREA SENIOR CENTERS, LOCAL BUSINESSES AND IN SCHOOLS - TH AORTIC CENTER, WHICH COMBINES CARDIOVASCULAR SURGERY, VASCULAR SURGERY AND CARDIOLOGY - A COLLAB ORATIVE PROGRAM BETWEEN TH AND JOBST VASCULAR CENTER TO PROVIDE A NEW LEVEL OF EXPERTISE I N AORTIC DISEASE TREATMENT AND MANAGEMENT - THE AUTISM COLLABORATIVE - A COLLABORATION BE TWEEN TCH AND LOCAL AUTISM ORGANIZATIONS AND UNIVERSITIES - TO PROVIDE EXPERT KNOWLEDGE AN D SERVICES UNDER ONE UMBRELLA ORGANIZATION, ALLOWING THOSE WITH AUTISM AND THEIR FAMILIES TO RESEARCH AND FIND THE BEST POSSIBLE CARE - SUPPORT GROUPS FOR PATIENTS' FAMILIES TO AS SIST WITH A VARIETY OF DISEASE ISSUES AND TO OFFER SOCIAL SERVICES INFORMATION - THE FIRS T STEPS (FOR NEW PARENTS AT-RISK) AND TEEN PEP (DATING ABUSE/VIOLENCE-PREVENTION) PROGRAMS TO EXTEND CARE AND EDUCATION OUTSIDE THE HOSPITAL

Identifier	Return Reference	Explanation
		, IN MORE NONTRADITIONAL WAYS - FREE AND LOW-COST OUTPATIENT CLINICS THAT OFFER A WIDE AR RAY OF HEALTH SERVICES INCLUDING FLU CLINICS, IMMUNIZATIONS, VASCULAR SCREENINGS, AND TREA TMENT OF MINOR ILLNESSES THAT MIGHT NOT REQUIRE AN EMERGENCY CENTER VISIT BUT STILL REQUIR E MEDICAL ATTENTION - PREPARATION FOR PARENTHOOD CLASSES THAT HELP PREPARE EXPECTANT PARE NTS FOR A HEALTHY LABOR AND DELIVERY, AND OFFER INFANT SAFETY TIPS, AS WELL AS NEW MOTHER CARE AND HEALTHY BABY EDUCATION - FREE SCREENING MAMMOGRAMS AND BREAST CARE EDUCATION THA T EMPHASIZE THE IMPORTANCE OF ROUTINE SELF-BREAST EXAMS FOR UNINSURED AND UNDERINSURED WOM EN IN THE TOLEDO AREA - IN-KIND DONATIONS AND GENERAL CONTRIBUTIONS, WHICH SUPPORT LOCAL NON-PROFIT ORGANIZATIONS WITH SIMILAR VALUES TH ALSO PROVIDED A SIGNIFICANT AMOUNT OF FIN ANCIAL ASSISTANCE TO THE COMMUNITY DURING 2011, OF WHICH $14,168,000 REPRESENTED UNCOMPENS ATED AMOUNTS FOR TREATMENT TO THOSE PATIENTS WHO DID NOT HAVE THE FINANCIAL RESOURCES TO P AY FOR HOSPITAL SERVICES FINANCIAL ASSISTANCE REPRESENTS THE COST TO PROVIDE SERVICE AND DOES NOT INCLUDE THE COSTS FOR ACCOUNTS THAT ARE WRITTEN OFF TO BAD DEBT FOR PATIENTS WHO DID NOT PAY THEIR BILLS TH'S COST OF BAD DEBT FOR 2011 WAS $7,238,000 THIS AMOUNT IS NOT INCLUDED IN THE COMMUNITY BENEFIT TOTAL OF $58,635,000 INDICATED ABOVE TH PROVIDED $17,9 48,000 OF COMMUNITY SUPPORT WHICH REPRESENTS THE COSTS - NOT REIMBURSED BY THE GOVERNMENT - FOR TREATING MEDICAID PATIENTS IN 2011, THE TOTAL COSTS - NOT REIMBURSED BY THE GOVERNM ENT - FOR TREATING MEDICARE PATIENTS WAS $30,103,000 AND IS NOT INCLUDED IN THE COMMUNITY BENEFIT AMOUNT OF $58,635,000 NOTED ABOVE DURING 2011, TH EXPENDED $164,897,000 IN NET PA YROLL, PROVIDING 4,864 JOBS IN NORTHWEST OHIO A TOTAL OF $10,607,000 WAS WITHHELD FROM HO SPITAL EMPLOYEES IN STATE AND LOCAL TAXES IN SUMMARY, TH DEMONSTRATES PROMEDICA'S MISSION AND CORE VALUES BY PROVIDING HIGH-QUALITY HEALTH CARE TO ALL PATIENTS, REGARDLESS OF THEI R RACE, CREED, SEX, NATIONAL ORIGIN, DISABILITY, OR AGE AND, WE RECOGNIZE THAT NOT ALL IN DIVIDUALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL CARE THEREFORE, WE PROVIDE TH ESE HEALTHCARE SERVICES, RECRUIT AND TRAIN HEALTHCARE PROFESSIONALS TO SERVE THE BROADER C OMMUNITY, PROVIDE APPROPRIATE FINANCIAL ASSISTANCE, OFFER SERVICES AND CONTRIBUTIONS TO OT HER NONPROFIT ORGANIZATIONS THAT ALLOW THEM TO PROVIDE KEY SERVICES TO THEIR CONSTITUENTS, AND PRESENT FREE EDUCATIONAL CLASSES, HEALTH FAIRS AND OTHER ACTIVITIES TO OUR LOCAL COMM UNITY 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
THE TOLEDO HOSPITAL

Employer identification number
34-4428256

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

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

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

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

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: 34-4428256
Name: THE TOLEDO HOSPITAL

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

(a) Name, address, and EIN of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income ($)	(e) End-of-year assets ($)	(f) Direct Controlling Entity
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	
PROMEDICA HEALTH SYSTEM INC 1801 RICHARDS RD TOLEDO, OH 43607 34-1517671	PARENT COMPANY OF HEALTH SYSTEM	OH	501(C)(3)	11C, III-FI	N/A		No
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	
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)	PROMEDICA CONTINUING CARE SERVICES CORP	B	2,000,000	FMV
(2)	PROMEDICA HEALTH SYSTEM INC	B	16,000,000	FMV
(3)	PROMEDICA FOUNDATION	B	989,055	FMV
(4)	PROMEDICA PHYSICIANS & CONTINUUM SERVICES	B	3,375,000	FMV
(5)	PROMEDICA PHYSICIAN GROUP	B	11,000,000	FMV
(6)	ACADEMIC HEALTH CENTER CORPORATION	C	729,100	FMV
(7)	PROMEDICA FOUNDATION	C	3,465,727	FMV
(8)	PROMEDICA CONTINUING CARE SERVICES CORP	I	431,147	FMV
(9)	PROMEDICA HEALTH SYSTEM INC	I	1,515,396	FMV
(10)	PROMEDICA PHYSICIANS & CONTINUUM SERVICES	I	461,579	FMV
(11)	PROMEDICA PHYSICIAN GROUP	I	4,277,442	FMV
(12)	FOSTORIA HOSPITAL ASSOCIATION	N	84,896	FMV
(13)	BAY PARK COMMUNITY HOSPITAL	N	442,632	FMV
(14)	FLOWER HOSPITAL	N	831,331	FMV
(15)	PROMEDICA PHYSICIAN GROUP	N	62,200	FMV
(16)	PROMEDICA HEALTH SYSTEM INC	N	379,816	FMV
(17)	PROMEDICA CONTINUING CARE SERVICES CORP	N	84,168	FMV
(18)	EMMA L BIXBY MEDICAL CENTER	O	182,709	FMV
(19)	FLOWER HOSPITAL	O	112,418	FMV
(20)	PROMEDICA CONTINUING CARE SERVICES CORP	O	109,566	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)	PROMEDICA COURIER SERVICES INC	O	1,724,296	FMV
(22)	PROMEDICA HEALTH SYSTEM INC	O	74,265,578	FMV
(23)	PROMEDICA PHYSICIANS & CONTINUUM SERVICES	O	94,766	FMV
(24)	PROMEDICA PHYSICIAN GROUP	O	34,323,264	FMV
(25)	PROMEDICA INSURANCE CORP INC & SUBSIDIARIES	O	3,084,593	FMV
(26)	DEFIANCE HOSPITAL INC	P	779,543	FMV
(27)	FOSTORIA HOSPITAL ASSOCIATION	P	407,706	FMV
(28)	BAY PARK COMMUNITY HOSPITAL	P	2,315,646	FMV
(29)	EMMA L BIXBY MEDICAL CENTER	P	1,338,622	FMV
(30)	HERRICK MEMORIAL HOSPITAL INC	P	642,501	FMV
(31)	FLOWER HOSPITAL	P	2,038,587	FMV
(32)	ST LUKE'S HOSPITAL	P	437,168	FMV
(33)	PROMEDICA CONTINUING CARE SERVICES CORP	P	101,271	FMV
(34)	PROMEDICA NORTH REGION INC	P	53,785	FMV
(35)	PROMEDICA HEALTH SYSTEM INC	P	8,821,433	FMV
(36)	PROMEDICA PHYSICIAN GROUP	P	205,618	FMV
(37)	CENTRAL REGION PROPERTIES INC	R	8,552,612	BOOK VALUE

ProMedica Healthcare Obligated Group

Combined Financial Statements as of and for the Years Ended December 31, 2011 and 2010, Combined Supplemental Schedules as of and for the Year Ended December 31, 2011, and Independent Auditors' Report

PROMEDICA HEALTHCARE OBLIGATED GROUP

TABLE OF CONTENTS

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INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of
ProMedica Health System
Toledo, Ohio

We have audited the accompanying combined balance sheets of ProMedica Healthcare Obligated Group companies (the "Obligated Group") as of December 31, 2011 and 2010, and the related combined statements of operations, changes in net assets, and cash flows for the years then ended. The companies comprising the Obligated Group are under common ownership and common management. These financial statements are the responsibility of the Obligated Group's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Obligated Group's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, such combined financial statements present fairly, in all material respects, the financial position of the Obligated Group as of December 31, 2011 and 2010, and the results of its operations, changes in its net assets, and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

As discussed in Note 1, on January 1, 2011, certain subsidiaries of Obligated Group members, that are not members of the Obligated Group were transferred to other controlled entities within ProMedica Health System, which are not part of the Obligated Group.

The additional combining information on pages 45-48 is presented for the purpose of additional analysis of the combined financial statements rather than to present the financial position and results of operations of the individual companies, and is not a required part of the combined financial statements. This additional combining information is the responsibility of the Company's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Such additional combining information has been subjected to the auditing procedures applied in our audits of the combined financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the combined financial statements or to the combined financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, such additional combining information is fairly stated in all material respects in relation to the combined financial statements as a whole

Deloitte & Touche LLP

April 16, 2012

PROMEDICA HEALTHCARE OBLIGATED GROUP

COMBINED BALANCE SHEETS
AS OF DECEMBER 31, 2011 AND 2010
(In thousands)

ASSETS	2011	2010
CURRENT ASSETS:		
Cash and cash equivalents	$ 44,480	$ 90,227
Marketable securities	60,247	77,845
Assets limited as to use or restricted	155	698
Accounts receivable — net of estimated uncollectible accounts of $144,619 and $98,071 in 2011 and 2010, respectively	212,094	197,770
Supplies	18,467	22,117
Other current assets	32,586	21,445
Total current assets	368,029	410,102
NONCURRENT ASSETS LIMITED AS TO USE OR RESTRICTED — Net of amount required to meet current obligations:		
Restricted funds	237,052	213,807
Bond indenture agreement funds	125,661	39,715
Internally designated for capital acquisition	1,005,668	930,627
Other segregated investments	14,282	30,672
Total noncurrent assets limited as to use or restricted	1,382,663	1,214,821
PROPERTY AND EQUIPMENT — Net	651,730	630,497
OTHER ASSETS:		
Deferred bond issuance costs — net of accumulated amortization of $4,930 and $3,947 in 2011 and 2010, respectively	5,581	4,837
Goodwill	16,366	17,148
Intangible assets and other	296	580
Investments in affiliated companies	5,323	7,285
Total other assets	27,566	29,850
TOTAL	$2,429,988	$2,285,270

(Continued)

PROMEDICA HEALTHCARE OBLIGATED GROUP

COMBINED BALANCE SHEETS
AS OF DECEMBER 31, 2011 AND 2010
(In thousands)

LIABILITIES AND NET ASSETS	2011	2010
CURRENT LIABILITIES:		
Contractual current installments of long-term debt	$ 11,012	$ 10,001
Contingent current installments of long-term debt	97,980	71,585
Accounts payable and accrued expenses	93,995	86,458
Accrued compensation and benefits	55,432	55,175
Estimated third-party payor settlements — net	61,978	54,726
Accrued professional liability and workers' compensation	725	535
Accrued postretirement plans	1,029	1,126
Total current liabilities	322,151	279,606
OTHER LIABILITIES:		
Accrued professional liability and workers' compensation — less current portion	8,342	9,268
Deferred compensation	8,491	8,292
Pension	58,852	31,839
Accrued postretirement plans — less current portion	14,796	14,470
Other	35,472	27,443
Total other liabilities	125,953	91,312
LONG-TERM DEBT — Less current installments	446,761	353,371
NET ASSETS:		
Unrestricted:		
Controlling interest	1,293,669	1,343,702
Noncontrolling interest in combined subsidiaries	4,402	3,472
Total unrestricted	1,298,071	1,347,174
Temporarily restricted	205,104	181,901
Permanently restricted	31,948	31,906
Total net assets	1,535,123	1,560,981
TOTAL	$2,429,988	$2,285,270

See notes to combined financial statements. (Concluded)

PROMEDICA HEALTHCARE OBLIGATED GROUP

COMBINED STATEMENTS OF OPERATIONS
FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010
(In thousands)

	2011	2010
UNRESTRICTED REVENUES, GAINS, AND OTHER SUPPORT		
Net patient service revenue	$ 1,389,791	$ 1,222,073
Net assets released for use in operations	7,319	7,395
Other	37,641	36,898
Total unrestricted revenues, gains, and other support	1,434,751	1,266,366
EXPENSES		
Salaries, wages, and employee benefits	539,822	484,677
Food and drugs	107,144	91,911
Medical expenses	6	(1,154)
Contracted fees	118,814	101,157
Supplies	165,401	157,089
Insurance	15,994	17,024
Utilities	16,992	15,440
Depreciation and amortization	68,133	63,995
Interest	22,939	18,316
Provision for bad debts	78,297	59,580
Other	221,405	182,658
Total expenses	1,354,947	1,190,693
OPERATING INCOME	79,804	75,673
OTHER (LOSS) INCOME		
Investment (loss) income	(26,079)	101,934
Contribution of St Luke's Hospital net assets (Note 20)		96,631
Income tax (expense) benefit	(361)	7
Other	(2,726)	2,531
Total other (loss) income — net	(29,166)	201,103
EXCESS OF REVENUES OVER EXPENSES	50,638	276,776
NET ASSETS RELEASED FROM RESTRICTIONS FOR FIXED ASSETS	3,476	3,689
TRANSFERS TO AFFILIATED ENTITIES	(62,474)	(31,365)
NONCONTROLLING INTEREST IN ACQUISITIONS	355	2,500
DISTRIBUTIONS TO NONCONTROLLING INTERESTS	(829)	(119)
EFFECT OF FASB ASC 958 CHANGE IN ACCOUNTING PRINCIPLE (Note 7)		(982)
PENSION AND OTHER POSTRETIREMENT ADJUSTMENTS	(40,269)	20,866
(DECREASE) INCREASE IN UNRESTRICTED NET ASSETS	$ (49,103)	$ 271,365

See notes to combined financial statements

PROMEDICA HEALTHCARE OBLIGATED GROUP

COMBINED STATEMENTS OF CHANGES IN NET ASSETS
FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010
(In thousands)

	Controlling Interest Unrestricted	Noncontrolling Interest Unrestricted	Total Unrestricted	Temporarily Restricted	Permanently Restricted	Total
NET ASSETS — December 31, 2009	$1,075,058	$ 751	$1,075,809	$164,954	$30,416	$1,271,179
Excess of revenues over expenses	276,436	340	276,776			276,776
Investment income				611		611
Beneficial interest in foundation				16,712	1,489	18,201
Restricted contributions				3,577	1	3,578
Distributions to noncontrolling interests		(119)	(119)			(119)
Noncontrolling interests in acquisitions		2,500	2,500			2,500
Net assets released from restrictions	3,689		3,689	(4,857)		(1,168)
Effect of FASB ASC 958 change in accounting principle	(982)		(982)			(982)
Transfers (to) from affiliated entities	(31,365)		(31,365)	904		(30,461)
Pension and other postretirement adjustments	20,866		20,866			20,866
Increase in net assets	268,644	2,721	271,365	16,947	1,490	289,802
NET ASSETS — December 31, 2010	1,343,702	3,472	1,347,174	181,901	31,906	1,560,981
Excess of revenues over expenses	49,234	1,404	50,638			50,638
Investment income				33		33
Beneficial interest in foundation				29,751	3,278	33,029
Restricted contributions				1,769		1,769
Distributions to noncontrolling interests		(829)	(829)			(829)
Noncontrolling interests in acquisitions		355	355			355
Net assets released from restrictions	3,476		3,476	(2,859)		617
Transfers to affiliated entities	(62,474)		(62,474)	(5,491)	(3,236)	(71,201)
Pension and other postretirement adjustments	(40,269)		(40,269)			(40,269)
(Decrease) increase in net assets	(50,033)	930	(49,103)	23,203	42	(25,858)
NET ASSETS — December 31, 2011	$1,293,669	$4,402	$1,298,071	$205,104	$31,948	$1,535,123

See notes to combined financial statements

PROMEDICA HEALTHCARE OBLIGATED GROUP

COMBINED STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010
(In thousands)

	2011	2010
CASH FLOWS FROM OPERATING ACTIVITIES:		
(Decrease) Increase in net assets	$ (25,858)	$ 289,802
Adjustments to reconcile (decrease) increase in net assets to net assets to net cash provided by operating activities:		
Depreciation and amortization	68,133	63,995
(Loss) gain on sale of equipment	(35)	66
Provision for bad debts	78,297	59,580
Asset impairment	2,642	
Loss on advanced refunding of long-term debt	5,428	64
Transfers to affiliated companies	71,201	30,461
Investment Income	26,079	(101,934)
Distributions from joint ventures	3,421	2,503
Distributions to noncontrolling interests	829	119
Beneficial interest in foundation	(33,029)	(18,201)
Restricted contributions and other	(1,769)	(3,578)
Contribution of St. Luke's Hospital net assets		(96,631)
Noncontrolling interest in acquisitions	(355)	(2,500)
Effect of FASB ASC 958 change in accounting principle		(982)
(Increase) decrease — net of acquisition and transfers to affiliated companies, in:		
Accounts receivable	(99,000)	(74,539)
Supplies and other current assets	(11,851)	(16,393)
Other assets	(5,470)	61,687
Increase (decrease) — net of acquisition and transfers to affiliated companies, in:		
Accounts payable and accrued liabilities	14,510	7,882
Estimated third-party payor settlements	7,252	10,416
Other liabilities	23,933	(27,240)
Net cash provided by operating activities	124,358	184,577
CASH FLOWS FROM INVESTING ACTIVITIES:		
Acquisition of property and equipment	(89,552)	(38,087)
Cash contributed by St. Luke's Hospital		5,495
Cash transferred to affiliated companies	(7,815)	
Proceeds from sale of equipment	526	1,793
Contributions to joint ventures		
Acquisition of businesses — net of cash acquired		(2,474)
(Decrease) increase in:		
Purchases of investments	(2,525,685)	(2,426,052)
Proceeds from sales of investments	2,373,688	2,355,734
Increase (decrease) in total restricted cash included in assets limited to use or restricted	10,628	(693)
Net cash used in investing activities	(238,210)	(104,284)

(Continued)

PROMEDICA HEALTHCARE OBLIGATED GROUP

COMBINED STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010
(In thousands)

	2011	2010
CASH FLOWS FROM FINANCING ACTIVITIES:		
Proceeds from long-term debt	$ 378,701	$ -
Repayment of long-term debt	(12,031)	(15,298)
Advanced refunding of long-term debt	(247,659)	(7,580)
Transfers to affiliated companies	(51,846)	(30,461)
Distributions to noncontrolling interests	(829)	(119)
Restricted contributions and other	1,769	3,578
Net cash provided by (used in) financing activities	68,105	(49,880)
NET (DECREASE) INCREASE IN CASH AND CASH EQUIVALENTS	(45,747)	30,413
CASH AND CASH EQUIVALENTS — Beginning of year	90,227	59,814
CASH AND CASH EQUIVALENTS — End of year	$ 44,480	$ 90,227
SUPPLEMENTAL DISCLOSURES OF CASH FLOW INFORMATION:		
Cash paid for interest — net of amount capitalized	$ 22,317	$ 18,342
Cash paid for taxes	$ 3,180	$ 358
Acquisition of property through accounts payable	$ 6,881	$ 2,111
Assets transferred to affiliated companies, net of cash transferred	$ 28,698	$ -
Liabilities assumed	(17,158)	
Net assets transferred to affiliated companies	$ 11,540	$ -
Fair value of assets acquired from St. Luke's Hospital and related entities, net of cash contributed	$ -	$ 179,989
Liabilities assumed		(88,853)
Inherent contribution of St. Luke's Hospital and related entities, net of cash contributed	$ -	$ 91,136

See notes to combined financial statements. (Concluded)

1. BASIS OF PRESENTATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Operations — The combined financial statements of the ProMedica Healthcare Obligated Group companies (the "Obligated Group") include the following corporations:

The Toledo Hospital ("Toledo"), an Ohio not-for-profit corporation, operates a hospital and related health care facilities and engages in medical research. Included within Toledo are the accounts of Toledo Children's Hospital. Toledo has previously been determined by the Internal Revenue Service (IRS) to be an organization described in Internal Revenue Code (IRC) Section 501(c)(3), exempt from taxation under IRC Section 501(a). Toledo qualifies for public charity status by meeting the requirements of IRC Section 509(a). Any income not substantially related to Toledo's exempt purpose may be considered unrelated business income (UBI) under IRC Section 511 and, as such, is subject to tax at normal corporate rates.

Flower Hospital ("Flower"), an Ohio not-for-profit corporation, operates as a general acute care hospital. Flower has previously been determined by the IRS to be an organization described in IRC Section 501(c)(3), exempt from taxation under IRC Section 501(a). Flower qualifies for public charity status by meeting the requirements of IRC Section 509(a). Any income not substantially related to Flower's exempt purpose may be considered UBI under IRC Section 511 and, as such, is subject to tax at normal corporate rates.

Fostoria Hospital Association ("Fostoria"), an Ohio not-for-profit corporation, operates as a general acute care hospital. Fostoria has previously been determined by the IRS to be an organization described in IRC Section 501(c)(3), exempt from taxation under IRC Section 501(a). Fostoria qualifies for public charity status by meeting the requirements of IRC Section 509(a). Any income not substantially related to Fostoria's exempt purpose may be considered UBI under IRC Section 511 and, as such, is subject to tax at normal corporate rates.

Defiance Hospital, Inc. ("Defiance"), an Ohio not-for-profit corporation, operates as a general acute care hospital. Defiance has previously been determined by the IRS to be an organization described in IRC Section 501(c)(3), exempt from taxation under IRC Section 501(a). Defiance qualifies for public charity status by meeting the requirements of IRC Section 509(a). Any income not substantially related to Defiance's exempt purpose may be considered UBI under IRC Section 511 and, as such, is subject to tax at normal corporate rates.

Bay Park Community Hospital ("Bay Park"), an Ohio not-for-profit corporation, operates as a general acute care hospital in Oregon, Ohio. Bay Park has previously been determined by the IRS to be an organization described in IRC Section 501(c)(3), exempt from taxation under IRC Section 501(a). Bay Park qualifies for public charity status by meeting the requirements of IRC Section 509(a). Any income not substantially related to Bay Park's exempt purpose may be considered UBI under IRC Section 511 and, as such, is subject to tax at normal corporate rates.

St. Luke's Hospital ("St. Luke's"), an Ohio not-for-profit corporation, operates as a general acute care hospital in Maumee, Ohio. St. Luke's has previously been determined by the IRS to be an organization described in IRC Section 501(c)(3), exempt from taxation under IRC Section 501(a). St. Luke's qualifies

for public charity status by meeting the requirements of IRC Section 509(a). Any income not substantially related to St. Luke's exempt purpose may be considered UBI under IRC Section 511 and, as such, is subject to tax at normal corporate rates.

Through an affiliation agreement with the former OhioCare Health System, Inc., ProMedica Health System became the sole member/parent of St. Luke's Hospital, St. Luke's Hospital Foundation, Care Enterprises, Inc., WellCare Physician Group, LLC, Physicians Advantage MSO, Inc., and Care Holdings, Inc. as of September 1, 2010. (see Note 20). St. Luke's Hospital is a member of the Obligated Group.

Emma L. Bixby Medical Center ("Bixby"), a Michigan not-for-profit corporation, operates a general acute care hospital and other health care related entities in Adrian, Michigan. Bixby has previously been determined by the IRS to be an organization described in IRC Section 501(c)(3), exempt from taxation under IRC Section 501(a). Bixby qualifies for public charity status by meeting the requirements of IRC Section 509(a). Any income not substantially related to Bixby's exempt purpose may be considered UBI under IRC Section 511 and, as such, is subject to tax at normal corporate rates.

Herrick Memorial Hospital, Inc ("Herrick"), a Michigan not-for-profit corporation, operates a general acute care hospital in Tecumseh, Michigan. Herrick has previously been determined by the IRS to be an organization described in IRC Section 501(c)(3), exempt from taxation under IRC Section 501(a). Herrick qualifies for public charity status by meeting the requirements of IRC Section 509(a). Any income not substantially related to Herrick's exempt purpose may be considered UBI under IRC Section 511 and, as such, is subject to tax at normal corporate rates.

ProMedica Continuing Care Services Corporation (PCCS), an Ohio not-for-profit corporation, providing a range of medical, rehabilitation and home health services, long-term nursing, and housing options for the senior population has previously been determined by the IRS to be an organization described in IRC Section 501(c)(3), exempt from taxation under IRC Section 501(a). PCCS qualifies for public charity status by meeting the requirements of IRC Section 509(a). Any income not substantially related to PCCS's exempt purpose may be considered UBI under IRC Section 511 and, as such, is subject to tax at normal corporate rates.

Lenawee Long-Term Care, Inc. d/b/a Provincial House of Adrian ("Provincial House") (a wholly owned subsidiary of Bixby), a not-for-profit long-term care facility, provides housing, health care, and other related services to residents in southeastern Michigan. Provincial House has previously been determined by the IRS to be an organization described in IRC Section 501(c)(3), exempt from taxation under IRC Section 501(a). Provincial House qualifies for public charity status by meeting the requirements of IRC Section 509(a). Any income not substantially related to Provincial House's exempt purpose may be considered UBI under IRC Section 511 and, as such, is subject to tax at normal corporate rates.

ProMedica Health System, Inc. (the "Parent" or "System" or "ProMedica") is the parent holding company of a multicorporate health care delivery system and the sole member of Toledo, Flower, Defiance, Fostoria, St. Luke's, Bay Park, Bixby, Herrick, Provincial House, and PCCS. The Parent as well as the following controlled entities of the Parent are not members of the Obligated Group: ProMedica Physicians and Continuum Services (PPCS), ProMedica Insurance Corporation (PIC), ProMedica Indemnity Corporation ("Indemnity"), Academic Health Center Corporation (AHCC), ProMedica Foundation, St. Luke's Hospital Foundation, Care Enterprises, Inc., Physicians Advantage MSO, Inc., and Care Holdings, Inc.

In accordance with accounting principles generally accepted in the United States of America (GAAP), the beneficial interest in supporting foundations of the members of

the Obligated Group has been included in the accompanying combined financial statements as restricted funds on the combined balance sheets. These supporting foundations are not members of the Obligated Group.

The accompanying combined financial statements include the financial results of certain subsidiaries of the Obligated Group members, which are required to be consolidated in accordance with accounting principles generally accepted in the United States of America (GAAP). These subsidiaries are added back to the combined financial statements in the supplemental combining schedules to present the GAAP financial results. The following subsidiaries of Obligated Group members, included in the combining financial statements, are not members of the Obligated Group: Reynolds Road Surgical Center, LLC ("Surgery Center"), West Central Surgical Center LLC, Northwest Ohio Dedicated Breast MRI LLC, Lenawee Health Alliance Professional Services Corporation, Inc. d/b/a ProMedica North Region Professional Services Corporation, Inc., Herrick Memorial Development Corporation, Bixby Medical Office, LP, and Wolf Creek Associates, LLC.

As of January 1, 2011 certain subsidiaries of Obligated Group members (including Toledo District Nurse Association, The Pharmacy Counter, L.L.C., Visiting Nurse Hospice and Health Care, Flower Market, Fostoria Community Hospital Foundation, Bixby Community Health Foundation and Herrick Memorial Hospital Foundation) were transferred to other controlled entities within the System, which are not part of the Obligated Group, and are not included in the combined financial statements. These subsidiaries were included in the 2010 combining supplemental financial statement schedules as "non-obligated group combined entities" and are excluded from the 2011 combined obligated group total financial statement results in the combining supplemental financial statements. The resulting decrease in Obligated Group net assets of $19,355,000 is included in transfers to affiliated entities in the combined statements of operations and statements of changes in net assets.

The net assets associated with non-obligated group members are $251,189,000 and $240,492,000 at December 31, 2011 and 2010, respectively.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Principles of Combination — The accompanying combined financial statements include the accounts of the Obligated Group companies and their majority-owned subsidiaries. Investments of more than 25%, but not more than 50% owned entities, are generally reflected in the accompanying combined financial statements on the equity basis. Other entities controlled by or in which the Parent retains equity or beneficial interest are not included within these combined financial statements. All significant transactions and balances between entities within the Obligated Group have been eliminated in the combined financial statements.

The Obligated Group uses the equity method to account for investments in entities in which it has less than a majority interest but can exercise significant influence. Under the equity method, the investment is originally recorded at cost and is adjusted to recognize the Obligated Group's share of the net earnings or losses of the affiliate as they occur. Losses are limited to the extent of the Obligated Group's investments in, advances to, and guarantees for the entity. At December 31, 2011, the Obligated Group maintained investments in unconsolidated affiliates with ownership interests ranging from 25% to 50%.

The summarized financial position and results of operations for the entities accounted for under the equity method as of and for the years ended December 31, 2011 and 2010, are as follows (in thousands):

	2011	2010
Total assets	$17,598	$24,566
Total liabilities	5,413	8,256
Net assets	12,185	16,309
Revenue — net	32,595	44,682
Equity earnings included in other income	6,333	6,292

Cash Equivalents — The Obligated Group considers highly liquid investments with an original maturity of three months or less, exclusive of those whose use is limited or restricted, to be cash equivalents.

Investments — Marketable securities and assets limited as to use (held by trustees) primarily represent cash equivalents, commercial paper, bank notes, certificates of deposit, governmental securities, real estate, and equity securities. Cash and cash equivalents held by investment custodians have been classified as marketable securities. Included in marketable securities as of December 31, 2011 and 2010, are the following (in thousands):

	2011	2010
Cash and cash equivalents	$21,063	$30,665
Fixed income securities	39,184	47,180
Total	$60,247	$77,845

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the combined balance sheets. Purchases and sales of investments are accounted for as of the trade date, and sales are accounted for using the first-in, first-out method. Investment income or loss (including realized and unrealized gains and losses on investments, interest, and dividends) is included in the excess of revenues over expenses, unless the income or loss is restricted by donor or law.

Based on the Obligated Group's investment strategy and philosophies, management has elected to classify substantially all of its investment in equity securities with readily determinable fair values and investments in debt securities as trading securities.

Investment Risks — Investment securities are exposed to various risks, such as interest rate, market, and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in values in the near term could materially affect the amounts reported in the accompanying combined balance sheets and combined statements of operations and changes in net assets.

Derivative Financial Instruments — The Obligated Group has limited involvement with derivative financial instruments and uses them only to manage well-defined interest rate risks.

In 2004, the Obligated Group entered into a forward starting interest rate swap agreement with an outstanding notional amount of $62,500,000. The swap originally effectively converted a portion of the Series 2005A auction rate securities to a synthetic fixed rate of 3.643%. Subsequent to the defeasance of

the 2005A auction rate securities, the swap now effectively converts $62,500,000 of the 2008A debt to synthetic fixed. The swap has an expiration date of November 15, 2034. This variable to fixed swap arrangement is not designated as a hedge.

The Obligated Group also has two other interest rate swap arrangements, neither of which has been designated as hedges, with outstanding notional amounts of approximately $9,085,000 and $10,205,000 as of December 31, 2011 and 2010, respectively. The interest rate swaps mature on January 1, 2019 and 2014. During the terms of the agreement, the swap in effect converts variable rate debt to a fixed rate. The agreement entitles Toledo and the Surgery Center, on a monthly basis, to pay a fixed rate of 5.765% and 5.655%, respectively, in return for receiving a rate based upon a 30-day commercial paper index (0.03% and 0.14% as of December 31, 2011 and 2010, respectively).

	Amount of Unrealized (Loss) Gain Recognized on Derivatives	
	2011	2010
$62,500,000 2008A interest rate swap maturing November 15, 2034	$ (13,200)	$ (2,887)
$9,085,000 interest rate swaps maturing January 1, 2019 and 2014	9	(187)
Total amount recognized in investment income	$ (13,191)	$ (3,074)

	Fair Value of Derivatives Included in Long-Term Liabilities	
	2011	2010
$62,500,000 2008A interest rate swap maturing November 15, 2034	$ 20,187	$ 6,987
$9,085,000 interest rate swaps maturing January 1, 2019 and 2014	1,566	1,575
Total	$ 21,753	$ 8,562

Assets Limited as to Use or Restricted — Assets limited as to use or restricted include the beneficial interest in the hospitals' foundations and other subsidiaries of the Obligated Group members, assets held by trustees under indenture agreements and self-insurance trust arrangements, and assets set aside by the Board of Trustees for future capital improvements and other designated purposes.

Fair Value of Financial Instruments — Fair value of financial instruments has been determined using available information and appropriate valuation methodologies. The fair value of assets is based on quoted market prices, dealer quotes, and prices obtained from independent sources. The fair value of liabilities is based on a discounted cash flow analysis, using interest rates currently available for the issuance of debt with similar terms and remaining maturities. Considerable judgment is required in certain circumstances to develop the estimates of fair value, and they may not be indicative of the amounts, which could be realized in a current market exchange.

The Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC or the "Codification") defines fair value, establishes a framework for measuring fair value, articulates disclosures about fair value measurements and specifies a hierarchy of valuation techniques. Following are the levels of the hierarchy, and a brief description of the type of inputs used in valuation techniques used to measure fair value for each level:

Level 1 — Quoted (unadjusted) prices for identical assets in active markets.

Level 2 — Inputs other than Level 1 that are based on observable market data, including quoted prices for similar assets in active markets, quoted prices for identical assets in inactive markets, and inputs derived principally from or corroborated by observable market data by correlation or other means.

Level 3 — Unobservable inputs that cannot be corroborated by observable market data.

Concentrations of Credit Risk — Financial instruments, which potentially subject the Obligated Group to concentrations of credit risk, consist principally of cash and cash equivalents, marketable securities, patient accounts receivable, and assets limited as to use or restricted.

The Obligated Group places its cash and cash equivalents with high quality financial institutions. Concentration of credit risk with respect to marketable securities and assets limited as to use is limited as no one investment or group of similar investments, outside of those backed by the U.S. government, creates a significant concentration.

Concentration of credit risk relating to patient accounts receivable is limited to some extent by the diversity and number of the Obligated Group's patients and payors. Patient accounts receivable consist of amounts due from governmental programs, commercial insurance companies, private pay patients, and other group insurance programs. Excluding governmental programs and ProMedica Insurance Corporation (PIC), no one payor source represents more than 10% of the Obligated Group's patient accounts receivable. The Obligated Group maintains an allowance for losses based on the expected collectability of patient accounts receivable.

The Obligated Group grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The Obligated Group assesses collectability of accounts receivable based on historical and current collection experience, as well as current payor mix and accounts receivable aging trends. The mix of net receivables from patients and third-party payors as of December 31, 2011 and 2010, is as follows:

	2011	2010
Medicare	20 %	14 %
Medicaid	8	4
ProMedica Insurance Corporation	17	16
Other third-party payors	41	48
Patients	14	18
Total	100 %	100 %

The U.S. Department of Justice and other federal agencies are increasing resources dedicated to regulatory investigations and compliance audits of health care providers. The Obligated Group is subject to these regulatory efforts. Management is currently unaware of any regulatory matters that may have a material adverse effect on the Obligated Group's financial position or results of operations.

Supplies — Supplies (e.g , drugs, medical and surgical supplies, and food) are stated at the lower of cost (average cost) or market.

Property and Equipment — Property and equipment acquisitions (including capitalized internal use software) are recorded at cost. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed on the straight-line method. Equipment under capital leases is amortized on the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment. Such amortization is included in depreciation and amortization in the combined financial statements. Estimated useful lives for each of the categories of assets are as follows:

Land improvements	5–25 years
Buildings and improvements	5–40 years
Equipment (including capitalized internal use software)	3–15 years

Impairment of Long-Lived Assets and Long-Lived Assets to be Disposed of — Long-lived assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Assets to be disposed of are reported at the lower of the carrying amount or fair value less costs to sell.

Asset Retirement Obligations — The fair value of the liability for legal obligations associated with asset retirements is recorded in the period in which it is incurred. When the liability is initially recorded, the cost of the asset retirement obligation is capitalized by increasing the carrying amount of the related long-lived asset. Over time, the liability is accreted to its present value, and the associated capitalized cost is depreciated over the useful life of the related asset. Upon settlement of the obligation, any difference between the cost to settle the asset retirement obligation and the liability recorded is recognized as a gain or loss in the combined statements of operations.

Goodwill — The excess of purchase price over the fair value of net tangible and intangible assets of an entity acquired in a business combination is recorded as goodwill. The Obligated Group conducts annual tests of goodwill for impairment as of December 31.

Intangible Assets —Intangible assets that have finite useful lives are amortized over their useful lives on a straight-line basis over 7 years The Obligated Group tests intangible assets, determined to have an indefinite useful life, annually for impairment as of December 31.

Net Patient Service Revenue — Net patient service revenue is reported at estimated net realizable amounts from patients, third-party payors, and others for services rendered and includes estimated retroactive revenue adjustments due to future audits and reviews. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits and reviews.

Other Operating Revenue — Other operating revenue consists of retail pharmacy, cafeteria, and other sales to patients, employees, and visitors; grants, rental income, unrestricted donations, and other miscellaneous income.

Use of Estimates — The preparation of the combined financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the combined financial statements and the reported

amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

In addition, laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates could change in the near term. In 2011, such changes in estimates increased net patient service revenue by approximately $5,858,000. In 2010, such changes in estimates decreased net patient service revenue by approximately $2,611,000

Charity Care — The Obligated Group provides care without charge to patients who meet certain criteria under its financial assistance policy. Because the Obligated Group does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

Costs of Borrowing — Interest cost incurred on borrowed funds during the period of construction of capital assets, net of applicable interest income, is capitalized as a component of the costs of acquiring those assets. Net capitalized interest was $4,922,000 and $986,000 in 2011 and 2010, respectively. Deferred bond financing costs are amortized over the life of the bonds using the bonds outstanding method

Sick Pay Benefit — The Obligated Group provides a sick time benefit to certain employees of Toledo, Flower, Bay Park, and PCCS. The benefit generally includes a capped payout provision at retirement or after attainment of a specified age or attendance level. The liability is estimated based on the accrued benefits at year-end, adjusted for expected employee turnover, and a discount rate of 3.00% and 4.00% for 2011 and 2010, respectively. At December 31, 2011 and 2010, the Obligated Group recorded a liability of $5,153,000 and $5,119,000, respectively. Payments made under the program were approximately $446,000 and $327,000 for the years ended December 31, 2011 and 2010, respectively.

Income Taxes — Income taxes for the for-profit entities are accounted for under the asset and liability method. Deferred tax assets and liabilities are recognized for the future tax consequences attributable to differences between the financial statement carrying amounts of existing assets and liabilities and their respective tax basis and operating loss and tax credit carryforwards. Deferred tax assets and liabilities are measured using enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. The effect on deferred tax assets and liabilities of a change in tax rates is recognized in income in the period that includes the enactment date.

The Obligated Group is subject to audit by various taxing authorities and such audits could result in additional taxes. The Obligated Group may, from time to time, engage in transactions in which the tax consequences are subject to uncertainty. Significant judgment is required in assessing and estimating the tax consequences of any such transactions. The Obligated Group determines whether it is more likely than not that a tax position will be sustained upon examination based on the technical merits of the position. The Obligated Group believes that the tax positions of its entities comply, in all material respects, with applicable tax law, and that they have adequately provided for any reasonably foreseeable outcome related to these matters.

Excess of Revenues over Expenses — The Obligated Group's combined statements of operations include the performance indicator of excess of revenues over expenses. Changes in unrestricted net assets, which are excluded from excess of revenues over expenses, consistent with industry practice, include investment income on restricted funds, permanent transfers of assets to and from affiliates for other than goods and services, pension and other postretirement adjustments, cumulative effect of change in accounting principle, and contributions of long-lived assets (including assets acquired using

contributions, which, by donor restriction, were to be used for the purposes of acquiring such assets), and acquisitions resulting in an inherent contribution that increases temporarily or permanently restricted net assets.

Donor-Restricted Gifts/Restricted Net Assets — Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. Temporarily restricted net assets are those whose use by the Obligated Group has been limited by donors to a specific time period or purpose. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the combined statements of operations as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying combined financial statements. Permanently restricted net assets have been restricted by donors to be maintained by the Obligated Group in perpetuity.

The Obligated Group occasionally receives unconditional promises to give with payments due in future periods. Pledges receivable are recorded in assets limited as to use or restricted. At December 31, 2010, the Obligated Group had pledges receivable of $1,726,000 net of a bad debt allowance of $31,000 and discounted at 5.17%.

As a result of the transfer of certain non-obligated combined entities out of the Obligated Group in 2011, there were no pledges receivable outstanding as of December 31, 2011.

Adoption of New FASB Pronouncements —

In August 2010, the FASB issued ASU No. 2010-23, *Health Care Entities (Topic 954), Measuring Charity Care for Disclosure* ("ASU 2010-23"), which requires that cost be used as a measurement for charity care disclosure purposes and that cost be identified as the direct and indirect costs of providing the charity care. It also requires disclosure of the method used to identify or determine such costs. The disclosure provisions of ASU No 2010-23 were effective for the Obligated Group beginning January 1, 2011 and did not have a material impact on the Obligated Group's consolidated financial statements.

In May 2011, the FASB issued ASU 2011-04, *"Fair Value Measurement (Topic 820) Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U S GAAP and International Financial Reporting Standards "* The amendments in ASU 2011-04 change the wording used to describe many of the requirements for measuring fair value and for disclosing information about fair value measurements. The amendments include those that clarify the application of existing fair value measurement and disclosure requirements; and, those that change a particular principle or requirement for measuring fair value or for disclosing information about fair value measurements. The amendments in ASU 2011-04 are effective for the annual reporting period ending December 31, 2012 and are not expected to have a material impact on the Obligated Group's combined financial statements

In July, 2011 the FASB issued ASU 2011-07, *"Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities"* ASU 2011-07 requires certain health care entities to change the presentation of the statement of operations by reclassifying the provision for bad debts associated with patient service revenue from operating expenses to a deduction from patient service revenue (net of contractual allowances and discounts). Also required are additional disclosures about policies for recognizing revenue and assessing bad debts; patient service revenue (net of contractual allowance and discounts); and, qualitative and quantitative information about changes in the allowance for doubtful accounts. The amendments in ASU

2011-07 are effective for the annual reporting period ending December 31, 2012. The Obligated Group expects to present substantially all of its patient related provision for bad debts as a deduction from patient service revenue and the amendments of ASU 2011-07 are not expected to have a material impact on the Obligated Group's combined financial statements.

In September 2011, the FASB issued ASU 2011-08, *"Intangibles-Goodwill and Other (Topic 350) Testing Goodwill for Impairment "* ASU 2011-08 permits an entity to first assess qualitative factors to determine whether it is "more likely than not" that the fair value of a reporting unit is less than its carrying amount as a basis for determining whether it is necessary to perform the two-step goodwill impairment test described in Topic 350, Intangibles-Goodwill and Other. ASU 2011-08 is effective for annual and interim goodwill impairment tests performed for fiscal years beginning after December 15, 2011 and is not expected to have a material impact on the Obligated Group's combined financial statements.

3. CHARITY CARE

The Obligated Group maintains records to identify and monitor the level of direct patient charity care it provides. These records include the charges forgone for services and supplies furnished under its charity care policy and equivalent service statistics. During 2011 and 2010, charges forgone, based on established rates, approximated $130,632,000 and $109,162,000, respectively. The cost of charity care was approximately $25,579,000 and $18,800,000 for 2011 and 2010, respectively.

The Obligated Group calculates a cost-to-charge ratio of adjusted total costs to gross charges for each member to determine the aggregate Obligated Group cost of charity care.

In addition to providing direct patient charity care, the Obligated Group demonstrates its exempt purpose to benefit the community by operating emergency rooms open to the public 24 hours a day, seven days per week; providing facilities for the education and training of health care professionals; and maintaining research facilities for the study of new patient procedures, drugs and medical devices that offer the promise of improving health care. The Obligated Group also provides community health services, such as free or low cost clinics, including the Hemophiliac Clinic and the Congestive Heart Failure Clinic, Women, Infants and Children Program, pastoral care/Mission services, health education television programming and public community symposiums led by our President and Chief Executive Officer; forums, and multiple health promotion and wellness programs, such as senior citizen's programs, health screenings, and various community advocacy projects and support groups. The Obligated Group also subsidizes necessary health services, including trauma services, Neonatal Intensive Care, Arthritis Care Center, Child Advocacy Center, Cystic Fibrosis Center, and diabetes treatment.

4. NET PATIENT SERVICE REVENUE

Certain entities within the Obligated Group have agreements with third-party payors that provide for payment to the Obligated Group at amounts different from its established rates. A summary of the payment arrangements with major third-party payors is as follows:

Medicare — Inpatient acute care and rehabilitation services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Critical access hospitals (Defiance, Fostoria, and Herrick) and medical education costs continue to be reimbursed retroactively based on costs and other predetermined payment formulas. As a result, final reimbursement for these services will be determined after submission of annual cost reports and audits thereof by the Medicare

fiscal intermediary. Outpatient services are paid based upon either the Ambulatory Payment Classification (APC) methodology or a prospectively determined fee schedule for therapy and laboratory services. Under APCs, the hospital is paid a prospectively determined rate based on the procedures provided to patients. Medicare net patient service revenue for the years 2011 and 2010 was approximately $280,400,000 and $272,913,000, respectively.

Medicaid — Inpatient services rendered to Medicaid program beneficiaries are paid at prospectively determined rates per discharge. Outpatient services are reimbursed based upon prospectively determined fee schedules. Medicaid net patient service revenue for the years 2011 and 2010 was approximately $78,175,000 and $59,685,000, respectively.

Certain entities within the Obligated Group have also entered into payment agreements with certain commercial insurance carriers, HMOs, and preferred provider organizations. The basis for payment under these agreements includes capitation fees, prospectively determined rates per discharge or per-diem, and discounts from established charges.

Program examination of cost reports has been finalized for various facilities through 2006 for the Medicare program and through 2004 for the Medicaid program. Cost reports for the Blue Cross Blue Shield program (Michigan providers only) have been finalized through 2010. Provisions for estimated reimbursement adjustments have been made in the accompanying combined financial statements.

Toledo, Defiance, Fostoria, Bay Park, Flower, and St. Luke's participate in the State of Ohio's Hospital Care Assurance Program to assist hospitals that have a disproportionate amount of uncompensated care. Under the program, Ohio hospitals are assessed an amount that forms a pool of funds to be matched with federal Medicaid funds for payments to hospitals. Bixby and Herrick participate in two similar programs, the State of Michigan's Inpatient Disproportionate Share Hospital Payment Program and the Quality Assurance Assessment Program. During 2011 and 2010, the Obligated Group received net distributions of approximately $11,820,000 and $7,901,000, respectively, under these programs. Amounts received under these programs are recorded as revenue when received.

5. ASSETS LIMITED AS TO USE OR RESTRICTED

As of December 31, 2011 and 2010, restricted funds, funds internally designated for capital acquisition, and other segregated investments consisted of the following (in thousands):

	2011	2010
Cash and cash equivalents	$ 6,861	$ 11,694
Equity securities	553,960	410,171
Fixed income securities	572,853	577,325
Beneficial interest in foundations	236,054	203,025
Real estate	13,055	11,555
Other	35	1,749
Total	$1,382,818	$1,215,519

Assets limited as to use, which are required for obligations classified as current liabilities, are reported in current assets

6. PROPERTY AND EQUIPMENT

Property and equipment as of December 31, 2011 and 2010, consisted of the following (in thousands):

	2011	2010
Land and improvements	$ 115,184	$ 111,967
Buildings and improvements	910,928	881,186
Equipment	475,164	437,135
Construction in progress	23,765	17,366
Total	1,525,041	1,447,654
Less accumulated depreciation and amortization	873,311	817,157
Total	$ 651,730	$ 630,497

Equipment includes assets recorded under capital leases of $3,286,000 and $3,402,000 with accumulated amortization for such assets of $1,858,000 and $1,018,000 as of December 31, 2011 and 2010, respectively. The associated charges to income are recorded in depreciation and amortization expense.

Property and equipment also includes capitalized internal use software with net book value of approximately $3,148,000 and $2,129,000 as of December 31, 2011 and 2010, respectively.

As of December 31, 2011 and 2010, construction contracts of $40,446,000 and $25,368,000, respectively, exist for the construction and remodeling of Obligated Group facilities. As of December 31, 2011 and 2010, the remaining commitment on these contracts total approximately $14,005,000 and $13,690,000, respectively.

7. GOODWILL AND INTANGIBLE ASSETS

Intangibles as of December 31, 2011 and 2010, consisted of the following (in thousands):

		2011		2010	
	Average Life (Years)	Gross Carrying Amount	Accumulated Amortization	Gross Carrying Amount	Accumulated Amortization
Amortized intangible assets					
Other	7	$ 15	$ (6)	$ 15	$ (4)
Total		$ 15	$ (6)	$ 15	$ (4)

	2011
Carrying amount of intangible assets not subject to amortization:	
Goodwill	$ 16,366
Other	269
Total	$ 16,635

Aggregate amortization expense amounted to $2,000 for the years ended December 31, 2011 and 2010.

Upon adoption of ASC 958, *Not-for-Profit Entities Mergers and Acquisitions,* as of January 1, 2010, the not-for-profit entities of the Obligated Group recorded an adjustment, resulting from an initial impairment evaluation of its goodwill and indefinite-lived intangible assets, amounting to $982,000. The initial impairment adjustment is recorded as a cumulative effect of a change in accounting principle in the combined statements of operations and changes in net assets.

Estimated amortization expense for each of the next five years is as follows (in thousands):

Years Ending December 31	
2012	$ 2
2013	2
2014	2
2015	3
2016	0
Total	$ 9

8. DEBT

Long-term debt as of December 31, 2011 and 2010, consisted of the following (in thousands):

	2011	2010
Hospital Revenue Bonds — Series 2011A, interest at 3.0% to 6.5% payable semi-annually	$180,097	$ -
Hospital Revenue Bonds — Series 2011B, interest at 3.25% to 6.0% payable semi-annually	16,975	
Hospital Revenue Refunding Bonds — Series 2011C, based on 30-day Libor index, interest payable monthly (.78% as of December 31, 2011)	29,645	
Hospital Revenue Bonds — Series 2011D, interest at 3.0% to 5.25% payable semi-annually	142,534	
Hospital Revenue Bonds — Series 2011E, interest at 3.0% to 4.63% payable semi-annually	9,430	
Hospital Revenue Bonds — Series 2008A, based on 30-day Libor Index, interest payable monthly (.72% as of December 31, 2011)	62,500	62,500
Hospital Revenue Bonds — Series 2008B, extinguished in February, 2011 interest paid weekly at variable rates (.30% as of December 31, 2010)		52,855
Hospital Revenue Refunding Bonds — Series 2008C, extinguished in February, 2011, interest paid weekly at variable rates (.30% as of December 31, 2010)		16,645
Hospital Revenue Bonds — Series 2008D, interest at 5.25% to 5.29% payable semi-annually	51,416	51,361
Hospital Refunding Revenue Bonds — Series 2005B, interest payable at 4.75% to 5% semi-annually	40,167	43,550
Hospital Revenue Refunding Bonds — Series 2004, interest at 3.75% to 4.125% payable semi-annually	5,275	6,755
Hospital Revenue Bonds — Series 1999, extinguished in February, 2011, interest paid semi-annually at 5.38% to 5.65%		167,730
Adjustable Rate Taxable Securities — Series 1998, interest at the rate established weekly based on the 30-day commercial paper index and payable monthly (.47% as of December 31, 2011)	9,085	10,220
Hospital Revenue and Refunding Bonds — Series 1999A, extinguished in December, 2011, interest paid semi-annually at 4.80% to 5.20%		10,745
Adjustable Rate Taxable Notes — Series 2000, based on the 30-day Libor index and payable monthly (.26% as of December 31, 2011)	3,440	4,380
Capital lease obligations	1,228	2,430
Other	3,961	5,786
Total	555,753	434,957
Less contractual current portion of long-term debt	11,012	10,001
Less contingent current portion of long-term debt	97,980	71,585
Total	$446,761	$353,371

The Obligated Group is a participant in a Master Trust Indenture ("Indenture"), amended and restated as of June 15,2011, pursuant to which the Series 1998, 2004, 2005B, 2008A, 2008B, 2011A, 2011C, 2011D, and the Hospital Revenue Bonds — 2008D Series Bonds are general obligations of the Obligated Group. These bonds represent bonds issued by the County of Lucas, Ohio ("Lucas County"). The amended and restated bond Indenture dated June 15, 2011, also includes the Hospital Improvement and Refunding Revenue Bonds — 2011B Series and 2011E Series issued by the County of Lenawee, Michigan and are general obligations of the Obligated Group. Each member of the Obligated Group is jointly and severally liable on all obligations issued under the Indenture. Obligations under the Indenture are collateralized by interest in the Obligated Group members' revenue. The Indenture requires

compliance with certain covenants each year, by the Obligated Group. The Obligated Group consists of the following entities, Toledo, Flower, St. Luke's, Bay Park, Defiance, Fostoria, Bixby, Herrick, Provincial House of Adrian, and ProMedica Continuing Care Services. The Obligated Group has complied with the requirements of the covenants each year.

In connection with the issuance of the Hospital Revenue Bonds ---Series 2011A, 2011C and 2011D, the Obligated Group amended an agreement (the "Lease") to lease it hospital facilities to and lease back its hospital facilities from Lucas County. Pursuant to the Lease, the Obligated Group agrees to make payments of basic rent in amounts sufficient to pay the principal and interest on the Series 2005B, 2008A, 2008D, 2011A, 2011C and 2011D Hospital Revenue Bonds.

Hospital Revenue Bonds — In February 2011, the Obligated Group issued $181,410,000 in fixed rate bonds, Series 2011A, through Lucas County. A portion of the proceeds from the 2011A Bonds were used to extinguish the Series 2008B variable rate demand bonds with the remainder used to finance the cost of acquiring, constructing, renovating, and equipping certain healthcare facilities of the Obligated Group located in Ohio. At December 31, 2011, outstanding bonds consist of $7,960,000 in outstanding serial bonds, which mature in increasing amounts from $175,000 on November 15, 2015 to $1,700,000 in 2023; $22,645,000 term bonds due November 15, 2031, $56,065,000 term bonds due November 15, 2037, $520,000 term bonds due November 15, 2041 and $94,220,000 term bonds due November 15, 2041. Balances reported at December 31, 2011 include unamortized bond discount of approximately $1,313,000.

Hospital Revenue Bonds — In February 2011, the Obligated Group issued $17,445,000 in fixed rate bonds, Series 2011B, through the County of Lenawee Hospital Finance Authority. The proceeds from the 2011B Bonds were used to extinguish the Series 2008C variable rate demand bonds. At December 31, 2011, outstanding bonds consist of $285,000 of outstanding serial bonds, which mature in increasing amounts from $60,000 on November 15, 2016 to $95,000 in 2019 and $17,160,000 term bonds due November 15. 2035. Balances reported at December 31, 2011 include unamortized bond discount of approximately $470,000.

Hospital Refunding Revenue Bonds — In May 2011, the Obligated Group refinanced a portion of the series 1999 Hospital Revenue Bonds with the Series 2011C bonds which were directly placed via a bank loan with a base term of eight years. Principal payments totaling the outstanding par of $29,645,000 are required in increasing amounts over the term of the loan ranging from $2,030,000 due November 15, 2012 to $4,615,000 due November 15, 2019. The contractual current portion of the Series 2011C bonds are classified as such at December 31, 2011, in the amount of $2,030,000. The remaining $27,615,000 is classified in the contingent current portion of long-term debt based on certain subjective acceleration definitions within the agreement.

Hospital Refunding Revenue Bonds — In December 2011, the Obligated Group issued $135,145,000 in fixed rate bonds, Series 2011D, through Lucas County. The proceeds from the 2011D Bonds were used to extinguish the remaining maturities of the Series 1999 Hospital Revenue Bonds that were not refunded with 2011C issuance. At December 31, 2011, outstanding bonds consist of $135,145,000 in serial bonds, which mature in varying amounts from $890,000 on November 15, 2013 to $880,000 in 2030 Balances reported at December 31, 2011 include unamortized bond premium of approximately $7,389,000.

Hospital Refunding Revenue Bonds — In December 2011, the Obligated Group issued $9,455,000 in fixed rate bonds, Series 2011E, through the County of Lenawee Hospital Finance Authority The proceeds from the 2011E Bonds were used to extinguish the Series 1999A Hospital Revenue and Refunding Bonds. At December 31, 2011 outstanding bonds consist of $5,880,000 in outstanding serial

bonds, which mature in increasing amounts from $460,000 on November 15, 2013 to $625,000 on November 15, 2023 and $3,575,000 term bonds due November 15. 2028. Balances reported at December 31, 2011 include unamortized bond discount of approximately $25,000.

Hospital Revenue Bonds — Series 2008A, at December 31, 2011 consist of $62,500,000 of Variable Rate Demand Bonds, Series 2008A, issued through Lucas County and refinanced in March, 2011 with a direct placement bank loan with a base term of seven years. The 2008A bond direct loan is recorded as contingently current at December 31, 2011 and 2010 based on certain subjective acceleration definitions within the agreement and in accordance with the provisions of ASC 470, Debt, subtopic 470-10. The final stated maturity on the 2008A bonds is November 15, 2034. There are no scheduled principal maturities during the loan term with interest only paid to the bondholders.

Hospital Revenue Bonds — Series 2008B, were extinguished in February, 2011 using proceeds from the Series 2011A bonds. In May 2008, the Obligated Group issued $52,855,000 of Variable Rate Demand Bonds, Series 2008B, through Lucas County. A portion of the proceeds from the 2008B Bonds were used to extinguish a portion of 2005A series auction rate bonds with the remainder used to finance the cost of acquiring, constructing, renovating, and equipping of certain healthcare facilities of the Obligated Group located in Ohio. In accordance with the provisions of ASC 470-10, the Series 2008B bonds were classified as long term at December 31, 2010.

Hospital Revenue and Refunding Bonds — Series 2008C, were extinguished in February, 2011 using proceeds from the Series 2011B bonds. In May 2008, the Obligated Group Issued $16,645,000 of Variable Rate Demand Bonds, Series 2008C, through the County of Lenawee Finance Authority The proceeds from the 2008C bonds were used to extinguish the 2005B Michigan series auction rate bonds. In accordance with the provisions of ASC 470-10, the Series 2008C bonds are classified as long term at December 31, 2010.

Hospital Revenue Bonds — Series 2008D, at December 31, 2011, consist of $53,000,000 of fixed-rate term bonds, due in amounts of $34,980,000 in 2038 and $18,020,000 in 2040 respectively. Balances reported at December 31, 2011 and 2010, include an unamortized bond discount of approximately $1,584,000 and $1,639,000, respectively. The proceeds from the bonds were used to extinguish a portion of the 2005A auction rate bonds with the remainder used to finance the cost of acquiring, constructing, renovating, and equipping of certain healthcare facilities of the Obligated Group located in Ohio.

Hospital Refunding Revenue Bonds — Series 2005B, at December 31, 2011, consist of $21,625,000 outstanding serial bonds, which mature in increasing amounts from $3,210,000 on November 15, 2012, to $3,935,000 in 2021; $8,350,000 term bonds due November 15, 2018; and $9,210,000 term bonds due November 15, 2020. Balances reported at December 31, 2011 and 2010, include unamortized bond premium of approximately $982,000 and $1,305,000, respectively. The proceeds from the bonds were used to refund the Hospital Improvement and Refunding Revenue Bonds — 1993 Series, which were outstanding in the amount of $55,355,000 (including cost of issuance) at December 31, 2004.

Hospital Facilities Revenue Refunding Bonds — Series 2004, at December 31, 2011, consist of $5,165,000 of fixed-rate bonds, which mature in increasing amounts from $1,655,000 on December 1, 2012, to $1,790,000 due December 1, 2014. The proceeds from the 2004 bonds were used to refund remaining amounts of the Series 1994 Hospital Refunding Bonds and to fund the debt service reserve fund. Balances reported at December 31, 2011 and 2010, include unamortized bond premium of approximately $110,000 and $150,000, respectively.

Hospital Revenue Bonds — Series 1999, were extinguished in May and December, 2011 using proceeds from the Series 2011C and Series 2011D bond issues, respectively. At December 31, 2010, the 1999 Series consisted of $29,235,000 outstanding serial bonds, which matured in increasing amounts from $2,000,000 on November 15, 2012, to $4,550,000 on November 15, 2019; $33,100,000 term bonds due November 15, 2023; $82,440,000 term bonds due November 15, 2029; and $25,000,000 term bonds due November 15, 2039. Balances reported at December 31, 2010, include unamortized bond discount of approximately $2,045,000.

Hospital Revenue and Refunding Bonds — Series 1999A, were extinguished in December, 2011 using proceeds from the Series 2001E bond issue. In April 1999, the County of Lenawee Hospital Finance Authority issued $15,385,000 of Hospital Revenue and Refunding Bonds, Series 1999A, on behalf of the Lenawee Health Alliance Obligated Group to fund capital renovation projects. At December 31, 2010 the bonds consisted of serial bonds with a total outstanding principal amount of $10,850,000, which matured in increasing amounts from July 1, 2011 through July 1, 2015, $2,115,000 term bonds due July 1, 2019; and $6,615,000 term bonds due July 1, 2028. Balances reported at December 31, 2010, included unamortized bond discount of approximately $105,000.

Adjustable Rate Taxable Securities — Series1998, which mature on various dates between 2014 and 2019, were issued to finance Wildwood Health Pavilion and Reynolds Road Surgical Center, LLC ("Surgery Center") acquiring, constructing, and equipping of a medical complex and surgical center. As a condition of the issuance of the bonds, the Obligated Group delivered to the trustee a letter of credit, which the trustee is entitled to draw on in an amount not exceeding $8,590,000 at December 31, 2011. The letter of credit secures payment of the principal, plus 45 days of accrued interest. The letter of credit expires on January 1, 2014, unless terminated sooner or otherwise extended. Bonds are currently callable at par. The contractual current portion of the Series 1998 bonds are classified as contractually current at December 31, 2011, in the amount of $1,220,000 with the remaining $7,865,000 classified as contingently current in the contingent current portion of long-term debt.

Adjustable Rate Taxable Notes — Series 2000 (the "Notes"), which mature in 2020, were issued to finance the acquisition of real estate by the Obligated Group. As a condition of the issuance of the Notes, a letter of credit was issued, against which the trustee is entitled to draw an amount not to exceed $3,726,000 at December 31, 2011. The letter of credit secures payment of the principal, plus 45 days of accrued interest. The letter of credit expires on April 16, 2012, unless terminated sooner or otherwise extended. Bonds are currently callable at par.

Other — Other long-term debt consists of mortgages on several facilities and notes payable relating to a physician practice acquisition.

The table below indicates the future maturities on long-term debt at December 31, 2011. While presentation on the consolidated balance sheets of current maturities of long-term debt includes certain amounts contingently payable, the schedule below has been prepared based on contractual maturities of the debt outstanding at December 31, 2011. Accordingly, if covenants are violated, debt repayments may become more accelerated than presented below.

Years Ending December 31	
2012	$ 11,012
2013	12,965
2014	12,007
2015	10,739
2016	11,115
Thereafter	497,915
Total	$ 555,753

9. ESTIMATED SELF-INSURANCE COSTS

Certain entities of the Obligated Group are self-insured up to certain amounts for the purpose of providing for workers' compensation claims. The assets and corresponding liability are recorded in the consolidated financial statements of the Parent.

The Obligated Group is insured up to certain amounts for the purpose of providing for medical malpractice claims, through the Parent's wholly owned subsidiary, ProMedica Indemnity Corporation ("Indemnity"). Tail liability (incurred but not reported liabilities for claims made policies with Indemnity) is recorded in the combined balance sheets of the members of the Obligated Group. The total amount of tail liability accrued as of December 31, 2011 and 2010, is $8,214,000 and $9,118,000, respectively.

Certain entities in the Obligated Group are self-insured for the purpose of providing employee medical benefit coverage. The Parent's wholly owned subsidiary, PIC, acts as the third-party administrator for the employee medical benefit plans, and the accruals for claims incurred, but not yet received are recorded in the financial statements of PIC.

It is the opinion of management that estimated self-insurance costs accrued as of December 31, 2011 and 2010, are adequate to provide for potential losses resulting from pending or threatened litigation.

10. PENSION AND OTHER POSTRETIREMENT PLANS

Noncontributory Defined Benefit Pension Plans ("Pension Plans") — Certain members of the Obligated Group participate in a noncontributory qualified defined benefit pension plan sponsored by the Parent, which covers certain full-time and part-time employees of the Obligated Group who have more than 1,000 hours of service during the year. Benefits are based on each employee's compensation and length of service. The Parent makes contributions to the plan required to satisfy the Employee Retirement Income Security Act of 1974 (ERISA) funding standards. The Parent is not required to make a contribution in 2011. The Parent reserves the right to make contributions that exceed ERISA funding standards. Effective January 1, 2011, the plan was amended to reduce allocations to participant accounts, except for those participants with 20 or more years of service. As of December 31, 2010, this amendment reduced the plan liability by $13.8 million.

The Parent's management allocates only pension cost to the individual members of the Obligated Group and does not allocate the pension assets and liabilities of this plan.

The Obligated Group also sponsors a supplemental defined benefit pension plan ("supplemental plan") for a small group of retirees. Participation in the supplemental plan and determination of benefits are at the discretion of the Obligated Group. The pension costs for this plan are not prefunded.

Through its acquisition of St. Luke's Hospital, the Obligated Group assumed a noncontributory qualified defined benefit pension plan, which covers certain full-time and part-time employees of St. Luke's. Effective December 31, 2009, St. Luke's froze all benefit accruals and plan participation, which remained in effect through 2011. The Obligated Group makes contributions to the plan required to satisfy the ERISA funding standards and is required to make a contribution of approximately $3.5 million in 2012. The Obligated Group reserves the right to make contributions that exceed ERISA funding standards.

Defined Contribution Benefits — The Parent sponsors a defined contribution pension plan established under Section 401(k) of the IRC, which covers certain full-time and part-time employees. Employer contributions are based upon a percentage of compensation and years of service. The pension expense under these plans for 2011 and 2010 were approximately $11,690,000 and $11,527,000, respectively.

St. Luke's Hospital and subsidiaries sponsor a defined contribution plan, established under Section 403(b) of the IRC, covering certain eligible employees. Employer contributions are based on a percentage of employee compensation, age, and years of service. The pension expense under this plan for 2011 and 2010 was approximately $3,714,000 and $1,292,000, respectively.

Deferred Compensation — The Obligated Group sponsors a deferred compensation plan established under Section 403(b) of the IRC. The Obligated Group's liability under the plan is primarily funded with the assets held by an insurance company, which is also responsible for administering the plan.

The Obligated Group has nonqualified deferred compensation plans that permit eligible employees to defer a portion of their compensation. The deferred amounts are distributable in cash based on completion of length of service requirements, retirement, or termination of employment At December 31, 2011 and 2010, the assets and liabilities under these plans totaled $8,491,000 and $8,292,000, respectively.

Postretirement Health Care Benefit Plans (Postretirement Plans) — The Obligated Group provides certain health care benefits for current contributing retirees and active full-time employees who meet established vesting criteria. The benefit costs for these plans are not prefunded.

The following table sets forth the changes in projected benefit obligations, accumulated postretirement obligations, and changes in plan assets, and funded status for the Parent and St. Luke's Hospital pension and postretirement plans for the years ended December 31, 2011 and 2010.

	Pension Plans		Postretirement Plans	
	2011	2010	2011	2010
Change in benefit obligation				
Benefit obligation — beginning of year	$ 524,305	$360,027	$ 15,596	$ 19,132
Benefit obligation assumed from St Luke's acquisition		136,272		
Service cost	15,540	16,601	171	148
Interest cost	26,228	22,485	752	791
Actuarial (gain) loss	46,377	21,333	(6)	(3,927)
Participant contributions			91	70
Plan amendments		(13,816)		
Benefits paid	(24,342)	(18,597)	(778)	(618)
Benefit obligation — end of year	588,108	524,305	15,826	15,596
Change in plan assets				
Fair value of plan assets — beginning of year	443,280	294,709		
Fair value of plan assets assumed from St Luke's acquisition		86,196		
Actual return on plan assets	(8,030)	47,793		
Employer contributions	42,160	33,179	687	548
Participant contributions			91	70
Benefits paid	(24,342)	(18,597)	(778)	(618)
Fair value of plan assets — end of year	453,068	443,280	-	-
Funded status	(135,040)	(81,025)	(15,826)	(15,596)
Net liability recognized	$ (135,040)	$ (81,025)	$ (15,826)	$ (15,596)
Amounts recognized in the consolidated balance sheets				
Other liabilities — current	$ (156)	$ (158)	$ -	$ -
Other liabilities — long term	(134,884)	(80,867)		
Accrued postretirement plans — current			(1,030)	(1,126)
Accrued postretirement plans — long term			(14,796)	(14,470)
Net liability	(135,040)	(81,025)	(15,826)	(15,596)
Amounts recognized in unrestricted net assets	183,050	95,540	(8,334)	(9,189)
Net amount recognized	$ 48,010	$ 14,515	$ (24,160)	$ (24,785)

The total net liability recognized by the System and St. Luke's Hospital as of December 31, 2011 is $135,040 Of this amount, $58,852, related to Obligated Group members and is included in the combined financial statements.

The total net liability recognized by the System and St. Luke's Hospital as of December 31, 2011 is $81,025. Of this amount, $31,839, related to Obligated Group members and is included in the combined financial statements.

Amounts recognized in unrestricted net assets consist of the following (in thousands):

	Pension Plans		Postretirement Plans	
	2011	2010	2011	2010
Beginning balance	$ 95,540	$ 107,252	$ (9,189)	$ (6,206)
Amortization of net (gain) loss recognized in net periodic benefit cost	(4,212)	(1,758)	259	342
Amortization of prior service cost (credit) recognized in net periodic benefit cost	1,058	(60)	602	602
Net loss (gain)	90,664	3,922	(6)	(3,927)
Plan amendment		(13,816)		
Ending balance	$ 183,050	$ 95,540	$ (8,334)	$ (9,189)
Amount included in unrestricted net assets under — FASB ASC 715 consist of:				
Unrecognized prior service (credit) cost	$ (12,132)	$ (89)	$ (1,290)	$ (1,892)
Unrecognized net actuarial loss (gain)	195,182	108,731	(7,044)	(7,297)
Plan amendment		(13,102)		
Total amount recognized	$ 183,050	$ 95,540	$ (8,334)	$ (9,189)

Components of net periodic benefit cost for the years ended December 31, 2011 and 2010, consisted of the following (in thousands):

	Pension Plans		Postretirement Plans	
	2011	2010	2011	2010
Service cost	$ 15,540	$ 16,601	$ 171	$ 148
Interest cost	26,228	22,485	752	792
Expected return on assets	(36,256)	(30,382)		
Amortization of prior service cost (credit)	(1,059)	60	(602)	(602)
Recognized net actuarial loss (gain)	4,212	1,758	(259)	(342)
Net benefit cost	$ 8,665	$ 10,522	$ 62	$ (4)

The following are estimated amounts to be amortized from unrestricted net assets into net periodic benefit cost during 2012 (in thousands):

	Pension Plans	Postretirement Plans
Prior service (cost) credit	$ (1,046)	$ 602
Net actuarial loss (gain)	7,591	(257)
	$ 6,545	$ 345

	Pension Plans		Postretirement Plans	
	2011	2010	2011	2010
Benefit obligations:				
Discount rate	4.00–4.25%	5.00–5.50%	4.00 %	5.00 %
Rate of compensation increase	4.00	4.00	n/a	n/a
Net periodic benefit cost:				
Discount rate	5.00–5.50%	5.25–5.75%	5.00 %	5.75 %
Expected long-term return on plan assets	8.00	8.50	n/a	n/a
Rate of compensation increase	4 00	4.00	n/a	n/a

For 2011 and 2010, the Parent and Obligated Group assumed a long-term asset rate of return of 8.0% and 8.5%, respectively. In developing the expected long-term rate of return assumption, the Parent and Obligated Group evaluated input from investment advisors, including a review of asset class return expectations based on historical 15-year compounded returns for such asset classes.

For the years ended December 31, 2011 and 2010, the total accumulated benefit obligation for all pension and postretirement plans was $567,735,000 and $509,697,000, respectively.

Health Care Trend Rate — Postretirement Plans — Assumed health care cost trend rates have a significant effect on the amounts reported for the postretirement plans. The postretirement benefit obligation includes assumes health care trend rates as follows:

	2011	2010
Health care cost trend rate	9.50 %	10.00 %
Ultimate trend rate	5.50 %	5.50 %
Year the rate reaches ultimate rate	2020	2020

A one-percentage point change in assumed health care cost trend rates would have the following effects as of December 31, 2011 (in thousands):

	One-Percentage Point Increase	One-Percentage Point Decrease
Effect on total service cost and interest cost components	$ 21	$ (19)
Effect on postretirement benefit obligation	402	(364)

Plan Assets:

Assets of the defined benefit plans, which consist primarily of U.S. government and corporate obligations, listed common stocks, and money market funds, are held in a separate trust with investment management provided by various outside managers. The Parent and Obligated Group invest the assets of the plans in a diversified portfolio consisting of an array of asset classes that attempt to maximize returns while minimizing volatility. The Parent targets to hold one to three years of beneficiary payments in short-term securities with the balance in a longer duration allocation.

The Parent's overall investment strategy is to achieve a mix of approximately 75% of investments for long-term growth and 25% for near-term benefit payments with a wide diversification of asset types, fund strategies, and fund managers. The target allocations for plan assets are 72.5% equity securities, 25% corporate bonds and U.S. Treasury securities, and 2.5% to REITS. Equity securities primarily include investments in large-cap and mid-cap companies primarily located in the United States. Fixed income securities include investment grade corporate bonds of companies from diversified industries, and U.S. Treasuries and Agencies. The fair values of the Parent's and St. Luke's Hospital pension plan assets at December 31, 2011 and 2010, by asset category are as follows (in thousands):

		Plan Assets Fair Value Measurements at December 31, 2011		
Asset Category	Total	Quoted Prices in Active Markets for Identical Assets Level 1	Significant Observable Inputs Level 2	Significant Unobservable Inputs Level 3
Cash and cash equivalents	$ 27,593	$ 212	$ 27,381	$ -
United States equity securities				
Marketable equity securities	180,195	180,195		
International equity securities				
International equity commingled fund	24,839		24,839	
International equity mutual fund	38,857	38,857		
Marketable international securities	13	13		
Domestic real estate commingled fund	12,728		12,728	
Fixed income securities				
U S Treasuries & Agencies	80,996		80,996	
Corporate obligations	58,881		58,881	
Domestic fixed income mutual funds	20,422	20,422		
International fixed income mutual funds	8,544	8,544		
Total	$453,068	$248,243	$204,825	$ -

		Plan Assets Fair Value Measurements at December 31, 2010		
Asset Category	Total	Quoted Prices in Active Markets for Identical Assets Level 1	Significant Observable Inputs Level 2	Significant Unobservable Inputs Level 3
Cash	$143,088	$ 99,609	$ 43,479	$ -
United States equity securities				
Marketable equity securities	147,246	147,246		
International Equity Securities				
International equity commingled fund	19,777		19,777	
International equity mutual fund	15,728	15,728		
Marketable international securities	13,981	13,981		
Domestic real estate	10,345	10,345		
Fixed income securities				
U S Treasuries and Agencies	37,135		37,135	
Corporate obligations	32,508		32,508	
Domestic fixed income mutual funds	16,245	16,245		
International fixed income mutual funds	7,227	7,227		
Total	$443,280	$310,381	$132,899	$ -

Cash Flows:

Expected Contributions — The Parent and Obligated Group expect to contribute $25,656,000 to its pension plans and $1,035,000 to its postretirement plans to pay anticipated benefit payments. The Obligated Group may elect to make additional contributions.

Expected Benefit Payments — The Parent and Obligated Group expect to pay the following for pension benefits, which reflect expected future service as appropriate, and expected postretirement benefits net of participant contributions, (in thousands).

Years Ending	Pension Plans	Postretirement Plans
2012	$ 27,863	$ 1,030
2013	28,507	1,074
2014	32,896	1,118
2015	35,093	1,169
2016	39,997	1,227
2017–2021	236,884	6,261

11. TEMPORARILY AND PERMANENTLY RESTRICTED NET ASSETS

As of December 31, 2011 and 2010, temporarily restricted net assets relate to the following (in thousands):

	2011	2010
Research	$ 289	$ 464
Health care services	709	7,078
Beneficial interest in foundations	204,106	174,359
Total	$ 205,104	$ 181,901

The beneficial interest in foundations is restricted for research and healthcare services.

Permanently restricted net assets of $31,948,000 and $31,906,000 as of December 31, 2011 and 2010, respectively, relate to investments held in perpetuity, the income from which is expendable to support health care services. All endowed assets are included within the permanently restricted net asset class; no distributions from permanently restricted net assets are permitted to maintain the endowed corpus. Permanently restricted net asset investments are included with the Parent's pooled investments, following the same investment policies and objectives.

Obligated Group Endowment Funds — The Obligated Group's endowments consisted of funds established for a variety of purposes. Its endowments included both donor-restricted endowment funds and funds designated by the board to function as endowments. Net assets associated with endowment funds, including funds designated by the board to function as endowments, are classified and reported based on the existence or absence of donor imposed restrictions. The Obligated Group considered various factors in making a determination to appropriate or accumulate donor-restricted endowment funds. The Obligated Group employed a diversified investment approach in order to minimize risk and maximize returns, utilizing both intermediate and long-term portfolios. The Obligated Group's asset allocation objective for the long term portfolio is to maximize total return while preserving capital values. The short-term portfolio is intended to preserve the principal of the fund and to meet current liquidity requirements.

The Obligated Group could appropriate each year all available earnings in accordance with donor restrictions. The endowment corpus is to be maintained in perpetuity. Certain donor-restricted endowments required a portion of annual earnings to be maintained in perpetuity along with the corpus. Only amounts exceeding the amounts required to be maintained in perpetuity are expended.

As a result of the transfer of non-obligated group entities as of January 1, 2011, unrestricted net assets of $10,396,000, and permanently restricted net assets of $3,236,000, were transferred out of the Obligated Group. As of December 31, 2011, the Obligated Group records endowment net assets through its beneficial interest in foundations.

Endowment net asset composition by type of fund as of December 31, 2011, (in thousands):

	Unrestricted Net Assets	Permanently Restricted Net Assets	Total
Beneficial interest in foundation	$10,212	$31,948	$42,160
Total endowment funds	$10,212	$31,948	$42,160

Endowment net asset composition by type of fund as of December 31, 2010 (in thousands):

	Unrestricted Net Assets	Permanently Restricted Net Assets	Total
Donor-restricted endowment funds	$ -	$ 2,730	$ 2,730
Board-designated quasi-endowment funds	10,396	506	10,902
Beneficial interest in foundation		28,670	28,670
Total endowment funds	$10,396	$31,906	$42,302

Changes in endowment net assets for the fiscal years ended December 31, 2011 and 2010, include (in thousands):

	Unrestricted Net Assets	Permanently Restricted Net Assets	Total
Endowment net assets — December 31, 2009	$ 11,265	$30,416	$ 41,681
Investment return:			
Investment gains	556		556
Change in net realized and unrealized gains and losses	851		851
Total investment return	1,407	-	1,407
Contributions		1	1
Net assets released from restrictions for fixed assets	(2,276)		(2,276)
Change in beneficial interest in foundation		1,489	1,489
Endowment net assets — December 31, 2010	10,396	31,906	42,302
Change in beneficial interest in foundation	10,212	3,278	13,490
Transfer of Foundations from Obligated Group to Non-Obligated Group	(10,396)	(3,236)	(13,632)
Endowment net assets — December 31, 2011	$ 10,212	$31,948	$ 42,160

The table below describes endowment amounts classified as permanently restricted net assets as of December 31, 2011 and 2010, are as follows (in thousands):

	2011	2010
Permanently restricted net assets:		
Hospital operations support	$ -	$ 788
Medical program support		500
Scholarship funds		362
Community service funds		580
Other funds		1,005
Beneficial interest in foundation	31,948	28,671
Total	$31,948	$31,906

Funds with Deficiencies — Periodically, the fair value of assets associated with the individual donor-restricted endowment funds may fall below the level that the donor requires the Obligated Group to retain as a fund of perpetual duration. Deficiencies of this nature are reported in unrestricted net assets. These deficiencies result from unfavorable market fluctuations and/or continued appropriation for certain programs that was deemed prudent by the Obligated Group. As of December 31, 2010 the Obligated Group did not have funds with deficiencies.

12. RELATED-PARTY TRANSACTIONS

Certain board members of the Obligated Group serve as management of corporations that provide services to the Obligated Group. The Obligated Group believes that transactions with related parties are entered into only upon terms comparable to those that would be available from unaffiliated third parties.

Balances outstanding with affiliated entities as of December 31, 2011 and 2010, are as follows (in thousands):

	Due From (Due To)	
	2011	2010
Intercompany receivables (payables):		
ProMedica Insurance Corporation	$ 594	$ 211
ProMedica Health System, Inc.	(11,831)	(12,922)
ProMedica Indemnity Corporation		1
ProMedica Physician & Continuum Services	4,486	(3,166)
ProMedica Foundation	1,255	1,251
St. Luke's Hospital Foundation	95	33
Total payable	$ (5,401)	$ (14,592)

Amounts included in the intercompany receivables and payables are classified under other current assets and accounts payable and accrued expenses, respectively, in the accompanying combined balance sheets.

Included in accounts receivables are $36,432,000 and $32,231,000 as of December 31, 2011 and 2010, respectively, which represent patients that are insured by ProMedica Insurance Corporation.

	Management and Administrative Fees		Net Patient Service Revenue		Specialist Expenses	
	2011	2010	2011	2010	2011	2010
Transactions with affiliated entities						
ProMedica Insurance Corporation	$ 4,450	$ 2,952	$250,278	$218,092	$ -	$ -
ProMedica Health System	127,700	114,590				
ProMedica Physician & Continuum Services					38,942	27,607
Total	$132,150	$117,542	$250,278	$218,092	$38,942	$27,607

	Insurance Expense		Employee Benefits for Medical Coverage		Transfers	
	2011	2010	2011	2010	2011	2010
Transactions with affiliated entities						
ProMedica Insurance Corporation	$ -	$ -	$ 9,400	$ 8,693	$ -	$ -
ProMedica Health System	19,078	17,522			(19,068)	(14,795)
ProMedica Physician & Continuum Services			4,766	4,441	(26,847)	(16,450)
ProMedica Foundation					(16,559)	(120)
Total	$19,078	$17,522	$14,166	$13,134	$(62,474)	$(31,365)

13. INCOME TAXES

Central Region Properties, Herrick Memorial Development Corporation, Flower Market, and Lenawee Health Alliance Professional Services Corporation, Inc. d/b/a ProMedica North Region Professional Services Corporation, Inc. are for-profit entities and are subject to federal income taxes. The provision for income taxes on income for the years ended December 31, 2011 and 2010, consisted of the following (in thousands):

	2011	2010
Current income tax expense	$ (2,391)	$ (366)
Deferred income tax benefit	2,030	373
Income tax (expense) benefit	$ (361)	$ 7

The actual effective tax rate differs from the federal statutory rate due to certain Obligated Group entities that are exempt from income tax.

The components of the deferred tax liabilities included in other liabilities as of December 31, 2011 and 2010, are as follows (in thousands):

	2011	2010
Deferred tax assets and liabilities:		
Reserves and accrued liabilities	$ -	$ 38
Depreciation and amortization	(81)	(2,921)
Net deferred tax liability	$ (81)	$ (2,883)

Listed below are the tax years that remain subject to examination by major tax jurisdiction:

Major Tax Jurisdictions	Open Tax Years
United States	2008–2011

The Obligated Group does not have any material uncertain tax positions at December 31, 2011 and 2010.

14. FUNCTIONAL EXPENSES

The Obligated Group provides general health care services to residents within its geographic locations, including medical/surgical, pediatric, critical, and emergency care. Expenses relating to providing these services for the years ended December 31, 2011 and 2010 are as follows (in thousands):

	2011	2010
Health care services	$ 1,188,615	$ 1,051,236
General and administrative	166,332	139,457
Total	$ 1,354,947	$ 1,190,693

15. FAIR VALUE OF FINANCIAL INSTRUMENTS

The following methods and assumptions were used by the Obligated Group in estimating its fair value disclosures for financial instruments:

Cash and Cash Equivalents, Accounts Receivable, Accounts Payable, and Accrued Expenses — The carrying amounts reported in the combined balance sheets approximate their fair value.

Marketable Securities — The fair values for marketable debt and equity securities are based on quoted market prices.

Assets Limited as to Use or Restricted — The amounts recorded for assets limited as to use or restricted approximate fair value based on quoted market prices, except for real estate

Derivatives — The Obligated Group's interest rate swaps are recorded at fair value on the combined balance sheets, based on proprietary valuation models.

Long-Term Debt — The fair values of the Obligated Group's long-term debt are estimated based on the Obligated Group's quoted market prices for similar issues available to the Obligated Group for debt of the same maturities.

The carrying amounts and fair values of the financial instruments as of December 31, 2011 and 2010, are as follows (in thousands):

	2011		2010	
	Carrying Amount	Fair Value	Carrying Amount	Fair Value
Cash and cash equivalents	$ 44,480	$ 44,480	$ 90,227	$ 90,227
Accounts receivable	212,094	212,094	197,770	197,770
Accounts payable and accrued expenses	93,995	93,995	86,458	86,458
Marketable securities	60,247	60,247	77,845	77,845
Assets limited as to use or restricted	1,382,818	1,382,818	1,215,519	1,215,519
Derivatives	21,753	21,753	8,562	8,562
Long-term debt	555,753	604,639	434,957	434,866

16. FAIR VALUE MEASUREMENTS

The following methods and assumptions were used to estimate the fair value of each class of financial instruments:

Cash Equivalents — The carrying value of cash equivalents approximates fair value as maturities are less than three months. Fair values of cash equivalent instruments that do not trade on a regular basis in active markets are classified as Level 2.

Equity and Fixed Income Securities — The estimated fair values of debt securities are based on quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices. Fair values of debt securities that do not trade on a regular basis in active markets are classified as Level 2. Fair value estimates for publicly traded equity securities are based on quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices.

Real Estate Held for Investment — The estimated fair market value of real estate held for investment is obtained using fair market appraisals.

Derivatives — Fair values of the Obligated Group's interest rate swaps are estimated utilizing the terms of the swaps and publicly available market yield curves. Because the swaps are unique and are not actively traded, the fair values are classified as Level 2 estimates.

The following tables present information about the fair value of the Obligated Group's financial instruments as of December 31, according to the valuation techniques used by the Obligated Group.

2011	Total	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
Cash & cash equivalents	$ 44,349	$ 12,137	$ 32,212	$ -
U S Equity securities				
U S Equity Mutual Funds				
Marketable Equity Securities	403,866	403,866		
International Equity Securities				
International Equity Commingled Fund	52,101		52,101	
International Equity Mutual funds	93,047	93,047		
Marketable International Equity Securities				
Domestic real estate	32,669	19,614		13,055
Fixed income securities				
U S Treasuries and Agencies	329,903		329,903	
Corporate Obligations	166,371		166,371	
Domestic Fixed Income Mutual Funds	61,120	61,120		
International Fixed Income Mutual Funds	23,549	23,549		
Other	36	36		
Total assets limited as to use and marketable securities	$1,207,011	$613,369	$580,587	$13,055
Derivatives	$ 21,753	$ -	$ 21,753	$ -
Total liabilities	$ 21,753	$ -	$ 21,753	$ -

2010	Total	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
Cash & cash equivalents	$ 162,874	$ 64,406	$ 98,468	$ -
U S Equity securities				
U S Equity Mutual Funds	188	188		
Marketable Equity Securities	405,424	405,424		
International Equity Securities				
International Equity Commingled Fund	53,639		53,639	
International Equity Mutual funds	36,828	36,828		
Marketable International Equity Securities	31,427	31,427		
Domestic real estate	32,639	21,084		11,555
Fixed income securities				
U S Treasuries and Agencies	203,936		203,936	
Corporate Obligations	99,030		99,030	
Domestic Fixed Income Mutual funds	45,601	45,601		
International Fixed Income Mutual funds	17,004	17,004		
Other	1,749	1,749		
Total assets limited as to use and marketable securities	$ 1,090,339	$623,711	$455,073	$ 11,555
Derivatives	$ 8,562	$ -	$ 8,562	$ -
Total liabilities	$ 8,562	$ -	$ 8,562	$ -

The Level 3 activity for the years ended December 31, 2011 and 2010, is summarized below (in thousands):

	2011	2010
Balance — beginning of period	$ 11,555	$ 11,555
Transfer In	1,500	
Balance — end of period	$ 13,055	$ 11,555

17. COMMITMENTS AND CONTINGENCIES

Operating Leases — The Obligated Group leases various equipment and facilities under operating leases. Total rental expense in 2011 and 2010 for all operating leases was approximately $14,509,000 and $11,477,000, respectively.

The following is a schedule by year of future minimum lease payments under operating leases as of December 31, 2011, that have initial or remaining lease terms in excess of one year (in thousands):

Years Ending December 31	
2012	$ 10,549
2013	7,370
2014	5,476
2015	2,439
2016	1,038
Thereafter	3,004
Total	$ 29,876

Litigation — The Obligated Group is involved in litigation and regulatory investigations arising in the course of business. Based in part on consultation with legal counsel, management believes that these matters will be resolved without material adverse effect on the Obligated Group's combined financial position or results of operations.

18. ASSET RETIREMENT OBLIGATIONS

FASB ASC 410, *Asset Retirement and Environmental Obligations,* requires that the fair value of the liability for an asset retirement obligation be recognized in the period in which it is incurred and the settlement date is estimable, and capitalized as part of the carrying amount of the related tangible long-lived asset. The liability is recorded at fair value, and the capitalized cost is depreciated over the remaining useful life of the related asset.

The Obligated Group determined it has legal obligations to perform certain asset retirement activities associated with asbestos encapsulation as a result of planned and estimated demolition and remediation activities at various hospitals, long-term care facilities, medical office buildings, and other facilities. During 2011 and 2010, changes to the asset retirement obligation are as follows (in thousands):

	2011	2010
Balance — January 1	$ 12,503	$ 12,329
Additions	3	99
Accretion expense	420	148
Settlements	(114)	(73)
Balance — December 31	$ 12,812	$ 12,503

19. LEASING ACTIVITY

The Obligated Group leases space to tenants under various operating lease agreements. These agreements, without giving effect to renewal options, have expiration dates ranging from 2011 to 2032. The rental revenue for the years ended December 31, 2011 and 2010, was $4,443,000 and $4,315,000, respectively. At December 31, 2011, the aggregate future minimum base rental payments under noncancelable operating leases by year are as follows (in thousands):

Years Ending December 31	
2012	$ 3,167
2013	2,750
2014	2,301
2015	2,034
2016	1,963
Thereafter	9,473
Total	$21,688

20. ACQUISITION OF ST. LUKE'S HOSPITAL

On September 1, 2010, the System completed an affiliation with OhioCare Health System, Inc., the corporate parent of St. Luke's Hospital, St. Luke's Foundation, Care Enterprises, Inc., WellCare Physicians Group, LLC, and certain other affiliated corporations; wherein the System became the sole corporate member of St. Luke's Hospital, St. Luke's Foundation, and Care Enterprises, Inc.; ProMedica Physician Group became the sole corporate member of WellCare Physicians Group, LLC. As part of the affiliation agreement, OhioCare Health System, Inc. was dissolved on the date of affiliation.

St. Luke's Hospital, a 315 licensed bed hospital located in Maumee, Ohio, is within the System's primary service area. Management believes that the affiliation will benefit St. Luke's and the community that it serves through higher quality of care, greater access, and lower health care costs. The affiliation will also place St. Luke's and the System in a better position to respond to the potential future impact of health care reform.

St. Luke's Hospital became a member of the Obligated Group as of the affiliation date of September 1, 2010.

Pursuant to FASB ASC 958, *Not-for-Profit Entities Mergers and Acquisitions*, the transaction was accounted for as an acquisition and no consideration was paid by the System in connection with the affiliation. An inherent contribution; which is the excess of the net of the identifiable assets acquired and the liabilities assumed, stated at fair value as of the acquisition date, over the fair value of the consideration transferred, was recorded by the System in the consolidated statements of operations and statements of changes in net assets.

The inherent contribution recorded in the Obligated Group's financial statements amounted to $96,631,000 and is summarized in the following table, which indicates the fair values of the assets acquired and the liabilities assumed at the date of affiliation. The inherent contribution associated with the unrestricted net assets is included in the excess of revenues over expenses on the Obligated Group's combined statements of operations.

At September 1, 2010 (in thousands)	
Cash and cash equivalents	$ 5,495
Accounts receivable, net	22,994
Other current assets	8,769
Assets limited as to use	50,538
Property, plant, and equipment	90,402
Other assets	7,286
Total assets acquired	185,484
Accounts payable and accrued liabilities	8,015
Accrued compensation and benefits	9,454
Estimated third-party payer settlements	6,300
Other current liabilities	
Accrued professional liabilities	3,080
Accrued pension	51,760
Long-term debt	10,244
Total liabilities assumed	88,853
Total net assets contributed	$ 96,631

During 2010, the Parent incurred legal and professional fees totaling approximately $6,100,000 related to the affiliation with St. Luke's. All such costs are included in "Contracted fees" within the Parent's total expenses of the consolidated statements of operations.

St. Luke's results of operations are included in the Obligated Group's combined statements of operations from the date of affiliation, and are presented in the table below. The pro forma financial information presented below summarizes the combined results of operations of the Obligated Group and St. Luke's as though the companies have been combined as of the beginning of each year presented. The pro forma financial information is presented for informational purposes only and is not indicative of the combined results of operations that would have been achieved if the affiliation had taken place at the beginning of each year presented nor is it indicative of future results.

	St. Luke's Hospital Four Months Ended December 31	**Unaudited Combined Pro Forma Financial Information Year Ended December 31**	
(In thousands)	**2010**	**2010**	**2009**
Total revenues, gains, and other support	$58,387	$1,373,442	$1,287,365
Excess of revenues over expenses	11,283	177,050	211,472

St. Luke's Affiliation — Federal Trade Commission Actions

ProMedica closed an affiliation with OhioCare Health System Inc., the corporate parent of St. Luke's Hospital and St Luke's Foundation on September 1, 2010. ProMedica was not required to notify the Federal Trade Commission (FTC) before completing the joinder. However, the FTC opted to review the joinder, as it is doing nationwide for similar types of transactions.

In January 2011, the FTC issued an administrative complaint challenging the joinder as violating Section 7 of the Clayton Act, as amended, and seeking to unwind the affiliation with St. Luke's through divestiture or reconstitution of necessary assets that restores St. Luke's as an independent business separate from ProMedica. Contemporaneous with the filing of the administrative complaint, the FTC and the Attorney General for the State of Ohio (AG) filed a separate complaint with the United States District Court for the Northern District of Ohio, Western Division (the Court) requesting a temporary restraining order and a preliminary injunction to prevent ProMedica from integrating St. Luke's into its integrated delivery system, during the pendency of the FTC's administrative trial. ProMedica had previously entered into a voluntary Hold Separate Agreement with the FTC not to integrate St. Luke's during the FTC's investigation.

On March 29, 2011, the Court granted the FTC's and the AG's motion for a preliminary injunction to prevent St. Luke's from fully joining ProMedica pending the outcome of the administrative trial, and ordered that ProMedica continue abiding by the terms of the Hold Separate Agreement. The Hold Separate Agreement requires ProMedica to maintain St. Luke's as a viable and competitive hospital.

An evidentiary hearing on the FTC Administrative Complaint took place before an FTC Administrative Law Judge (ALJ) in Washington, D.C. between May 31, 2011 and August 18, 2011. On December 5th, 2011, the FTC ALJ issued his initial decision and ordered ProMedica to restore competition as it existed before the acquisition and divest St. Luke's Hospital to an FTC-approved buyer within 180 days after the order becomes final. On December 27, 2011, both ProMedica and Complaint Counsel appealed portions of the FTC's ALJ's Initial Decision. Subsequently, on March 22, 2012 the FTC issued a decision that ruled that the joinder violated Clayton Act Section 7. To remedy the violation, the FTC ordered ProMedica to divest St. Luke's Hospital to an FTC-approved buyer within 180 days after the order becomes final. ProMedica has sixty days from the date the FTC serves its decision to appeal the decision to a federal court of appeals.

In addition, as part of their complaint filed with the Court, FTC attorneys had requested the Court to appoint a monitor to oversee ProMedica's compliance with the Hold-Separate Agreement as part of the preliminary injunction issued by the Court. The Court declined to appoint a monitor at that time, but the FTC asked the Court to do so again in December 2011 after the FTC's ALJ issued his Initial Decision concluding that the affiliation violated Section 7 of the Clayton Act. In February 2012, the federal judge ruled that a monitor would not be needed to oversee ProMedica's compliance with the Hold-Separate Agreement.

At this time, it is not possible to determine the probable outcome of any of these proceedings. Management of ProMedica continues to believe that the joinder is beneficial to St. Luke's and the community that it serves through higher quality of care, greater access, and lower health care costs and will continue to contest vigorously the allegations made by the FTC. Final resolution of this matter may not occur for over a year. Management believes that the operations of the System will not be adversely effected during the period that ProMedica opposes the actions being taken by the FTC despite the resulting delay in implementing certain of the System integration plans for St. Luke's. Management also believes that if the FTC should prevail on its claims and St. Luke's is forced to leave the System, such a result would not have a material adverse impact on the operations, financial or otherwise, of the System.

21. SUBSEQUENT EVENTS

Management has evaluated all events subsequent to the combined balance sheet date of December 31, 2011 through April 16, 2012, the date the financial statements were available to be issued, and has determined that except as set forth below and in Note 20, there are no subsequent events that require disclosure under FASB ASC 855, *Subsequent Events*.

Fremont Memorial Affiliation

ProMedica Health System successfully responded to a Request for Proposal from Memorial Hospital in Fremont, Ohio. Memorial Hospital is a 186 licensed bed facility that has provided comprehensive, inpatient and outpatient health care services to Fremont, Ohio and its neighboring communities for nearly 100 years. ProMedica and Memorial Hospital subsequently entered into a Memorandum of Understanding in February 2012. Due diligence is underway and anticipated to be completed in 90 days.

* * * * * *

COMBINED SUPPLEMENTAL SCHEDULES

PROMEDICA HEALTHCARE OBLIGATED GROUP

BALANCE SHEET COMBINING INFORMATION
AS OF DECEMBER 31, 2011
(In thousands)

ASSETS	The Toledo Hospital	Flower Hospital	Defiance Regional Medical Center	Bay Park Community Hospital	ProMedica Bixby Hospital	ProMedica Herrick Hospital	Provincial House of Adrian	Fostoria Community Hospital	ProMedica Continuing Care Svcs. Corp	St Luke's Hospital	Eliminations	Total Obligated Group	Non-Obligated Group Combined Entities and Eliminations	Combined Obligated Group Total
CURRENT ASSETS														
Cash and cash equivalents	$ 6,444	$ 5,415	$ 3,921	$ 3,522	$ 5,177	$ 5 140	$ 2,659	$ 3,867	$ (600)	$ 6,436	$ -	$ 41,981	$ 2 499	$ 44,480
Marketable securities	16,757	15,383	5,509	5,107	4 773	7,757	257	4,704				60,247		60,247
Assets limited as to use or restricted										155		155		155
Accounts receivable — net	111,046	30,335	7,045	10,390	11 399	5,802	1,556	6,272	5,649	20,927		210,421	1,673	212,094
Supplies	9,142	2,956	622	1,417	1,194	232		906	(55)	1,668		18 082	385	18,467
Other current assets	7,170	2,723	379	430	9,619	497	71	1,143	11,142	8,999	(9,659)	32,514	72	32,586
Total current assets	150,559	56,812	17,476	20,866	32,162	19,428	4,543	16,892	16,136	38,185	(9,659)	363,400	4,629	368,029
NONCURRENT ASSETS LIMITED AS TO USE OR RESTRICTED — Net of amount required to meet current obligations														
Restricted funds	181	132	3		15	51		23	591			996	236,056	237,052
Bond indenture agreement funds	104,543	8,043	2 014	8,046				2,010	1,005			125,661		125,661
Internally designated for capital acquisition	381,941	291,741	120,503	29,876	46,166	33,602	4 956	43,246	234	55,259		1,007,524	(1,856)	1,005,668
Other segregated investments	8,607	2	1	1	2,096			1	30	1,688		12,426	1,856	14,282
Total noncurrent assets limited as to use or restricted	495,272	299,918	122,521	37,923	48,277	33,653	4,956	45,280	1,860	56,947	-	1,146,607	236 056	1,382,663
PROPERTY AND EQUIPMENT — Net	340,552	52,967	31,928	56,727	27,576	22,216	1,953	18,787	5,452	87,974	-	646,132	5,598	651,730
OTHER ASSETS														
Deferred bond issuance costs — net	3,597	352	409	595	147	142	24	86	21	205		5,578	3	5,581
Goodwill	11,104								203	105		11,412	4,954	16,366
Intangible assets and other	18								278			296		296
Investments in affiliated companies	2,291	220		115	1,215			(3)	253	1,283		5 374	(51)	5,323
Total other assets	17,010	572	409	710	1,362	142	24	83	755	1,593	-	22,660	4,906	27,566
TOTAL	$1,003,393	$410,269	$172,334	$116,226	$109,377	$75,439	$11,476	$81,042	$24,203	$184,699	$(9,659)	$2,178,799	$251,189	$2,429,988

Note The columns of the individual Obligated Group members exclude certain subsidiaries which are not Obligated Group members These subsidiaries of the Obligated Group companies are required to be consolidated in accordance with GAAP (see Note 1) These subsidiaries are included in the "Non-Obligated Group Combined Entities and Eliminations" column above

(Continued)

PROMEDICA HEALTHCARE OBLIGATED GROUP

BALANCE SHEET COMBINING INFORMATION
AS OF DECEMBER 31, 2011
(In thousands)

LIABILITIES AND NET ASSETS	The Toledo Hospital	Flower Hospital	Defiance Regional Medical Center	Bay Park Community Hospital	ProMedica Bixby Hospital	ProMedica Herrick Hospital	Provincial House of Adrian	Fostoria Community Hospital	ProMedica Continuing Care Svcs Corp.	St Luke's Hospital	Eliminations	Total Obligated Group	Non-Obligated Group Combined Entities and Eliminations	Combined Obligated Group Total
CURRENT LIABILITIES														
Current installments of long-term debt	$ 6,590	$ 170	$ 407	$ 538	$ -	$ -	$ -	$ 213	$ -	$ 2,478	$ -	$ 10,396	$ 616	$ 11,012
Contingent current installments of long-term debt	73,564	5,059	7,133	9 103				2,466				97 325	655	97,980
Accounts payable and accrued expenses	56,751	10 950	2,361	4,805	10 463	3 340	653	2,365	3 930	7,082	(9,659)	93,041	954	93,995
Accrued compensation and benefits	27,394	7,591	1,222	1,881	3,177	1,037	330	1,061	2,271	9,302		55,266	166	55,432
Estimated third-party payor settlements — net	25,140	12,784	3,138	3,844	3,488	3,224	252	2,606	(29)	7,531		61.978		61,978
Accrued professional liability and workers compensation			71				222	65		367		725		725
Accrued postretirement plans	884				96	49						1,029		1,029
Total current liabilities	190,323	36,554	14,332	20,171	17,224	7,650	1,457	8,776	6,172	26,760	(9,659)	319,760	2,391	322,151
OTHER LIABILITIES														
Accrued professional liabilities and workers' compensation — less current portion	4,763	1,501	393	292	185	474		244	110	380		8,342		8,342
Deferred compensation	8 491											8,491		8,491
Accrued pension	1,011									57,841		58,852		58,852
Accrued postretirement plans — less current portion	13,878				445	473						14,796		14,796
Other	25 790	1,613	461	496	2,121	2,429	183	1,353	781	103		35,330	142	35,472
Total other liabilities	53,933	3,114	854	788	2,751	3,376	183	1,597	891	58,324	-	125,811	142	125,953
LONG-TERM DEBT — Less current installments	291,615	31,965	33,490	48,932	12,353	11,977	2,011	7,371	2,028	3,619	-	445,361	1,400	446,761
NET ASSETS														
Unrestricted	467,341	338,504	123,655	46 335	77,034	52,385	7,825	63,275	14,521	95,996		1,286,871	6,798	1,293,669
Non-controlling interest													4,402	4,402
Temporarily restricted	181	132	3		15	51		23	591			996	204,108	205,104
Permanently restricted												-	31,948	31,948
Total net assets	467,522	338,636	123,658	46,335	77,049	52,436	7,825	63 298	15,112	95,996	-	1,287,867	247,256	1,535,123
TOTAL	$1,003,393	$410,269	$172,334	$116,226	$109,377	$75,439	$11,476	$81,042	$24,203	$184,699	$(9,659)	$2,178,799	$251,189	$2,429,988

Note The columns of the individual Obligated Group members exclude certain subsidiaries which are not Obligated Group members These subsidiaries of the Obligated Group companies are required to be consolidated in accordance with GAAP (see Note 1) These subsidiaries are included in the "Non-Obligated Group Combined Entities and Eliminations" column above

(Concluded)

PROMEDICA HEALTHCARE OBLIGATED GROUP

STATEMENT OF OPERATIONS COMBINING INFORMATION
FOR THE YEAR ENDED DECEMBER 31, 2011
(In thousands)

	The Toledo Hospital	Flower Hospital	Defiance Regional Medical Center	Bay Park Community Hospital	ProMedica Bixby Hospital	ProMedica Herrick Hospital	Provincial House of Adrian	Fostoria Community Hospital	St Luke's Hospital	ProMedica Continuing Care Svcs. Corp.	Eliminations	Total Obligated Group	Non-Obligated Group Combined Entities and Eliminations	Combined Obligated Group Total
UNRESTRICTED REVENUES, GAINS, AND OTHER SUPPORT														
Net patient service revenue	$660 084	$215 145	$55,756	$82,581	$83,156	$ 42,627	$9,397	$40,972	$172,847	$38,360	$(24,712)	$1,376,213	$13,578	$1,389,791
Net assets released for use in operations	5,682	825	143	70	276	36	6	213	29	40		7,320	(1)	7,319
Other	26,321	4,904	815	1,064	8,025	364	23	2,935	3 293	113	(11,395)	36,462	1,179	37,641
Total unrestricted revenues, gains, and other support	692,087	220,874	56,714	83,715	91,457	43,027	9,426	44,120	176 169	38,513	(36,107)	1,419,995	14,756	1,434,751
EXPENSES														
Salaries, wages, and employee benefits	270,932	77,162	17 564	28,105	34,337	14,990	5,626	13,841	78,807	24 692	(28,888)	537,168	2,654	539,822
Food and drugs	51,663	28,234	2,602	3,016	3,843	1,083	666	4 426	9,469	2,080		107,082	62	107,144
Medical expenses									6			6		6
Contracted fees	54,212	12,871	2,724	5 116	5,678	10 343	803	4 684	23,391	3,845	(7,219)	116,448	2,366	118,814
Supplies	91,944	17 750	3,232	8,839	6 939	2,916	302	2,927	25 520	1,366		161,735	3 666	165,401
Insurance	7,861	2,263	646	1,008	1,138	934		477	1,230	362		15,919	75	15,994
Utilities	7,590	1 996	890	1 022	1,322	715	175	633	2 046	410		16,799	193	16 992
Depreciation and amortization	30,499	9,293	3,968	4,979	4 393	2,296	206	2,123	8,608	1,193		67,558	575	68,133
Interest	13,906	1,412	2,069	2,569	889	850	121	519	274	131		22,740	199	22,939
Provision for bad debts	31,237	8,838	2,772	6,765	9,430	4 289	167	2,783	11,435	455		78,171	126	78,297
Other	111,036	29,120	11,578	15,629	17,675	1,388	1,251	6,764	13,986	11,321		219,748	1,657	221,405
Total expenses	670,880	188,939	48,045	77,048	85,644	39,804	9,317	39,177	174,772	45,855	(36,107)	1,343,374	11,573	1,354,947
OPERATING INCOME (LOSS)	21,207	31,935	8,669	6,667	5,813	3,223	109	4,943	1 397	(7,342)	-	76,621	3,183	79,804
OTHER INCOME (LOSS)														
Investment income (loss)	(15,437)	(5,215)	(2 508)	(1,072)	276	(298)	75	(881)	(318)	(1)		(25,379)	(700)	(26,079)
Contribution of St Luke's Hospital — net assets														
Investment in subsidiaries														
Provision for income tax													(361)	(361)
Other	(455)	(48)	(878)	(996)	(364)	(136)	(17)	(214)	213	67		(2,828)	102	(2,726)
Total other income (loss)	(15,892)	(5,263)	(3,386)	(2,068)	(88)	(434)	58	(1,095)	(105)	66	-	(28,207)	(959)	(29,166)

Note The columns of the individual Obligated Group members exclude certain subsidiaries which are not Obligated Group members These subsidiaries of the Obligated Group companies are required to be consolidated in accordance with GAAP (see Note 1) These subsidiaries are included in the "Non-Obligated Group Combined Entities and Eliminations" column above

(Continued)

PROMEDICA HEALTHCARE OBLIGATED GROUP

STATEMENT OF OPERATIONS COMBINING INFORMATION
FOR THE YEAR ENDED DECEMBER 31, 2011
(In thousands)

	The Toledo Hospital	Flower Hospital	Defiance Regional Medical Center	Bay Park Community Hospital	ProMedica Bixby Hospital	ProMedica Herrick Hospital	Provincial House of Adrian	Fostoria Community Hospital	St Luke's Hospital	ProMedica Continuing Care Svcs Corp.	Eliminations	Total Obligated Group	Non-Obligated Group Combined Entities and Eliminations	Combined Obligated Group Total
EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES	$ 5,315	$ 26,672	$ 5,283	$ 4,599	$5 725	$ 2,789	$167	$3 848	$ 1,292	$ (7,276)	$ -	$ 48,414	$ 2,224	$ 50,638
NET ASSETS RELEASED FROM RESTRICTIONS FOR FIXED ASSETS	749	1,010	170	199	71	170	3	860	40	204		3,476		3,476
TRANSFERS (TO) FROM AFFILIATED ENTITIES	(24,702)	(11,930)	(2,401)	(1,304)	(1,907)	(12,392)		(853)	9,182	2,365		(43,942)	(18,532)	(62,474)
NONCONTROLLING INTEREST IN ACQUISITIONS												-	355	355
DISTRIBUTIONS PAID TO NONCONTROLLING INTERESTS												-	(829)	(829)
PENSION AND OTHER POSTRETIREMENT ADJUSTMENTS	(1,120)				129	136			(39,414)			(40,269)	-	(40,269)
INCREASE (DECREASE) IN UNRESTRICTED NET ASSETS	$(19,758)	$ 15,752	$ 3 052	$ 3 494	$4,018	$ (9,297)	$170	$3,855	$(28,900)	$ (4,707)	$ -	$(32,321)	$ (16,782)	$(49,103)

Note The columns of the individual Obligated Group members exclude certain subsidiaries which are not Obligated Group members These subsidiaries of the Obligated Group companies are required to be consolidated in accordance with GAAP (see Note 1) These subsidiaries are included in the "Non-obligated Group Combined Entities and Eliminations" column above

(Concluded)

Additional Data

Software ID:
Software Version:
EIN: 34-4428256
Name: THE TOLEDO HOSPITAL

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 1,756,699 including grants of $) (Revenue $ 1,865,698)
OPERATES A HEALTH CLUB FACILITY

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			
MARIANNE BALLAS TRUSTEE	1 00	X						0	0	0
RHONDIA BLACK TRUSTEE	1 00	X						0	0	0
HOLLY BRISTOLL TRUSTEE	1 00	X						0	275,885	54,564
DEVAN CAPUR TRUSTEE	1 00	X						0	0	0
PARISS COLEMAN II TRUSTEE	1 00	X						0	0	0
TODD COOPERIDER MD TRUSTEE	1 00	X						0	107,167	3,202
CLEVES DELP TRUSTEE	1 00	X						0	0	0
JOHNNIE EARLY II PHD RPH TRUSTEE	1 00	X						0	0	0
DONALD FINNEGAN TRUSTEE	1 00	X						0	0	0
CHARLES HEID EX OFFICIO	1 00	X						0	0	0
NANCY KABAT TRUSTEE	1 00	X						0	0	0
SARAH MCHUGH TRUSTEE	1 00	X						0	0	0
ROBERTA MILLER TRUSTEE	1 00	X						0	0	0
CHARLES PRICE MD TRUSTEE	1 00	X						0	0	0
JAMES SILK JR TRUSTEE	1 00	X						0	0	0
C MICHAEL SMITH TRUSTEE	1 00	X						0	0	0
BARBARA STEELE EX OFFICIO	1 00	X						0	1,217,274	93,122
HARVEY TOLSON TRUSTEE	1 00	X						0	0	0
JEFFREY TWYMAN TRUSTEE	1 00	X						0	0	0
J TYO TRUSTEE	1 00	X						0	0	0
RONALD WAINZ MD TRUSTEE	1 00	X						34,160	473,446	20,327
KEVIN WEBB PHD PRESIDENT/EX OFFICIO	40 00	X		X				0	484,095	64,786
ROBERT LACLAIR CHAIRPERSON	1 00	X		X				0	0	0
KATHLEEN HANLEY TREASURER	1 00			X				0	668,728	106,672
JEFFREY KUHN SECRETARY	1 00			X				0	514,238	70,869

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			
ERIN JAYNES VP PAT CARE SVS , TTH	40 00				X			0	203,973	39,978
NEERAJ KANWAL MD VP MED AFFAIRS, TTH	40 00				X			0	367,803	51,834
GARY AKENBERGER SR VP FINANCE	1 00				X			0	341,951	71,630
MICHAEL WILKINS COO, PHS, HVI	40 00				X			0	186,076	50,721
MICHAEL BIGGIN LEAD PHYSICIAN ASSISTANT	40 00					X		177,446	0	29,685
ANTHONY J COMEROTA DIR JOBST VASC INST	40 00					X		567,908	0	29,169
MICHAEL FLANNERY PERFUSIONIST	40 00					X		173,024	0	28,448
JEFFREY R LEWIS ASSOC DIR ED FAM PRACT	40 00					X		176,743	0	42,195
TIMOTHY A MCCOY PHYSICIAN ASST - SPECIAL	40 00					X		178,490	0	28,485
KATHLEEN CARLSON FORMER OFFICER	0 00						X	0	392,662	15,000
RANDALL SCHIMMOELLER FORMER KEY EMPLOYEE	0 00						X	0	295,373	43,231
DARRIN ARQUETTE FORMER KEY EMPLOYEE	0 00						X	0	137,172	36,854
LORI FERGUSON FORMER KEY EMPLOYEE	40 00						X	0	182,050	43,256
ROBERT FREDRICK MD FORMER KEY EMPLOYEE	0 00						X	0	442,049	70,565
ALAN SATTLER FORMER KEY EMPLOYEE	0 00						X	0	346,300	67,281