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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

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 province, country, and ZIP or foreign postal code
TOLEDO, OH 43606

D Employer identification number
34-4428256

E Telephone number
(419) 291-7460

G Gross receipts $ 1,582,027,344

F Name and address of principal officer
ARTURO POLIZZI
2142 N COVE BLVD
TOLEDO, OH 43606

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

H(b) Are all subordinates 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 THE ADULT TERTIARY FACILITY OF PROMEDICA HEALTH SYSTEM, INC PROVIDING INPATIENT AND OUTPATIENT HEALTH SERVICES TO THE GENERAL PUBLIC OF NORTHWEST OHIO AND SOUTHEAST MICHIGAN

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	16
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	5,657
6	Total number of volunteers (estimate if necessary)	**6**	292
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	4,562,924
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	1,748,710

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	6,811,827	7,174,080
	9 Program service revenue (Part VIII, line 2g)	669,866,553	715,544,906
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	32,041,175	33,108,826
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	29,810,751	24,600,250
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	738,530,306	780,428,062
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	57,493,832	54,712,212
	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)	315,630,958	322,575,826
	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)	370,618,726	401,259,708
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	743,743,516	778,547,746
	19 Revenue less expenses Subtract line 18 from line 12	-5,213,210	1,880,316

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	1,380,322,678	1,426,475,465
	21 Total liabilities (Part X, line 26)	713,059,022	686,895,146
	22 Net assets or fund balances Subtract line 21 from line 20	667,263,656	739,580,319

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 — 2014-11-13 Date

▶ ARTURO POLIZZI PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
SAMANTHA BOKORI		2014-10-28		P01057347

Firm's name ▶ DELOITTE TAX LLP — Firm's EIN ▶ 86-1065772

Firm's address ▶ 111 MONUMENT CIRCLE STE 2000
INDIANAPOLIS, IN 462045108 — 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 or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

AS AN INTEGRAL PART OF PROMEDICA HEALTH SYSTEM, INC , 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 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 $ 574,281,700 including grants of $ 54,712,212) (Revenue $ 703,611,577)

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 $ 34,846,162 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 $ 51,450,089 including grants of $) (Revenue $ 24,131,546)

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

(Code) (Expenses $ 1,119,634 including grants of $) (Revenue $ 1,365,799)

OPERATES A HEALTH CLUB FACILITY

4d Other program services (Describe in Schedule O)

(Expenses $ 1,119,634 including grants of $) (Revenue $ 1,365,799)

4e **Total program service expenses** ▶ 661,697,585

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 for escrow or custodial account liability, 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, line 10? *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 and XII*	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 and XII 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, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts 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 other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts 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 (see instructions)*	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 hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government 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 or 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, line 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect 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, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, 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 11b 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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	376		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	1		
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	5,657		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
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" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See 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 as charitable contributions? . . .	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.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the 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 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 or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	25		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
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 this 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 ☐ Other (explain in Schedule O)

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 during the tax year

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

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

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

Check if Schedule O contains a response or note to any line 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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								1,383,574	7,519,190	1,258,150

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 ▶ 114

			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 COMPANY INC 460 WEST DUSSEL DR MAUMEE OH 435374205	GENERAL CONTRACTING	17,699,213
UNIVERSITY OF TOLEDO 3000 ARLINGTON TOLEDO OH 43614	PHYSICIAN SERVICES	2,894,454
HKS INC 1919 MCKINNEY AVE DALLAS TX 75201	ARCHITECTURAL DESIGN	2,053,929
NW OHIO NEONATAL ASSOCIATES INC PO BOX 12498 TOLEDO OH 43606	PHYSICIAN SERVICES	1,402,126
MICHIGAN PEDIATRIC SURGERY 3901 BEAUBIEN BLVD DETROIT MI 48201	PHYSICIAN SERVICES	1,272,000

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 ▶ 48

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d	4,502,345			
	e	Government grants (contributions)	1e	947,686			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,724,049			
	g	Noncash contributions included in lines 1a-1f $		14,434			
	h	**Total.** Add lines 1a-1f . . . . . ▶		7,174,080			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICES	622110	709,021,144	705,066,368	3,954,776	
	b	AFFIL ORG RENT REV	531120	5,141,798			5,141,798
	c	MEMBERSHIP REVENUE	713940	1,381,964	1,381,964		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		715,544,906			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		8,388,626			8,388,626
	4	Income from investment of tax-exempt bond proceeds . . ▶		93,054			93,054
	5	Royalties . . . . . ▶					

		(i) Real	(ii) Personal				
6a	Gross rents	3,688,114					
b	Less rental expenses	2,381,071					
c	Rental income or (loss)	1,307,043					
d	Net rental income or (loss) . . . . . ▶			1,307,043		141,446	1,165,597

		(i) Securities	(ii) Other				
7a	Gross amount from sales of assets other than inventory	822,881,096	86,273				
b	Less cost or other basis and sales expenses	798,319,317	20,906				
c	Gain or (loss)	24,561,779	65,367				
d	Net gain or (loss) . . . . . ▶			24,627,146			24,627,146

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	1,043				
	b	Less direct expenses . . . b	0				
	c	Net income or (loss) from gaming activities . . . ▶		1,043			1,043
	10a	Gross sales of inventory, less returns and allowances . a	1,042,860				
	b	Less cost of goods sold . . b	877,988				
	c	Net income or (loss) from sales of inventory . . ▶		164,872			164,872
		Miscellaneous Revenue	Business Code				
	11a	PHARMACY	446110	10,973,310	10,883,808	89,502	
	b	DIETARY AND OTHER	722514	7,892,653	7,674,270	218,383	
	c	EHR INCENTIVE	900099	4,102,512	4,102,512		
	d	All other revenue		158,817		158,817	
	e	**Total.** Add lines 11a–11d . . . . . ▶		23,127,292			
	12	**Total revenue.** See Instructions . . . . . ▶		780,428,062	729,108,922	4,562,924	39,582,136

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)

Check if Schedule O contains a response or note to any line 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	54,712,212	54,712,212		
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	8,750		8,750	
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	276,827,249	208,457,507	68,369,742	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,057,787	7,573,514	2,484,273	
9 Other employee benefits	16,575,428	12,481,297	4,094,131	
10 Payroll taxes	19,106,612	14,387,279	4,719,333	
11 Fees for services (non-employees)				
a Management	13,197	13,197		
b Legal	1,559,528	1,559,528		
c Accounting	672,532		672,532	
d Lobbying	23,753		23,753	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	1,445,390	1,445,390		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	59,186,474	46,220,616	12,965,858	
12 Advertising and promotion	1,991,953	1,593,562	398,391	
13 Office expenses	8,430,239	8,430,239		
14 Information technology	10,799,726	10,799,726		
15 Royalties . .				
16 Occupancy	13,228,175	10,582,540	2,645,635	
17 Travel	1,333,779	1,292,905	40,874	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	14,609,131	14,609,131		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	43,563,488	43,563,488		
23 Insurance	5,826,875	4,661,500	1,165,375	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	105,029,331	105,029,331	0	0
b INTERCOMPANY SERVICES	61,293,570	43,857,015	17,436,555	0
c DRUGS	47,253,234	47,253,234	0	0
d LICENSES AND FEES	7,417,836	7,417,836	0	0
e All other expenses	17,581,497	15,756,538	1,824,959	
25 **Total functional expenses.** Add lines 1 through 24e	778,547,746	661,697,585	116,850,161	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		4,075,121	1	31,584,570
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		106,934,448	4	114,386,182
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		10,706,706	8	11,384,411
	9	Prepaid expenses and deferred charges		1,960,581	9	1,445,007
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 909,739,428			
	b	Less accumulated depreciation	10b 519,469,261	362,119,591	10c	390,270,167
	11	Investments—publicly traded securities		484,596,110	11	448,124,594
	12	Investments—other securities See Part IV, line 11		8,661,014	12	9,307,900
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		11,702,030	14	11,613,458
	15	Other assets See Part IV, line 11		389,567,077	15	408,359,176
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,380,322,678	16	1,426,475,465
Liabilities	17	Accounts payable and accrued expenses		87,451,532	17	71,798,673
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		530,371,793	20	519,889,896
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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		19,250,466	23	16,510,468
	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		75,985,231	25	78,696,109
	26	**Total liabilities.** Add lines 17 through 25		713,059,022	26	686,895,146
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		488,661,379	27	530,375,870
	28	Temporarily restricted net assets		168,540,227	28	198,644,254
	29	Permanently restricted net assets		10,062,050	29	10,560,195
		Organizations that do not follow SFAS 117 (ASC 958), 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		667,263,656	33	739,580,319
	34	Total liabilities and net assets/fund balances		1,380,322,678	34	1,426,475,465

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	780,428,062
2	Total expenses (must equal Part IX, column (A), line 25)	2	778,547,746
3	Revenue less expenses Subtract line 2 from line 1	3	1,880,316
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	667,263,656
5	Net unrealized gains (losses) on investments	5	46,892,733
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	23,543,614
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	739,580,319

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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	

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
MARIANNE BALLAS TRUSTEE	1 00 0 00	X						0	0	0
CRAIG S BARROW TRUSTEE	1 00 0 00	X						0	0	0
RHONDIA F BLACK TRUSTEE	1 00 0 00	X						0	0	0
DAWN BUSKEY EX OFFICIO	40 00 0 00	X						0	296,424	50,903
DEVAN R CAPUR TRUSTEE	1 00 0 00	X						0	0	0
PARISS M COLEMAN II TRUSTEE	1 00 1 00	X						0	0	0
TODD J COOPERIDER MD MBA TRUSTEE	1 00 40 00	X						0	716,993	43,147
CLEVES R DELP TRUSTEE	1 00 0 00	X						0	0	0
JOHNNIE L EARLY II PHD RPH TRUSTEE	1 00 0 00	X						0	0	0
DONALD J FINNEGAN JR TRUSTEE	1 00 0 00	X						0	0	0
DEBORAH A GUNTSCH MD TRUSTEE	1 00 40 00	X						8,750	269,043	32,445
LEE W HAMMERLING MD TRUSTEE	1 00 48 00	X						0	760,695	77,446
NANCY P KABAT TRUSTEE	1 00 0 00	X						0	479	0
WILLIAM R MCDONNELL TRUSTEE	1 00 0 00	X						0	0	0
ROBERTA J MILLER TRUSTEE	1 00 0 00	X						0	0	0
C MICHAEL SMITH TRUSTEE	1 00 7 00	X						0	0	0
HARVEY A TOLSON TRUSTEE	1 00 0 00	X						0	0	0
JEFFREY R TWYMAN TRUSTEE	1 00 0 00	X						0	0	0
J BRAD TYO TRUSTEE	1 00 0 00	X						0	0	0
JAMES F WEBER TRUSTEE	1 00 0 00	X						0	0	0
LAURIE E WEINBERG EX OFFICIO	1 00 0 00	X						0	0	0
BETH A WILSON TRUSTEE	1 00 0 00	X						0	0	0
ROBERT F WOOD MD TRUSTEE	1 00 0 00	X						0	0	0
KEVIN C WEBB PHD PRESIDENT, EX OFFICIO	1 00 44 00	X		X				0	483,405	52,701
SARAH A MCHUGH CHAIRPERSON	1 00 1 00	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
KATHLEEN S HANLEY TREASURER	50 51 50			X				0	700,133	104,802
JEFFREY C KUHN SECRETARY	50 51 00			X				0	521,270	73,952
KEN ARMSTRONG COO, HVI	40 00 1 50				X			0	319,143	50,383
ALISON AVENDT VP SUPPORT SERVICES, TTH	50 40 00				X			0	159,758	26,072
LORI FERGUSON VP PATIENT CARE, TCH	40 00 0 00				X			0	168,455	38,659
SCOTT FOUGHT VP, FINANCE	40 00 1 00				X			0	160,361	36,807
NEERAJ KANWAL VP MED AFFAIRS, TTH	40 00 1 00				X			0	352,548	49,057
ARTURO POLIZZI CHIEF HR OFFICER & COO, TTH	50 40 00				X			0	464,992	56,186
DEANA SIEVERT VP PATIENT CARE, TTH	40 00 0 00				X			0	165,581	22,324
MICHAEL BIGGIN LEAD PHYSICIAN ASSISTANT	40 00 0 00					X		206,326	0	41,120
ANTHONY COMEROTA DIRECTOR, JOBST VASC CTR	40 00 0 00					X		567,716	0	36,681
LOUITO C EDJE MD DIR ED FAMILY PRACTICE	40 00 1 00					X		209,898	0	27,076
JEFFREY LEWIS ASSOC DIR ED FAM PRAC	40 00 0 00					X		191,671	0	62,736
FEDOR LURIE ASSOC DIR RESEARCH ED VASC	40 00 0 00					X		199,213	0	20,302
GARY AKENBERGER FORMER KEY EMPLOYEE	0 00 44 50						X	0	336,133	72,295
DARRIN ARQUETTE FORMER KEY EMPLOYEE	0 00 40 00						X	0	169,779	37,716
HOLLY L BRISTOLL FORMER KEY EMPLOYEE	0 00 41 00						X	0	286,120	56,226
ROBERT FREDRICK FORMER KEY EMPLOYEE	0 00 40 50						X	0	406,784	70,378
ALAN M SATTLER FORMER KEY EMPLOYEE	0 00 45 00						X	0	368,665	70,139
RANDALL SCHIMMOELLER FORMER KEY EMPLOYEE	0 00 42 00						X	0	295,577	35,607
MIKE WILKINS FORMER KEY EMPLOYEE	40 00 0 00						X	0	116,852	12,990

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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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 described in **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 - Non-functionally integrated

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 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?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **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 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** 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—2012.** 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 Section 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	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.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

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2013

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, Part V, 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 in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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)).

	For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(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?	Yes		23,753
j	Total Add lines 1c through 1i			23,753
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible 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

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
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

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the 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, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items

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

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

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

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

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

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

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 XIII 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 XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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	10,062,050	9,422,630	10,062,393	9,516,977	8,315,521
b	Contributions	558,860	93,509		1,800	
c	Net investment earnings, gains, and losses	-60,715	545,911	-639,763	543,616	1,201,456
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	10,560,195	10,062,050	9,422,630	10,062,393	9,516,977

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

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

The percentages in lines 2a, 2b, and 2c should equal 100%

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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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	9,361,000	64,326,542		73,687,542
b Buildings		515,213,392	302,401,545	212,811,847
c Leasehold improvements		6,965,507	6,907,507	58,000
d Equipment		263,996,492	194,377,044	69,619,448
e Other		49,876,495	15,783,165	34,093,330
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				390,270,167

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. 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) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	8,205,302
(2) BENEFICIAL INTEREST IN FOUNDATION	208,531,726
(3) OTHER SEGREGATED INVESTMENTS	9,965,802
(4) DEFERRED BOND ISSUE COSTS	3,252,367
(5) INTERCOMPANY DEBT FROM RELATED ENTITIES	172,287,364
(6) OTHER LONG-TERM ASSETS	13,359
(7) OTHER RECEIVABLES	5,470,533
(8) RESEARCH FUNDS	632,723
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	408,359,176

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
DUE TO AFFILIATES	33,860,913
ESTIMATED THIRD PARTY SETTLEMENTS PAYABLE	15,907,496
DEFERRED COMPENSATION	9,885,310
INTEREST RATE SWAP	7,486,141
ASBESTOS REMEDIATION	7,470,551
DEFERRED INCOME TAXES	472,054
PENSION LIABILITY	404,035
MALPRACTICE TAIL LIABILITY	3,209,609
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	78,696,109

2. Liability for uncertain tax positions In Part XIII, 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 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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 XIII)	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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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 XIII)	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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	THE ENDOWMENT FUNDS ARE INVESTED TO GENERATE INCOME TO BE USED TO SUPPORT THE TOLEDO HOSPITAL CONSISTENT WITH DONOR INTENT
PART X, LINE 2	THE TOLEDO HOSPITAL IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF PROMEDICA HEALTH SYSTEM, INC 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, 2013 AND 2012 FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012, A TAXABLE SUBSIDIARY OF PHS RECOGNIZED A LIABILITY FOR UNCERTAIN TAX POSITIONS OF $1,059,000 AND $1,552,000, RESPECTIVELY THE SUBSIDIARY RECOGNIZED A CREDIT FOR INTEREST AND PENALTIES WITHIN THE INCOME TAX EXPENSE LINE IN THE CONSOLIDATED STATEMENTS OF OPERATIONS RELATED TO UNRECOGNIZED TAX BENEFITS OF $20,000 AND $117,000 AS OF DECEMBER 31, 2013 AND 2012, RESPECTIVELY THE TOLEDO HOSPITAL DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2013 AND 2012

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

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

(a) Description	**(b)** Book value
(1) DUE FROM AFFILIATES	8,205,302
(2) BENEFICIAL INTEREST IN FOUNDATION	208,531,726
(3) OTHER SEGREGATED INVESTMENTS	9,965,802
(4) DEFERRED BOND ISSUE COSTS	3,252,367
(5) INTERCOMPANY DEBT FROM RELATED ENTITIES	172,287,364
(6) OTHER LONG-TERM ASSETS	13,359
(7) OTHER RECEIVABLES	5,470,533
(8) RESEARCH FUNDS	632,723

Form 990, Schedule D, Part X, - Other Liabilities

1 **(a)** Description of Liability	**(b)** Book Value
DUE TO AFFILIATES	33,860,913
ESTIMATED THIRD PARTY SETTLEMENTS PAYABLE	15,907,496
DEFERRED COMPENSATION	9,885,310
INTEREST RATE SWAP	7,486,141
ASBESTOS REMEDIATION	7,470,551
DEFERRED INCOME TAXES	472,054
PENSION LIABILITY	404,035
MALPRACTICE TAIL LIABILITY	3,209,609

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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.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
THE TOLEDO HOSPITAL

Employer identification number
34-4428256

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☐ Applied uniformly to all hospital facilities ☑ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for 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 financial assistance 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 report during the tax year?	6a	Yes	
b	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 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance 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 Financial Assistance at cost (from Worksheet 1)			15,634,546		15,634,546	1 980 %
b Medicaid (from Worksheet 3, column a)			125,804,808	106,660,496	19,144,312	2 430 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			151,260	83,956	67,304	0 010 %
d **Total** Financial Assistance and Means-Tested Government Programs			141,590,614	106,744,452	34,846,162	4 420 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3,699,448	1,014,650	2,684,798	0 340 %
f Health professions education (from Worksheet 5)			15,264,422	6,833,368	8,431,054	1 070 %
g Subsidized health services (from Worksheet 6)			30,633,322	14,871,696	15,761,626	2 000 %
h Research (from Worksheet 7)			1,852,897	1,411,832	441,065	0 060 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total.** Other Benefits			51,450,089	24,131,546	27,318,543	3 470 %
k **Total.** Add lines 7d and 7j			193,040,703	130,875,998	62,164,705	7 890 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(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 Explain in Part VI the methodology used by the organization to estimate this amount	2	40,237,677		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	1,730,792		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	124,370,141		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	139,097,646		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-14,727,505		
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 (owned 10% or more by officers, directors, trustees, key employees, and physicians—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	29 960 %		60 510 %
2 2 PROMEDICA ORTHOPEDIC CO-MANAGEMENT CO LLC	PHYSICIAN SERVICES	26 600 %		57 450 %
3 3 PROMEDICA SURGICAL SERVICES CO-MANAGEMENT CO LLC	PHYSICIAN SERVICES	32 080 %		37 740 %
4 4 REYNOLDS ROAD SURGICAL CENTER LLC	SURGICAL CENTER	69 340 %		30 660 %
5 5 NORTHWEST OHIO DEDICATED BREAST MRI LLC	MEDICAL DIAGNOSTIC	50 000 %		50 000 %
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—see instructions)
How many hospital facilities did the organization operate during the tax year?
3

Name, address, primary website address, and state license number

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

FACILITY REPORTING GROUP - A

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) _____

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report 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 the community health 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 CHNA 20 13			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**		No
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW.PROMEDICA.ORG/CHNA			
b	☐ Other website (list url) _____			
c	☑ Available upon request from the hospital facility			
d	☐ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☑ Participation in the development of a community-wide plan			
d	☑ Participation in the execution of a community-wide 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 its 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 CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $_____			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	10	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			
11 Used FPG to determine eligibility for providing *discounted* care?	11	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			
12 Explained the basis for calculating amounts charged to patients?	12	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 ☐ Residency			
i ☐ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	13	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	14	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The policy was posted on the hospital facility's website			
b ☑ The policy was attached to 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 on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☐ Other (describe in Part VI)			

Billing and Collections			
15 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?	15	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			
17 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 individual's eligibility under the facility's FAP?	17		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 Section C)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☑ Notified individuals of the financial assistance policy on admission
- **b** ☑ Notified individuals of the financial assistance policy prior to discharge
- **c** ☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 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?	**19**	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)			

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 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 its 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)			
21 During the tax year, did the hospital facility charge any FAP-eligible individual 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?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		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 or facility reporting groups listed in Part V, Section A)

FACILITY REPORTING GROUP - B

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) _____

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report 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 the community health 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 CHNA 20 13			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url) _____			
b	☐ Other website (list url) _____			
c	☑ Available upon request from the hospital facility			
d	☐ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☐ Participation in the development of a community-wide plan			
d	☐ Participation in the execution of a community-wide 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 its 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 CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $_____			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	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			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 500 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	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 ☐ Residency			
i ☐ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to 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 on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☐ Other (describe in Part VI)			
Billing and Collections			
15 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?	**15**	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			
17 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 individual's eligibility under the facility's FAP?	**17**		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 Section C)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☑ Notified individuals of the financial assistance policy on admission
- **b** ☑ Notified individuals of the financial assistance policy prior to discharge
- **c** ☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 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?	**19**		No
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)			

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 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 its 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)			
21 During the tax year, did the hospital facility charge any FAP-eligible individual 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?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B	FACILITY REPORTING GROUP A
FACILITY REPORTING GROUP A CONSISTS OF	- FACILITY 1 TOLEDO HOSPITAL, - FACILITY 2 WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL
FACILITY 1 -- THE TOLEDO HOSPITAL PART V, SECTION B, LINE 3	THE TOLEDO HOSPITAL (THE "HOSPITAL FACILITY") TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY, INCLUDING THOSE WITH SPECIAL KNOWLEDGE OR EXPERTISE IN PUBLIC HEALTH THESE PERSONS INCLUDED STAFF OF LUCAS COUNTY, AND VARIOUS LOCAL HOSPITAL STAFF INVOLVED IN COMMUNITY HEALTH PROGRAMMING THE HOSPITAL FACILITY CONSULTED WITH THESE PERSONS THROUGH MEETINGS AND ALSO VIA EMAIL CORRESPONDENCE ADDITIONALLY, THE HOSPITAL FACILITY CONSULTED WITH OTHER ORGANIZATIONS AND OTHER GROUPS IN CONDUCTING ITS MOST RECENT CHNA THESE CONSULTING INDIVIDUALS REPRESENTED THE FOLLOWING ORGANIZATIONS - UNIVERSITY OF TOLEDO- YMCA LIVE WELL TOLEDO- TOLEDO PUBLIC SCHOOL NURSES- MERCY HEALTH PARTNERS- LUCAS COUNTY EDUCATIONAL SERVICE CENTER- TOLEDO-LUCAS COUNTY HEALTH DEPARTMENT- HELP ME GROW PROJECT, LUCAS COUNTY FAMILY COUNCIL- NORTHWEST OHIO CONGREGATIONAL NURSE ASSOCIATION- FAMILY & CHILDREN FIRST COUNCIL- MENTAL HEALTH RECOVERY AND SERVICES BOARD OF LUCAS COUNTY- LUCAS COUNTY TOBACCO COALITION- TOLEDO COMMUNITY FOUNDATION- MERCY CHILDREN'S HOSPITAL- AMERICAN CANCER SOCIETY- YWCA - OHIO DEPARTMENT OF HEALTH- HOME VISITING & TRAINING, LUCAS COUNTY - ST VINCENT MERCY MEDICAL CENTER- GRACE COMMUNITY CENTER - JUVENILE COURT, LUCAS COUNTY - JOB & FAMILY SERVICES, LUCAS COUNTY - TOLEDO-LUCAS COUNTY CARENET - PROMEDICA TOBACCO TREATMENT CENTERS- UNITED WAY OF GREATER TOLEDO- EXCHANGE CLUB- TOLEDO PUBLIC SCHOOLS BOARD - BOWLING GREEN STATE UNIVERSITY
FACILITY 1 -- THE TOLEDO HOSPITAL PART V, SECTION B, LINE 7	THE TOLEDO HOSPITAL WILL SPECIFICALLY IMPLEMENT PROGRAMS TO ADDRESS THE FOLLOWING HEALTH NEEDS, LISTED IN ORDER OF PRIORITY - ACCESS TO CARE- TOBACCO CESSATION- CANCER SCREENING- CARDIOVASCULAR DISEASE - STROKETHE TOLEDO HOSPITAL DID NOT ADDRESS ALL OF THE SPECIFIC NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT AS THESE AREAS EITHER ARE ADDRESSED DURING PHYSICIAN VISITS, GO BEYOND THE SCOPE OF THE HOSPITAL, OR ARE BEING ADDRESSED BY, OR WITH, OTHER ORGANIZATIONS IN THE COMMUNITY ALTHOUGH PROMEDICA PHYSICIANS AND OTHER PROGRAMS ADDRESS THE HEALTH NEEDS OF PATIENTS AS NEEDED, THE NEEDS SPECIFICALLY NOT ADDRESSED BY THE HOSPITAL IN ITS PLAN, INCLUDE (*INDICATES PROMEDICA HAS, OR PARTICIPATES IN, COMMUNITY OUTREACH PROGRAMS ADDRESSING THESE ISSUES) - HEALTH STATUS - ADDRESSED AT PHYSICIAN VISITS, MINORITY HEALTH COALITION*, HEALTHY LUCAS COUNTY*- HEALTH CARE COVERAGE - TOLEDO LUCAS COUNTY CARENET*, PARAMOUNT HEALTH CARE*- CARDIOVASCULAR HEALTH - PROMEDICA HEART & VASCULAR INSTITUTE, PROMEDICA WELLNESS, AMERICAN HEART ASSOCIATION* - CANCER - AMERICAN CANCER SOCIETY*- DIABETES PROMEDICA DIABETES EDUCATION- ARTHRITIS ADDRESSED AT PHYSICIAN VISITS, ARTHRITIS FOUNDATION- ASTHMA ADDRESSED AT PHYSICIAN VISITS, TOLEDO HOSPITAL RESPIRATORY CARE PROGRAMS- ADULT WEIGHT STATUS PROMEDICA WELLNESS, WEIGHT WATCHERS*- ALCOHOL AND SUBSTANCE USE ADDRESSED AT PHYSICIAN VISITS- WOMEN'S HEALTH ADDRESSED AT PHYSICIAN VISITS, NORTHWEST OHIO SUSAN G KOMEN FOUNDATION*, PROMEDICA CANCER INSTITUTE- MEN'S HEALTH ADDRESSED AT PHYSICIAN VISITS, PROMEDICA CANCER INSTITUTE, AFRICAN AMERICAN MALE WELLNESS WALK*- MENTAL HEALTH ADDRESSED AT PHYSICIAN VISITS, PROMEDICA DEPRESSION SCREENINGS, NATIONAL ALLIANCE ON MENTAL HEALTH- PREVENTIVE SCREENINGS AND IMMUNIZATIONS ADDRESSED AT PHYSICIAN VISITS, KOMEN*, MINORITY HEALTH COALITION*- ADULT SEXUAL BEHAVIOR ADDRESSED AT PHYSICIAN VISITS - PERCEIVED QUALITY OF LIFE - YOUTH TOBACCO USE PROMEDICA TOBACCO TREATMENT PROGRAMS, SUBSTANCE ABUSE INTERVENTION LEAGUE (SAIL)*, SYLVANIA COMMUNITY ACTION TEAM (SCAT)*, LUCAS COUNTY TOBACCO COALITION*- YOUTH ALCOHOL AND DRUG USE - SUBSTANCE ABUSE INTERVENTION LEAGUE (SAIL)*, SYLVANIA COMMUNITY ACTION TEAM (SCAT)*, LUCAS COUNTY TOBACCO COALITION*- YOUTH SEXUAL BEHAVIOR ADDRESSED AT PHYSICIAN VISITS, TOLEDO LUCAS COUNTY HEALTH DEPARTMENT, YOUTH ADVOCACY ALLIANCE*- YOUTH MENTAL HEALTH ADDRESSED AT PHYSICIAN VISITS, PREVENT BULLYING = CREATING SAFETY COALITION*- YOUTH SAFETY AND VIOLENCE ADDRESSED AT PHYSICIAN VISITS, PROMEDICA TEEN PEP, PROMEDICA SAFE KIDS- CHILDREN'S HEALTH STATUS ADDRESSED AT PHYSICIAN VISITS - CHILDREN'S HEALTH ACCESS TOLEDO LUCAS COUNTY HEALTH DEPARTMENT, PARAMOUNT HEALTH CARE*- EARLY (AGES 0-5) CHILDHOOD HEALTH ADDRESSED AT PHYSICIAN VISITS, PROMEDICA SAFE KIDS, HELP ME GROW*, PATHWAYS*, HEALTHY LUCAS COUNTY EARLY CHILDHOOD TASK FORCE*- READ FOR LITERACY/CREATING YOUNG READERS*- MIDDLE (AGES 6-11) CHILDHOOD HEALTH ADDRESSED AT PHYSICIAN VISITS, PROMEDICA SAFE KIDS, PARTNERS IN EDUCATION*- FAMILY FUNCTIONING/NEIGHBORHOODS ADDRESSED AT PHYSICIAN VISITS, LIVE WELL TOLEDO*- PARENT HEALTH TOLEDO LUCAS COUNTY CARENET*, TOLEDO LUCAS COUNTY HEALTH DEPARTMENT, NEIGHBORHOOD HEALTH ASSOCIATIONTO SOME EXTENT, RESOURCE RESTRICTIONS DO NOT ALLOW THE HOSPITAL TO ADDRESS ALL OF THE NEEDS IDENTIFIED THROUGH THE HEALTH NEEDS ASSESSMENT, BUT MOST IMPORTANTLY TO PREVENT DUPLICATION OF EFFORTS AND INEFFICIENT USE OF RESOURCES, MANY OF THESE ISSUES ARE ADDRESSED BY, AND WITH, OTHER COMMUNITY ORGANIZATIONS AND COALITIONS
FACILITY 2 -- WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL PART V, SECTION B, LINE 3	WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL ("THE HOSPITAL FACILITY") TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY, INCLUDING THOSE WITH SPECIAL KNOWLEDGE OR EXPERTISE IN PUBLIC HEALTH THESE PERSONS INCLUDED STAFF OF LUCAS COUNTY, AND VARIOUS LOCAL HOSPITAL STAFF INVOLVED IN COMMUNITY HEALTH PROGRAMMING THE HOSPITAL FACILITY CONSULTED WITH THESE PERSONS THROUGH MEETINGS AND ALSO VIA EMAIL CORRESPONDENCE ADDITIONALLY, THE HOSPITAL FACILITY CONSULTED WITH OTHER ORGANIZATIONS AND OTHER GROUPS IN CONDUCTING ITS MOST RECENT CHNA THESE CONSULTING INDIVIDUALS REPRESENTED THE FOLLOWING ORGANIZATIONS - AMERICAN CANCER SOCIETY - EXCHANGE CLUB - FAMILY & CHILDREN FIRST COUNCIL - LOCAL PEDIATRICIANS - LUCAS COUNTY EDUCATIONAL SERVICE CENTER - LUCAS COUNTY HELP ME GROW- LUCAS COUNTY JUVENILE COURT - MENTAL HEALTH AND RECOVERY SERVICES BOARD OF LUCAS COUNTY- MERCY HEALTH PARTNERS - PARISH NURSE ASSOCIATION - SUSAN G KOMEN BREAST CANCER FOUNDATION - TOLEDO COMMUNITY FOUNDATION - TOLEDO-LUCAS COUNTY HEALTH DEPARTMENT - SYLVANIA SCHOOLS - UNITED WAY OF GREATER TOLEDO- UNIVERSITY OF TOLEDO/UNIVERSITY OF TOLEDO MEDICAL CENTER- YMCA
FACILITY 2 -- WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL PART V, SECTION B, LINE 7	WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL WILL SPECIFICALLY IMPLEMENT PROGRAMS TO ADDRESS THE FOLLOWING HEALTH NEEDS, LISTED IN ORDER OF PRIORITY - OBESITY/HUNGER INITIATIVES- TOBACCO USE- ARTHRITISWILDWOOD ORTHOPAEDIC & SPINE HOSPITAL DID NOT ADDRESS ALL OF THE SPECIFIC NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT AS THESE AREAS EITHER ARE ADDRESSED DURING PHYSICIAN VISITS, GO BEYOND THE SCOPE OF THE HOSPITAL, OR ARE BEING ADDRESSED BY, OR WITH, OTHER ORGANIZATIONS IN THE COMMUNITY ALTHOUGH PROMEDICA PHYSICIANS AND OTHER PROGRAMS ADDRESS THE HEALTH NEEDS OF PATIENTS AS NEEDED, THE NEEDS SPECIFICALLY NOT ADDRESSED BY THE HOSPITAL IN ITS PLAN, INCLUDE (*INDICATES PROMEDICA HAS, OR PARTAKES IN, COMMUNITY OUTREACH PROGRAMS ADDRESSING THESE ISSUES) - HEALTH STATUS ADDRESSED AT PHYSICIAN VISITS, TOLEDO LUCAS COUNTY MINORITY HEALTH COALITION*, HEALTHY LUCAS COUNTY*- HEALTH CARE COVERAGE TOLEDO LUCAS COUNTY CARENET*, PARAMOUNT HEALTH CARE*- HEALTH CARE ACCESS TOLEDO LUCAS COUNTY CARENET*- CARDIOVASCULAR HEALTH PROMEDICA HEART & VASCULAR INSTITUTE, PROMEDICA WELLNESS, AMERICAN HEART ASSOCIATION* - CANCER PROMEDICA CANCER INSTITUTE, AMERICAN CANCER SOCIETY*- DIABETES PROMEDICA DIABETES EDUCATION PROGRAMS- ASTHMA ADDRESSED AT PHYSICIAN VISITS- ALCOHOL USE ADDRESSED AT PHYSICIAN VISITS- SUBSTANCE ABUSE ADDRESSED AT PHYSICIAN VISITS- WOMEN'S HEALTH ADDRESSED AT PHYSICIAN VISITS, KOMEN NORTHWEST OHIO*- MEN'S HEALTH ADDRESSED AT PHYSICIAN VISITS, AFRICAN AMERICAN MALE WELLNESS WALK*- MENTAL HEALTH ADDRESSED AT PHYSICIAN VISITS, PROMEDICA DEPRESSION SCREENINGS, NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI)- PREVENTIVE SCREENINGS AND IMMUNIZATIONS ADDRESSED AT PHYSICIAN VISITS, KOMEN NORTHWEST OHIO*, TOLEDO LUCAS COUNTY MINORITY HEALTH COALITION*- SEXUAL BEHAVIOR ADDRESSED AT PHYSICIAN VISITS - PERCEIVED QUALITY OF LIFE - YOUTH SAFETY PROMEDICA SAFE KIDS- YOUTH VIOLENCE PROMEDICA TEEN PEP- YOUTH PERCEPTIONS - ORAL HEALTH DENTAL CENTER OF NORTHWEST OHIO*, TOLEDO LUCAS COUNTY HEALTH DEPARTMENT- EARLY CHILDHOOD (0-5 YEARS) ISSUES ASPIRE*, EARLY CHILDHOOD TASK FORCE- MIDDLE CHILDHOOD (6-11 YEARS) ISSUES - PUBLIC AND PRIVATE SCHOOLS - FAMILY FUNCTIONING - NEIGHBORHOOD AND COMMUNITY CHARACTERISTICS LIVEWELL TOLEDO*- PARENTAL HEALTHTO SOME EXTENT, RESOURCE RESTRICTIONS DO NOT ALLOW THE HOSPITAL TO ADDRESS ALL OF THE NEEDS IDENTIFIED THROUGH THE HEALTH NEEDS ASSESSMENT, BUT MOST IMPORTANTLY TO PREVENT DUPLICATION OF EFFORTS AND INEFFICIENT USE OF RESOURCES, MANY OF THESE ISSUES ARE ADDRESSED BY, AND WITH, OTHER COMMUNITY ORGANIZATIONS AND COALITIONS
PART V, SECTION B	FACILITY REPORTING GROUP B
FACILITY REPORTING GROUP B CONSISTS OF	- FACILITY 3 ARROWHEAD BEHAVIORAL HEALTH
FACILITY 3 -- ARROWHEAD BEHAVIORAL HEALTH PART V, SECTION B, LINE 3	ARROWHEAD BEHAVIORAL HEALTH FORMALLY ADOPTED THE CHNA CONDUCTED IN 2013 BY PROMEDICA FLOWER HOSPITAL PROMEDICA FLOWER HOSPITAL (THE "HOSPITAL FACILITY") TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY, INCLUDING THOSE WITH SPECIAL KNOWLEDGE OR EXPERTISE IN PUBLIC HEALTH THESE PERSONS INCLUDED STAFF OF LUCAS COUNTY, AND VARIOUS LOCAL HOSPITAL STAFF INVOLVED IN COMMUNITY HEALTH PROGRAMMING THE HOSPITAL FACILITY CONSULTED WITH THESE PERSONS THROUGH MEETINGS AND ALSO VIA EMAIL CORRESPONDENCE ADDITIONALLY, THE HOSPITAL FACILITY CONSULTED WITH OTHER ORGANIZATIONS AND OTHER GROUPS IN CONDUCTING ITS MOST RECENT CHNA THESE CONSULTING INDIVIDUALS REPRESENTED THE FOLLOWING ORGANIZATIONS - AMERICAN CANCER SOCIETY - EXCHANGE CLUB - FAMILY & CHILDREN FIRST COUNCIL - LUCAS COUNTY EDUCATIONAL SERVICE CENTER - LUCAS COUNTY HELP ME GROW- LUCAS COUNTY JUVENILE COURT - MENTAL HEALTH AND RECOVERY SERVICES BOARD OF LUCAS COUNTY- MERCY HEALTH PARTNERS - PARISH NURSE ASSOCIATION - SUSAN G KOMEN BREAST CANCER FOUNDATION - TOLEDO COMMUNITY FOUNDATION - TOLEDO-LUCAS COUNTY HEALTH DEPARTMENT - SYLVANIA SCHOOLS - UNITED WAY OF GREATER TOLEDO- UNIVERSITY OF TOLEDO - UNIVERSITY OF TOLEDO MEDICAL CENTER - YMCA
FACILITY 3 -- ARROWHEAD BEHAVIORAL HEALTH PART V, SECTION B, LINE 4	IN 2014, ARROWHEAD BEHAVIORAL HEALTH GOVERNING BOARD FORMALLY ADOPTED THE COMMUNITY HEALTH NEEDS ASSESSMENT PREVIOUSLY CONDUCTED IN 2013 BY PROMEDICA FLOWER HOSPITAL
FACILITY 3 -- ARROWHEAD BEHAVIORAL HEALTH PART V, SECTION B, LINE 7	ARROWHEAD BEHAVIORAL HEALTH (THE "TREATMENT FACILITY") WILL SPECIFICALLY IMPLEMENT PROGRAMS TO ADDRESS THE FOLLOWING HEALTH NEEDS - MENTAL HEALTH - DEPRESSION/ANXIETY AND DRUG/ALCOHOL USEARROWHEAD BEHAVIORAL HEALTH DID NOT ADDRESS ALL OF THE SPECIFIC NEEDS IDENTIFIED IN THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT AS THESE AREAS EITHER ARE ADDRESSED DURING PHYSICIAN VISITS, GO BEYOND THE SCOPE OF THE TREATMENT FACILITY, OR ARE BEING ADDRESSED BY, OR WITH, OTHER ORGANIZATIONS IN THE COMMUNITY TO SOME EXTENT, RESOURCE RESTRICTIONS AND THE LIMITED FOCUS ON MENTAL HEALTH AND SUBSTANCE ABUSE ISSUES DO NOT ALLOW THE TREATMENT FACILITY TO ADDRESS ALL OF THE NEEDS IDENTIFIED THROUGH THE HEALTH NEEDS ASSESSMENT, BUT MOST IMPORTANTLY TO PREVENT DUPLICATION OF EFFORTS AND INEFFICIENT USE OF RESOURCES MANY OF THESE ISSUES ARE ADDRESSED BY, AND WITH, OTHER COMMUNITY ORGANIZATIONS AND COALITIONS
FACILITY 3 -- ARROWHEAD BEHAVIORAL HEALTH PART V, SECTION B, LINE 20D	THE FACILITY USES THE AVERAGE OF ALL CURRENT ACTIVE COMMERCIAL AND GOVERNMENT INSURANCE CONTRACT RATES WHEN CALCULATING THE MAXIMUM AMOUNTS THAT CAN BE CHARGED

Part V Facility Information *(continued)*

Section D. Other Health Care 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 health care facilities did the organization operate during the tax year? **53**

	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

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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

Form and Line Reference	Explanation
PART I, LINE 6A	THE TOLEDO HOSPITAL REPORTS COMMUNITY BENEFIT INFORMATION AS PART OF THE PROMEDICA HEALTH SYSTEM, INC ANNUAL COMMUNITY BENEFIT REPORT
PART I, LINE 7	THE TOLEDO HOSPITAL CALCULATED THE COST OF FINANCIAL ASSISTANCE 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

Form and Line Reference	Explanation
PART III, LINE 2	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 ACCOUNTS RECEIVABLE WITHIN EACH PAYER CATEGORY
PART III, LINE 3	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 ADEQUATELY COMPLETED BY THE PATIENT OR GUARANTOR, IN WHICH THE ACCOUNT WAS SUBSEQUENTLY WRITTEN OFF TO BAD DEBT

Form and Line Reference	Explanation
PART III, LINE 4	PROVISION FOR BAD DEBTS AND ALLOWANCE FOR ESTIMATED UNCOLLECTIBLE ACCOUNTS ARE DISCUSSED ON PAGES 15 AND 16 OF THE ATTACHED PROMEDICA HEALTHCARE OBLIGATED GROUP COMBINED FINANCIAL STATEMENTS
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 2013 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

Form and Line Reference	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 BILLING STATEMENTS AND PAYMENT REMINDERS 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 MAY BE 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
PART VI, LINE 2	PROMEDICA HEALTH SYSTEM AND HOSPITALS DEMONSTRATE 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 HOSPITALS CONDUCT 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, AND REVIEW OF HISTORICAL AND EXISTING PROMEDICA COMMUNITY ASSESSMENTS ARE ALL MEANS BY WHICH RECOMMENDATIONS FOR THE PROMEDICA COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLANS ARE DEVELOPED INFORMATION IS REVIEWED AND APPROVED BY HOSPITAL GOVERNANCE LEADERSHIP TO ASSURE THAT PLANS ARE DEVELOPED TO MEET THE NEEDS OF THE COMMUNITY 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 PROMEDICA'S COMMUNITY GOALS ARE SET BASED ON THESE DATA 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 STRATEGIC PLANNING CONTINUES TO DEVELOP PATIENT-CENTERED, INTEGRATED CLINICAL SERVICE LINES INCLUDING CANCER, CARDIOVASCULAR, ORTHOPAEDICS AND NEUROLOGY

Form and Line Reference	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 NOTIFY A PATIENT FINANCIAL ADVOCATE TO 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 A SUMMARY OF THE POLICY FOR UNINSURED PATIENTS IS INCLUDED IN THE STATEMENTS OF UNINSURED PATIENT, AVAILABLE VIA THE PROMEDICA WEB SITE, AVAILABLE AT HOSPITAL REGISTRATION LOCATIONS, OR BY CALLING THE PROMEDICA CUSTOMER SERVICE DEPARTMENT BUSINESS OFFICE PERSONNEL ALSO NOTIFY UNINSURED PATIENTS OF THE FINANCIAL ADJUSTMENT POLICY THROUGH THE CUSTOMER SERVICE AND COLLECTION DEPARTMENTS
PART VI, LINE 4	THE TOLEDO HOSPITAL, LOCATED IN TOLEDO, OHIO, SERVES AN AREA PRIMARILY AROUND LUCAS COUNTY WITH A POPULATION OF APPROXIMATELY 812,000 APPROXIMATELY, 15% OF THE SERVICE AREA IS AGE 65 OR OVER, 39% IS BETWEEN AGE 35 AND 64, MEDIAN HOUSEHOLD INCOME IS APPROXIMATELY $44,000, 46% OF THE ADULT POPULATION AGED 25+ HAS A HIGH SCHOOL DEGREE OR LOWER, 57% OF HOUSEHOLDS HAVE AN INCOME OF $50,000 OR LESS LUCAS COUNTY HAS A POPULATION OF APPROXIMATELY 438,000 WITH APPROXIMATELY 11% OF FAMILIES BELOW THE POVERTY LEVEL AND AN APPROXIMATE 26% MEDICAID ELIGIBLE RATE APPROXIMATELY, 15% OF LUCAS COUNTY IS UNINSURED THE AVERAGE UNEMPLOYMENT RATE FOR LUCAS COUNTY IN 2013 WAS 8 0% THE LEADING CAUSES OF DEATH IN THE SERVICE AREA, BASED ON AGE ADJUSTED MORTALITY RATES ARE HEART DISEASE, STROKE, DIABETES, CANCER, ALZHEIMER'S, LUNG DISEASE, AND UNINTENTIONAL INJURIES/ACCIDENTS ACCORDING TO 2014 COUNTY HEALTH RANKINGS, LUCAS COUNTY RANKED 68 OF 88 COUNTIES FOR HEALTH OUTCOMES, 59 OF 88 FOR MORTALITY, AND 71 OF 88 FOR MORBIDITY THERE ARE FOURTEEN HOSPITALS WITHIN A SIX COUNTY AREA AROUND TOLEDO, 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-MONROE, WOOD COUNTY HOSPITAL, AND HENRY COUNTY HOSPITAL

Form and Line Reference	Explanation
PART VI, LINE 5	IN 2013, THERE WERE 453 BOARD MEMBERS FOR PROMEDICA HEALTH SYSTEM, INC (PROMEDICA) OF THESE, 100% LIVED WITHIN PROMEDICA'S 27-COUNTY SERVICE AREA, WITH THE MAJORITY RESIDING WITHIN METRO TOLEDO WHERE PROMEDICA'S ADULT AND PEDIATRIC TERTIARY HOSPITALS (THE TOLEDO HOSPITAL AND TOLEDO CHILDREN'S HOSPITAL) ARE LOCATED TRUSTEE REPRESENTATION IS COMPRISED OF DIVERSE MEMBERS, INCLUDING 67 PHYSICIANS, FROM NORTHWEST OHIO AND SOUTHEAST MICHIGAN, ALL TRUSTEES RESIDE WITHIN PROMEDICA'S SERVICE REGION IN NORTHWEST OHIO AND SOUTHEAST MICHIGAN - BOARD MEMBERS ARE NOT COMPENSATED BY PROMEDICA FOR THEIR SERVICE TO OUR HOSPITALS AND OTHER BUSINESS UNITS, THEIR DONATION OF TIME AND EXPERTISE, INCLUDING ATTENDING BOARD MEETINGS, RETREATS AND OTHER ACTIVITIES, ARE PERFORMED ON A VOLUNTEER BASIS IN 2013, PROMEDICA BOARD MEMBERS GAVE APPROXIMATELY 13,590 HOURS IN SERVICE TO THE ORGANIZATION, WHICH EQUATES TO AN ESTIMATED CONTRIBUTION OF MORE THAN $975,000 TO OUR COMMUNITIES - PROMEDICA'S MEDICAL STAFF PRIVILEGES ARE EXTENDED TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITIES WHICH PROMEDICA SERVES QUALIFICATION MAY VARY BY HOSPITAL, BUT ANY PHYSICIAN WHO MEETS THOSE QUALIFICATIONS MAY BE GRANTED PRIVILEGES - PROMEDICA PHYSICIANS, WHICH CONSISTS OF APPROXIMATELY 550 PHYSICIANS AND MIDLEVEL PROVIDERS, INTRODUCED ITS NEW PATIENT PORTAL AT ALL PRIMARY CARE AND SPECIALIST PRACTICES THE PORTAL IS A FREE AND SECURE PLATFORM FOR PATIENTS TO SCHEDULE APPOINTMENTS, MONITOR HEALTH RECORDS AND OBTAIN CERTAIN LAB TEST RESULTS FROM THE CONVENIENCE OF THEIR PERSONAL COMPUTER - THROUGH PROMEDICA'S ACADEMIC RELATIONSHIP WITH THE UNIVERSITY OF TOLEDO (UT), THE ACADEMIC HEALTH CENTER'S BIOREPOSITORY COLLECTED NEARLY 200 BLOOD AND TISSUE SAMPLES DONATED BY PATIENTS TO ADVANCE RESEARCH IN AREAS OF NEW TREATMENTS, PREVENTION AND CURES FOR CANCER, DIABETES, ALZHEIMER'S DISEASE AND OTHER MEDICAL CONDITIONS - THE PROMEDICA ADVOCACY FUND PROVIDED GRANTS TOTALING NEARLY $400,000 TO MORE THAN A DOZEN NONPROFIT ORGANIZATIONS, HELPING THEM PROVIDE FOOD, CLOTHING AND SHELTER TO AT-RISK INDIVIDUALS IN NORTHWEST OHIO AND SOUTHEAST MICHIGAN - BASED ON RESULTS FROM ITS COMMUNITY HEALTH ASSESSMENTS, PROMEDICA ADVOCACY SPONSORED A SERIES OF PUBLIC SERVICE ANNOUNCEMENTS RELATED TO TOBACCO USE AND SMOKING CESSATION LOCAL DENTIST LAUREN CZERNIAK, PROMEDICA RESPIRATORY THERAPIST AND TOBACCO TREATMENT SPECIALIST LINDA MORRIS, AND NICK VITUCCI, HEAD COACH OF THE TOLEDO WALLEYE HOCKEY TEAM, COVERED VARIOUS TOPICS RELATED TO SMOKING AND TOBACCO USE THE SPOTS AIRED OVER SEVERAL MONTHS ON MULTIPLE BUCKEYE CABLE-TV CHANNELS DURING THE FIRST HALF OF 2013 - CONTINUING ITS INITIATIVE TO FIGHT CHILDHOOD OBESITY, PROMEDICA LAUNCHED A PILOT PROGRAM FOR CHILDREN AND ADOLESCENTS WITH A BODY MASS INDEX (BMI) THAT CLASSIFIES THEM AS OBESE FAMILIES BEGAN MEETING QUARTERLY OVER A 12-MONTH PERIOD WITH A DIETITIAN IN A PHYSICIAN'S OFFICE OR OUTPATIENT CLINIC TO RECEIVE NUTRITION COUNSELING AND ASK QUESTIONS EACH CHILD'S BMI AND RESPONSES TO A HEALTH QUESTIONNAIRE WILL BE COMPARED BEFORE, DURING AND AFTER THE 12-MONTH PERIOD TO DETERMINE THE PROGRAM'S EFFECTIVENESS - AS PART OF ITS HUNGER-FREE INITIATIVE, PROMEDICA ESTABLISHED A FOOD RECLAMATION PROGRAM IN PARTNERSHIP WITH HOLLYWOOD CASINO (ROSSFORD, OHIO), AS WELL AS PROMEDICA FLOWER AND TOLEDO HOSPITALS, WHICH PROVIDED MORE THAN 70,000 POUNDS OF REPACKAGED, UNSERVED FOOD TO COMMUNITY FEEDING SITES - PROMEDICA BEGAN CONSTRUCTION OF THE 55,000 SQUARE FOOT MARY ELLEN FALZONE DIABETES CENTER, WHICH WILL BRING DIABETES PROGRAMS, SERVICES AND PHYSICIANS TOGETHER, PROVIDING COORDINATED CARE IN ONE CONVENIENT LOCATION TO SERVE COMMUNITY MEMBERS LEARNING TO MANAGE THEIR DIABETES - PROMEDICA CONTINUING CARE SERVICES CORPORATION, THROUGH PROMEDICA HOME CARE, IN PARTNERSHIP WITH PARAMOUNT, BEGAN OFFERING TELEHEALTH MONITORING SERVICES TO ELIGIBLE HOME-CARE PATIENTS TO HELP REDUCE HOSPITAL READMISSIONS BY CAREFUL DAILY MONITORING OF VITAL STATISTICS, NUTRITION AND MEDICATION ADHERENCE - PROMEDICA ALSO OFFERED FREE VASCULAR SCREENINGS FOR OLDER ADULTS THROUGH JOBST VASCULAR CENTER TO AID IN THE DETECTION OF VASCULAR DISEASE, WHICH MAY LEAD TO STROKE OR PERIPHERAL ARTERIAL DISEASE APPROXIMATELY 8,000 ADDITIONAL HEALTH SCREENINGS WERE PROVIDED TO COMMUNITY MEMBERS THROUGHOUT 2013, INCLUDING BLOOD PRESSURE, BLOOD GLUCOSE AND BODY MASS INDEX SCREENINGS AT NUMEROUS HEALTH FAIRS AND SPORTING EVENTS ADDITIONALLY, THE PROMEDICA CANCER INSTITUTE OFFERED FREE SKIN CANCER AND PROSTATE CANCER SCREENINGS FOR THE GENERAL PUBLIC AT PROMEDICA HOSPITALS
PART VI, LINE 6	PROMEDICA HEALTH SYSTEM, INC (PROMEDICA) IS A MISSION-BASED, LOCALLY OWNED, NOT-FOR-PROFIT HEALTHCARE ORGANIZATION THAT WAS FORMED IN TOLEDO, OHIO IN 1986 IN 2013, PROMEDICA WAS COMPRISED OF NEARLY 15,000 EMPLOYEES, APPROXIMATELY 2,200 VOLUNTEERS AND MORE THAN 1,800 HEALTHCARE PROVIDERS, INCLUDING MORE THAN 550 PROVIDERS EMPLOYED BY PROMEDICA PHYSICIANS, WHO HAVE JOINED TOGETHER TO FORM A NETWORK ACROSS 27 COUNTIES IN NORTHWEST OHIO AND SOUTHEAST MICHIGAN AS AN INTEGRATED DELIVERY SYSTEM, PROMEDICA PROVIDERS SHARE RESOURCES SUCH AS ADVANCED TECHNOLOGY, QUALITY STANDARDS, SAFETY PRACTICES, MEDICAL EXPERTISE, AND SPECIALTY SERVICES TO HELP ENSURE AREA RESIDENTS HAVE READY ACCESS TO HIGH-QUALITY CARE IN THE MOST APPROPRIATE SETTING IN ORDER TO PROVIDE COST-EFFICIENT SERVICES - PROMEDICA MEMBERS 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, PROMEDICA WILDWOOD ORTHOPAEDIC AND SPINE HOSPITAL, A DIVISION OF PROMEDICA TOLEDO HOSPITAL, PROMEDICA INSURANCE CORPORATION, PROMEDICA PHYSICIANS, A NETWORK OF SYSTEM-EMPLOYED PHYSICIANS AND MIDLEVEL PROVIDERS, PROMEDICA CONTINUING CARE SERVICES, WITH SERVICES SUCH AS SENIOR CARE, HOSPICE, REHABILITATION, AND HOME CARE, AND THE ACADEMIC HEALTH CENTER CORPORATION, WITH MEDICAL RESIDENCY PROGRAMS IN FAMILY MEDICINE, SPORTS CARE, VASCULAR SURGERY, AND PHARMACOLOGY - IN 2013, PROMEDICA MANAGED MORE THAN 4 MILLION PATIENT ENCOUNTERS AND CONTRIBUTED A TOTAL COMMUNITY BENEFIT OF NEARLY $130 MILLION, WHICH INCLUDED FREE HEALTH SCREENINGS AND PUBLIC HEALTH FAIRS TO MEDICAL LECTURES AT AREA SENIOR CENTERS AND IN ELEMENTARY SCHOOLS, PLUS MUCH MORE - IN ADDITION, THE PROMEDICA ADVOCACY FUND ASSISTED LOCAL NONPROFIT AGENCIES WITH SIMILAR MISSIONS THROUGH DONATIONS TOTALING NEARLY $400,000 AS IN PRIOR YEARS, EMPHASIS WAS PLACED ON ORGANIZATIONS WORKING TO ENSURE BASIC NEEDS SUCH AS CLOTHING, SHELTER AND FOOD AS THESE ARE TIED CLOSELY TO PROMEDICA'S MISSION OF IMPROVING THE HEALTH AND WELL-BEING OF THE COMMUNITIES IT SERVES - WITH REGARD TO HEALTH PROFESSIONS EDUCATION, MONTHLY, BIWEEKLY AND ANNUAL PROGRAMS WERE OFFERED THROUGHOUT 2013 FOR CONTINUING MEDICAL EDUCATION CREDIT MORE THAN 1,570 CREDIT HOURS OF PHYSICIAN EDUCATION WERE OFFERED THERE WERE APPROXIMATELY 6,600 PHYSICIANS WHO PARTICIPATED IN EDUCATIONAL PROGRAMS, AND NEARLY 11,000 NON-PHYSICIANS (I E , ALLIED HEALTH PROFESSIONALS) - PROMEDICA LAUNCHED ITS HEALTH CONNECT WEBSITE TO HELP PROVIDE HEALTH AND WELLNESS INFORMATION, NEWS AND COMMUNITY PROGRAMS AND SERVICES, AND INTERESTING HEALTH RELATED GUIDELINES TO COMMUNITY MEMBERS IN A CONVERSATIONAL, INTERACTIVE AND ENGAGING FORMAT - PROMEDICA'S FOUNDATIONS RAISED NEARLY $8 MILLION FOR PHILANTHROPY IN SUPPORT OF THE SYSTEM'S MISSION TO IMPROVE HEALTH AND WELL-BEING ALL OF PROMEDICA'S FOUNDATIONS ARE SEPARATE ORGANIZATIONS, AND ANNUAL DONOR PROGRAMS, CAPITAL CAMPAIGNS, PLANNED GIVING, AND EVENT FUNDRAISING ACTIVITIES ARE CONDUCTED TO RAISE FUNDS THAT SUPPORT THEIR RESPECTIVE PATIENTS AND FAMILIES, AS WELL AS THE LOCAL COMMUNITY, THROUGH HEALTH-RELATED PROGRAMS, SERVICES, EQUIPMENT, AND FACILITY CONSTRUCTION/RENOVATION THAT HAVE BEEN IDENTIFIED, IN PART, THROUGH A COMMUNITY NEEDS ASSESSMENT - IN 2013, PROMEDICA FURTHER ENHANCED ITS RELATIONSHIP WITH THE CLEVELAND CLINIC BY SIGNING A MEMORANDUM OF UNDERSTANDING TO DEVELOP A HEALTH SYSTEM AFFILIATION THAT WILL ALLOW THE TWO ORGANIZATIONS TO CREATE A CLINICALLY ALIGNED NETWORK FOCUSED ON PROVIDING HIGH-QUALITY, COST-EFFECTIVE AND TECHNOLOGICALLY ADVANCED CLINICAL SERVICES IN THEIR RESPECTIVE COMMUNITIES

Additional Data

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

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

Section D. Other Health Care 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 health care facilities did the organization operate during the tax year?

	Name and address	Type of Facility (describe)
1	PARKWAY SURGERY CENTER 3500 EXECUTIVE PARKWAY TOLEDO,OH 43606	SURGICAL CENTER/LAB
2	PROMEDICA TRANSPORTATION NETWORK 2142 NORTH COVE BLVD TOLEDO,OH 43606	SURGICAL CENTER/LAB
3	PROMEDICA LABS 2141 GIANT ST TOLEDO,OH 43606	SURGICAL CENTER/LAB
4	NORTHWEST OHIO CARDIOLOGY 2940 N MCCORD RD TOLEDO,OH 43615	SURGICAL CENTER/LAB
5	ENDOSCOPY CENTER 3439 GRANITE CIRCLE TOLEDO,OH 43617	SURGICAL CENTER/LAB
6	HARRIS MCINTOSH RADIOLOGY 2121 HUGHES DR TOLEDO,OH 43623	SURGICAL CENTER/LAB
7	TOLEDO HOSPITAL TOTAL REHAB AT CTR 2150 W CENTRAL AVE TOLEDO,OH 43606	SURGICAL CENTER/LAB
8	CHS WOMENS 2150 W CENTRAL TOLEDO,OH 43606	SURGICAL CENTER/LAB
9	SPORTSCARE AT WILDWOOD MEDICAL CENTER 2865 N REYNOLDS RD SUITE 110 TOLEDO,OH 43615	SURGICAL CENTER/LAB
10	PROMEDICA HEALTH CENTER WEST 3740 W SYLVANIA AVE TOLEDO,OH 43623	SURGICAL CENTER/LAB
11	MONROE CARDIOLOGY TESTING CENTER 730 N MACOMB ST MONROE,MI 48162	SURGICAL CENTER/LAB
12	PROMEDICA HEALTH CENTER ARROWHEAD 660 BEAVER CREEK CIRCLE SUITE 120 MAUMEE,OH 43537	SURGICAL CENTER/LAB
13	PROMEDICA HEALTH CENTER WOODLEY 3909 WOODLEY RD SUITE 450 TOLEDO,OH 43606	SURGICAL CENTER/LAB
14	PROMEDICA HEALTH CENTER ARROWHEAD 660 BEAVER CREEK CIRCLE SUITE 120 MAUMEE,OH 43537	SURGICAL CENTER/LAB
15	PERRYSBURG MEDICAL CTR 1601 BRIGHAM DR SUITE 180 PERRYSBURG,OH 43551	SURGICAL CENTER/LAB
16	CENTER FOR HEALTH SVCS 2150 W CENTRAL AVE TOLEDO,OH 43606	SURGICAL CENTER/LAB
17	PROMEDICA HEALTH CTR PORT SYLVANIA 7140 PORT SYLVANIA SUITE 550 TOLEDO,OH 43617	SURGICAL CENTER/LAB
18	CENTER FOR WOUND CARE OF NW OHIO 3110 W CENTRAL AVE SUITE A TOLEDO,OH 43606	SURGICAL CENTER/LAB
19	TOLEDO HOSPITAL CARDIAC TESTING CTR 1601 BRIGHAM DR PERRYSBURG,OH 43551	SURGICAL CENTER/LAB
20	PROMEDICA HEALTH CTR LAMBERTVILLE 7579 SECOR RD LAMBERTVILLE,MI 48114	SURGICAL CENTER/LAB
21	PROMEDICA WILDWOOD 2865 N REYNOLDS RD SUITE 130 TOLEDO,OH 43615	SURGICAL CENTER/LAB
22	TOLEDO HOSPITAL AT CONRAD JOBST TOWER 2109 HUGHES DR SUITE 130 TOLEDO,OH 43606	SURGICAL CENTER/LAB
23	PROMEDICA HEALTH CTR WEST 3740 W SYLVANIA AVE TOLEDO,OH 43623	SURGICAL CENTER/LAB
24	TOLEDO HOSPITAL AT CONRAD JOBST TOWER 2109 HUGHES DR SUITE 130 TOLEDO,OH 43606	SURGICAL CENTER/LAB
25	PROMEDICA PORT SYLVANIA 7140 PORT SYLVANIA SUITE 550 TOLEDO,OH 43617	SURGICAL CENTER/LAB
26	NWO SLEEP DISORDER CTR AT TOLEDO 2121 HUGHES DR TOLEDO,OH 43623	SURGICAL CENTER/LAB
27	PROMEDICA HEALTH CTR WOODLEY 3909 WOODLEY RD SUITE 450 TOLEDO,OH 43606	SURGICAL CENTER/LAB
28	PROMEDICA PERRYSBURG 1601 BRIGHAM DR SUITE 180 PERRYSBURG,OH 43551	SURGICAL CENTER/LAB
29	TOTAL REHAB OF MAUMEE ARROWHEAD 650 BEAVER CREEK CIRCLE SUITE 210 MAUMEE,OH 43537	SURGICAL CENTER/LAB
30	WW KNIGHT CLINIC 2051 W CENTRAL AVE TOLEDO,OH 43606	SURGICAL CENTER/LAB
31	PROMEDICA LABS MCCORD RD 3020 N MCCORD RD SUITE 101 TOLEDO,OH 43615	SURGICAL CENTER/LAB
32	TOTAL REHAB AT PERRYSBURG 1601 BRIGHAM DR SUITE 100 PERRYSBURG,OH 43551	SURGICAL CENTER/LAB
33	PROMEDICA ROSSFORD 1209 DIXIE HWY ROSSFORD,OH 43460	SURGICAL CENTER/LAB
34	PROMEDICA HEALTH CTR SWANTON 22 TURTLE CREEK CIRCLE SWANTON,OH 43558	SURGICAL CENTER/LAB
35	CENTER FOR HEALTH SVCS 2150 W CENTRAL TOLEDO,OH 43606	SURGICAL CENTER/LAB
36	PROMEDICA WILDWOOD 2865 N REYNOLDS RD SUITE 130 TOLEDO,OH 43615	SURGICAL CENTER/LAB
37	PROMEDICA LABS ROSSFORD 1209 DIXIE HWY ROSSFORD,OH 43460	SURGICAL CENTER/LAB
38	PROMEDICA LABS HARROUN RD 4848 HOLLAND-SYLVANIA RD SYLVANIA,OH 43560	SURGICAL CENTER/LAB
39	URGENT CARE CENTER 4235 SECOR RD TOLEDO,OH 43623	SURGICAL CENTER/LAB
40	PROMEDICA LABS WESTGATE MEADOW 3516 W CENTRAL AVE TOLEDO,OH 43606	SURGICAL CENTER/LAB
41	CHS INTERNAL MEDICINE 2150 W CENTRAL AVE TOLEDO,OH 43606	SURGICAL CENTER/LAB
42	JULIE MILLER DO 2150 W CENTRAL AVE TOLEDO,OH 43606	SURGICAL CENTER/LAB
43	PROMEDICA HEALTH CTR EAST 3156 DUSTIN RD SUITE 101 OREGON,OH 43616	SURGICAL CENTER/LAB
44	BAY PARK DIAGNOSTICS SUTTON CTR 1854 E PERRY ST PORT CLINTON,OH 43452	SURGICAL CENTER/LAB
45	CHARLES FAY HEALTH CTR 811 W COOMER STREET MORENCI,MI 49256	SURGICAL CENTER/LAB
46	PROMEDICA HEALTH CTR SWANTON 22 TURTLE CREEK CIRCLE SWANTON,OH 43558	SURGICAL CENTER/LAB
47	ARTHRITIS AND OSTEOPOROSIS CENTER 2109 HUGHES SUITE 160 TOLEDO,OH 43606	SURGICAL CENTER/LAB
48	PROMEDICA LABS MONROE 811 N MACOMB ST MONROE,OH 48161	SURGICAL CENTER/LAB
49	PROMEDICA LABS POINT PLACE 4805 SUDER RD TOLEDO,OH 43611	SURGICAL CENTER/LAB
50	ONSTED HEALTH CENTER 400 N MAIN ST SUITE B ONSTED,MI 43611	SURGICAL CENTER/LAB
51	WEST CENTRAL SURGICAL CENTER 7055 W CENTRAL AVE TOLEDO,OH 43617	SURGICAL CENTER/LAB
52	REYNOLDS ROAD SURGICAL CENTER 2865 N REYNOLDS RD TOLEDO,OH 43615	SURGICAL CENTER/LAB
53	NWO BREAST MRI 2121 HUGHES DR SUITE 300 TOLEDO,OH 43606	SURGICAL CENTER/LAB

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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**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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. Part II can be duplicated 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 CORPORATION 5855 MONROE STREET SYLVANIA,OH 43560	34-4492440	501(C)(3)	5,725,000				OPERATING SUPPORT
(2) PROMEDICA HEALTH SYSTEM INC 1801 RICHARDS ROAD TOLEDO,OH 43607	34-1517671	501(C)(3)	24,625,000				OPERATING SUPPORT
(3) PROMEDICA FOUNDATION 2142 N COVE BLVD TOLEDO,OH 43606	34-1517672	501(C)(3)	987,212				OPERATING SUPPORT
(4) PROMEDICA PHYSICIAN GROUP 5855 MONROE STREET SYLVANIA,OH 43560	34-1899439	501(C)(3)	23,375,000				OPERATING SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 4

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. Part III can be duplicated 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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	AS AN AFFILIATE OF PROMEDICA HEALTH SYSTEM, INC (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, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 or provision of all of 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**	Yes	
	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**	Yes	
	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**		No
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 Regulations 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 duplicate copies if additional space is needed.

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

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

(A) Name and Title	**(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 as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

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
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 NO PAYMENTS WERE MADE TO LISTED PERSONS IN PART VII UNDER THE VARIOUS NON-QUALIFIED DEFERRED COMPENSATION PLANS DURING THE YEAR
PART I, LINE 5	CERTAIN LISTED PERSONS RECEIVE INCENTIVES BASED ON INDIVIDUAL PRODUCTIVITY REVENUE
PART I, LINE 6	CERTAIN LISTED PERSONS RECEIVE INCENTIVES BASED ON INDIVIDUAL PRODUCTIVITY NET EARNINGS

Additional Data

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				
DAWN BUSKEY EX OFFICIO	(I)	0	0	0	0	0	0	0
	(II)	215,582	71,538	9,304	39,864	11,039	347,327	0
TODD J COOPERIDER MD MBA TRUSTEE	(I)	0	0	0	0	0	0	0
	(II)	701,209	0	15,784	17,000	26,147	760,140	0
DEBORAH A GUNTSCH MD TRUSTEE	(I)	8,750	0	0	0	0	8,750	0
	(II)	255,940	0	13,103	17,000	15,445	301,488	0
LEE W HAMMERLING MD TRUSTEE	(I)	0	0	0	0	0	0	0
	(II)	497,534	217,001	46,160	62,534	14,912	838,141	0
KEVIN C WEBB PHD PRESIDENT, EX OFFICIO	(I)	0	0	0	0	0	0	0
	(II)	375,870	97,758	9,777	40,158	12,543	536,106	0
KATHLEEN S HANLEY TREASURER	(I)	0	0	0	0	0	0	0
	(II)	460,254	196,212	43,667	89,856	14,946	804,935	0
JEFFREY C KUHN SECRETARY	(I)	0	0	0	0	0	0	0
	(II)	355,991	144,956	20,323	52,946	21,006	595,222	0
KEN ARMSTRONG COO, HVI	(I)	0	0	0	0	0	0	0
	(II)	205,206	111,806	2,131	37,776	12,607	369,526	14,685
ALISON AVENDT VP SUPPORT SERVICES, TTH	(I)	0	0	0	0	0	0	0
	(II)	124,004	34,124	1,630	25,012	1,060	185,830	0
LORI FERGUSON VP PATIENT CARE, TCH	(I)	0	0	0	0	0	0	0
	(II)	137,303	29,385	1,767	26,892	11,767	207,114	0
SCOTT FOUGHT VP, FINANCE	(I)	0	0	0	0	0	0	0
	(II)	148,267	3,000	9,094	18,851	17,956	197,168	0
NEERAJ KANWAL VP MED AFFAIRS, TTH	(I)	0	0	0	0	0	0	0
	(II)	285,896	60,847	5,805	25,981	23,076	401,605	0
ARTURO POLIZZI CHIEF HR OFFICER & COO, TTH	(I)	0	0	0	0	0	0	0
	(II)	297,513	159,204	8,275	36,854	19,332	521,178	29,804
DEANA SIEVERT VP PATIENT CARE, TTH	(I)	0	0	0	0	0	0	0
	(II)	141,967	19,804	3,810	5,410	16,914	187,905	0
MICHAEL BIGGIN LEAD PHYSICIAN ASSISTANT	(I)	198,908	500	6,918	22,200	18,920	247,446	0
	(II)	0	0	0	0	0	0	0
ANTHONY COMEROTA DIRECTOR, JOBST VASC CTR	(I)	560,448	0	7,268	21,637	15,044	604,397	0
	(II)	0	0	0	0	0	0	0
LOUITO C EDJE MD DIR ED FAMILY PRACTICE	(I)	209,197	0	701	13,131	13,945	236,974	0
	(II)	0	0	0	0	0	0	0
JEFFREY LEWIS ASSOC DIR ED FAM PRAC	(I)	186,152	0	5,519	39,090	23,646	254,407	0
	(II)	0	0	0	0	0	0	0
FEDOR LURIE ASSOC DIR RESEARCH ED VASC	(I)	198,392	25	796	7,441	12,861	219,515	0
	(II)	0	0	0	0	0	0	0
GARY AKENBERGER FORMER KEY EMPLOYEE	(I)	0	0	0	0	0	0	0
	(II)	224,600	79,130	32,403	49,671	22,624	408,428	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				
DARRIN ARQUETTE	(I)	0	0	0	0	0	0	0
FORMER KEY	(II)	123,784	38,161	7,834	17,370	20,346	207,495	10,577
EMPLOYEE								
HOLLY L BRISTOLL	(I)	0	0	0	0	0	0	0
FORMER KEY	(II)	216,402	61,647	8,071	41,475	14,751	342,346	0
EMPLOYEE								
ROBERT FREDRICK	(I)	0	0	0	0	0	0	0
FORMER KEY	(II)	306,560	78,328	21,896	62,676	7,702	477,162	0
EMPLOYEE								
ALAN M SATTLER	(I)	0	0	0	0	0	0	0
FORMER KEY	(II)	254,760	75,691	38,214	47,884	22,255	438,804	0
EMPLOYEE								
RANDALL	(I)	0	0	0	0	0	0	0
SCHIMMOELLER	(II)	208,818	62,744	24,015	22,966	12,641	331,184	0
FORMER KEY								
EMPLOYEE								
MIKE WILKINS	(I)	0	0	0	0	0	0	0
FORMER KEY	(II)	37,303	44,520	35,029	11,253	1,737	129,842	0
EMPLOYEE								

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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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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	SERIES 2011 A & B BONDS - SEE PART VI FOR DETAIL		549310UL2	02-09-2011	197,051,617	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	153,125,000	132,000,000	13,880,000	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	197,109,556	186,791,298	16,080,016	199,568,078
4	Gross proceeds in reserve funds	32,747	32,747	1,712,512	
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,902,630	2,224,707	308,175	2,337,157
8	Credit enhancement from proceeds	3,105,891	133,953	385,123	
9	Working capital expenditures from proceeds	137,116		137,116	
10	Capital expenditures from proceeds	129,409,278	54,105,888		113,778,044
11	Other spent proceeds	62,691,757	130,326,750	15,249,602	69,714,460
12	Other unspent proceeds	13,738,417			13,738,417
13	Year of substantial completion	2007	2011	2004	

		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 of bond-financed property?	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		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 %		0 040 %		0 200 %			
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 %		0 %			
6	Total of lines 4 and 5	0 %		0 040 %		0 200 %			
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?	X		X		X			X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X						X	
b	Exception to rebate?		X						X
c	No rebate due?		X						X
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X			X		X
4a	Has the organization or the governmental issuer entered into a qualified 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 the hedge terminated?		X						

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (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							
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has 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?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K, SUPPLEMENTAL 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 THE ACQUISITION OF A CT, MRI AND CERTAIN OTHER EQUIPMENT ON THE CAMPUS OF FOSTORIA HOSPITAL ASSOCIATION 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 HOSPITAL ASSOCIATION 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 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 $32,747 IS IN A DEBT SERVICE FUND PART II, COLUMN (C), LINE 4, CITY OF MAUMEE BONDS $1,712,512 IS IN A DEBT SERVICE RESERVE FUND PART II, COLUMN (A), LINE 4, SERIES 2011 C BONDS $14,146 IS IN DEBT SERVICE FUND PART III, COLUMN (C), 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 PART III, COLUMN (A), 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 PART III, COLUMN (B), 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 PART III, LINE 9 THE ORGANIZATION ESTABLISHED WRITTEN PROCEDURES REGARDING THE REMEDIATION OF NON-QUALIFIED BONDS IN ACCORDANCE WITH THE REGULATIONS SECTIONS 1 141-12 AND 1 145-2 DURING 2013

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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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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	COUNTY OF LUCAS OHIO	34-6400806		05-25-2011	29,645,000	SEE PART VI		X		X		X
B	SERIES 2011 D & E BONDS - SEE PART VI FOR DETAIL		549310VD9	12-01-2011	152,004,328	SEE PART VI		X		X		X
C	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	5,350,000	1,350,000		
2	Amount of bonds legally defeased				
3	Total proceeds of issue	29,645,000	152,004,328	62,500,000	
4	Gross proceeds in reserve funds	14,146			
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	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	29,381,175	150,498,449	62,500,000	
12	Other unspent proceeds				
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			
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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						
2	Are there any lease arrangements that may result in private business use of bond-financed property?	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 of bond-financed property?	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							
c	Are there any research agreements that may result in private business use of bond-financed property?	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							
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 ▶		0 100 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %						
6	Total of lines 4 and 5		0 100 %						
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X			
b	Exception to rebate?		X		X		X		
c	No rebate due?		X		X		X		
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X			X	X			
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		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?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has 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?	X		X		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose 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	11,695	SEE PART V		No
(2) SEE PART V	SEE PART V	36,961	SEE PART V		No
(3) SEE PART V	SEE PART V	723,819	SEE PART V		No
(4) SEE PART V	SEE PART V	305,493	SEE PART V		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(A) NAME OF PERSON KATELYN AVENDT (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION KATELYN AVENDT IS A FAMILY MEMBER OF ALISON AVENDT (KEY EMPLOYEE) (C) AMOUNT OF TRANSACTION $11,695(D) DESCRIPTION OF TRANSACTION EMPLOYMENT(E) SHARING OF ORGANIZATION REVENUES? = NO
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(A) NAME OF PERSON CHRISTINE WEBER(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION CHRISTINE WEBER IS A FAMILY MEMBER OF JAMES F WEBER (TRUSTEE) (C) AMOUNT OF TRANSACTION $36,961(D) DESCRIPTION OF TRANSACTION EMPLOYMENT(E) SHARING OF ORGANIZATION REVENUES? = NO
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(A) NAME OF PERSON TOLSON INVESTMENTS, LLC(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION HARVEY A TOLSON (TRUSTEE) IS A GREATER THAN 35% OWNER OF TOLSON INVESTMENTS, LLC (C) AMOUNT OF TRANSACTION $723,819(D) DESCRIPTION OF TRANSACTION RENTAL PROPERTY(E) SHARING OF ORGANIZATION REVENUES? = NO
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(A) NAME OF PERSON PNC BANK(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION WILLIAM R MCDONNELL (TRUSTEE) IS AN OFFICER OF PNC BANK (C) AMOUNT OF TRANSACTION $305,493(D) DESCRIPTION OF TRANSACTION INVESTMENT MANAGEMENT FEES AND LEASE EXPENSES(E) SHARING OF ORGANIZATION REVENUES? = NO

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
THE TOLEDO HOSPITAL

Employer identification number
34-4428256

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

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

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, INC 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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	UNDER THE GUIDANCE OF PROMEDICA HEALTH SYSTEM, INC 'S (PHS) TAX CONSULTANTS, FORMS 990 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 TRUSTEES AND ARE REVIEWED AND SIGNED BY THE RESPECTIVE COMPANY'S PRESIDENT PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	PROMEDICA HEALTH SYSTEM, INC 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 V P, AUDIT & COMPLIANCE/CHIEF COMPLIANCE OFFICER (CCO) 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), 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 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 THE REPORT INCLUDES A SUMMARY OF THE AUDIT PROCEDURES PERFORMED, ANY SIGNIFICANT CONCERNS IDENTIFIED AND THEIR RESOLUTION 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 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 V P, AUDIT & COMPLIANCE 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 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

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, INC (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

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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PENSION/POST-RETIREMENT EXPENSE ADJUSTMENT -6,426,572 SECTION 337(D) GAIN -158,817 BENEFICIAL INTEREST IN FOUNDATION 30,129,003

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 16B	JOINT VENTURE OPERATING AGREEMENTS INVOLVING PROMEDICA HEALTH SYSTEM, INC AND SUBSIDIARIES (PHS) INCLUDE PROVISIONS TO PROTECT PHS'S TAX 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 PHS CONTINUALLY ENSURES THAT ITS TAX EXEMPT STATUS IS PROTECTED BY ACTIVELY PARTICIPATING IN THE GOVERNANCE OF ALL PHS JOINT VENTURES

Return Reference	Explanation	
	FORM 990, PART III, LINE 4	PROMEDICA HEALTH SYSTEM, INC - PROGRAM SERVICE ACCOMPLISHMENTS ESTABLISHED IN 1986, PROME DICA HEALTH SYSTEM, INC (PROMEDICA) IS A MISSION-BASED, LOCALLY OWNED, NOT-FOR-PROFIT HEA LTHCARE ORGANIZATION HIGHLY FOCUSED ON ACHIEVING CORE VALUES HEADQUARTERED IN TOLEDO, OHI O, PROMEDICA SERVES 27 COUNTIES IN NORTHWEST OHIO AND SOUTHEAST MICHIGAN AND IS ONE OF THE REGION'S LEADING HEALTHCARE PROVIDERS OUR STEWARDSHIP OF RESOURCES HAS ENABLED US TO WIS ELY INVEST IN CUTTING-EDGE TECHNOLOGY, INNOVATIVE PROGRAMS AND FAMILY-CENTERED FACILITIES THAT HELP TO ENSURE PATIENTS AND AREA RESIDENTS HAVE EQUAL ACCESS TO HIGH-QUALITY, SAFE CA RE IN THE MOST APPROPRIATE SETTING, REGARDLESS OF A PATIENT'S ABILITY TO PAY BASED ON NEE DS THAT WE HAVE ASSESSED WITHIN THE COMMUNITIES WE SERVE, PROMEDICA LAUNCHED NEW SERVICES AND PROGRAMS IN 2013 TO HELP MEET THE GROWING DEMANDS OF LOCAL CONSUMERS ACROSS ALL SPECTR UMS OF LIFE, INCLUDING THOSE INDIVIDUALS WHO ARE OFTEN THE MOST VULNERABLE WHEN IT COMES T O HEALTH CARE THE ELDERLY, POOR AND UNDERSERVED PROMEDICA'S MISSION IS TO IMPROVE THE HE ALTH AND WELL-BEING OF THOSE WE SERVE THIS IS REFLECTED IN OUR FOUR CORE VALUES, INCLUDIN G COMPASSION - WE TREAT OUR PATIENTS AND EACH OTHER WITH RESPECT, INTEGRITY AND DIGNITY, INNOVATION - WE CONTINUALLY SEARCH TO FIND A BETTER WAY FORWARD, TEAMWORK - WE PARTNER WIT H OTHERS BECAUSE WE ARE BETTER TOGETHER THAN APART, AND EXCELLENCE - WE STRIVE TO BE THE B EST IN ALL WE DO PROMEDICA AND ITS AFFILIATES COMPRISE 320 SITES, MORE THAN 1,800 PHYSICI ANS AND APPROXIMATELY 15,000 EMPLOYEES AND VOLUNTEERS DURING 2013, PROMEDICA DISCHARGED 6 9,357 INPATIENTS AND SERVED MORE THAN 1,394,807 OUTPATIENTS, WHILE HANDLING 269,606 EMERGE NCY VISITS SYSTEM-WIDE AMONG THE REGION'S LARGEST EMPLOYERS, PROMEDICA PLAYS A SIGNIFICAN T ROLE IN ECONOMIC DEVELOPMENT AND STABILITY IN OUR REGION DURING 2013, FOR EVERY ONE DOL LAR OF REVENUE, ANOTHER 33 CENTS WAS CREATED IN OUR SERVICE-AREA ECONOMY, WITH A TOTAL ECO NOMIC OUTPUT OF $3 01 BILLION WE ALSO CREATE A DIRECT ECONOMIC IMPACT WITH OUR REVENUE, P AYROLL AND EMPLOYMENT ADDITIONALLY, SPENDING ON SERVICES AND MATERIALS WITH VENDORS IN OU R REGION CREATES AN INDIRECT ECONOMIC BENEFIT ADDITIONALLY, OUR PHYSICIANS, LEADERSHIP TE AM MEMBERS AND EMPLOYEES INDIVIDUALLY CONTRIBUTE PERSONAL RESOURCES TO THE COMMUNITY IN NU MEROUS WAYS - SUCH AS THROUGH TUTORING ELEMENTARY STUDENTS IN READING, PROVIDING MONTHLY H EALTH LECTURES AT LOCAL SENIOR CENTERS, GENEROUSLY CONTRIBUTING TO COMMUNITY FUNDRAISING C AMPAIGNS SUCH AS UNITED WAY, PARTICIPATING IN MEDICAL MISSIONS, SERVING ON LOCAL NOT-FOR-P ROFIT BOARDS, AND DONATING NONPERISHABLE GOODS TO NUMEROUS LOCAL FOOD PANTRIES AND CHURCHE S - UNDERSCORING A KEY BENEFIT OF PROMEDICA BEING LOCALLY OWNED AND OPERATED PROMEDICA'S MEMBER AND AFFILIATE HOSPITALS INCLUDE THE TOLEDO HOSPITAL, TOLEDO CHILDREN'S HOSPITAL (O PERATING AS PART OF THE TOLEDO HOSPITAL), FLOWER HOSPITAL, FOSTORIA HOSPITAL ASSOCIATION, DEFIANCE HOSPITAL, INC , BAY PARK COMMUNITY HOSPITAL, HERRICK MEMORIAL HOSPITAL, INC , EMM A L BIXBY MEDICAL CENTER, PROMEDICA WILDWOOD ORTHOPAEDIC AND SPINE HOSPITAL (A DIVISION O F THE TOLEDO HOSPITAL), AND ST LUKE'S HOSPITAL IN 2013, PROMEDICA ALSO PROVIDED INTEGRAT ED SERVICES, COMPRISED OF - PROMEDICA CONTINUING CARE SERVICES CORPORATION, PROVIDING REH ABILITATION, HOSPICE, HOME CARE, AMBULATORY AND SENIOR SERVICES, COMMUNITY HEALTH, MEDICAL TRANSPORTATION SERVICES, AND CARE COORDINATION - PROMEDICA PHYSICIAN GROUP (PROMEDICA PH YSICIANS), WITH MORE THAN 550 HEALTHCARE PROVIDERS, INCLUDING PRIMARY CARE, OBSTETRICS AND SPECIALTY PHYSICIANS, AS WELL AS ADVANCED PRACTICE PROVIDERS, THEY HELP PROMEDICA TO BROA DEN THE CARE WE OFFER AREA RESIDENTS, INCLUDING IN SMALLER, OUTLYING COMMUNITIES - PROMED ICA INSURANCE CORPORATION, THE LARGEST HEALTH MAINTENANCE ORGANIZATION PHYSICALLY LOCATED IN NORTHWEST OHIO IN 2013, PARAMOUNT ADVANTAGE BEGAN PROVIDING MEDICAID COVERAGE IN ALL O F OHIO'S 88 COUNTIES TO SUPPORT THESE EFFORTS PARAMOUNT OPENED FIELD OFFICES IN CLEVELAND , COLUMBUS AND THE CINCINNATI/DAYTON AREA - ACADEMIC HEALTH CENTER CORPORATION, AN ACADEM IC RELATIONSHIP BETWEEN PROMEDICA AND THE UNIVERSITY OF TOLEDO, CONTINUED TO PROMOTE RESEA RCH AND EDUCATION THROUGHOUT THE REGION PROMEDICA HAS ADDITIONAL ACADEMIC RELATIONSHIPS W ITH NUMEROUS OTHER INSTITUTIONS INCLUDING THE UNIVERSITY OF MICHIGAN, MICHIGAN STATE UNIVE RSITY, AND THE WEST VIRGINIA SCHOOL OF OSTEOPATHIC MEDICINE - PROMEDICA INDEMNITY CORPORA TION, PROVIDING MEDICAL PROFESSIONAL AND COMPREHENSIVE GENERAL LIABILITY COVERAGE FOR PROM EDICA, INCLUDING IN OUTLYING AREAS WHERE PRIMARY-CARE PHYSICIAN RECRUITMENT IS DIFFICULT - TWELVE CONTROLLED FOUNDATIONS THAT SERVE AS FUNDRAISING ENTITIES FOR THEIR RESPECTIVE HO SPITALS/BUSINESS UNITS AND FACILITIES, SUCH AS THE EBEID HOSPICE RESIDENCE ON THE FLOWER H OSPITAL CAMPUS PROMEDICA'S SPECIALIZED CARE INCLUDES ONCOLOGY, ORTHOPAEDICS, HEART AND VA SCULAR, NEUROLOGY, REHABILITATIVE, AND BEHAVIORAL

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	FORM 990, PART III, LINE 4	MEDICINE, AS WELL AS WOMEN'S AND PEDIATRIC CARE. A FUNDAMENTAL PART OF OUR MISSION IS THAT OUR SERVICES ARE TAILORED TO THE NEEDS OF OUR COMMUNITIES AND THEY ARE AVAILABLE TO EVERY ONE IN OUR COMMUNITY, REGARDLESS OF THEIR ABILITY TO PAY. IN ADDITION TO BEING A STRONG AD VOCATE FOR THE HEALTH AND WELL-BEING OF OTHERS, PROMEDICA PROVIDES AND PROMOTES COMMUNITY WELLNESS, COLLABORATING WITH MORE THAN 300 LOCAL NONPROFIT AGENCIES AND ORGANIZATIONS IN 2 013 THAT HAD VALUES AND MISSIONS SIMILAR TO OUR OWN. PROMEDICA IS CONTINUALLY IMPROVING IT S SERVICES, FACILITIES, TECHNOLOGIES, AND OUTREACH EFFORTS TO MEET THE EVER-CHANGING NEEDS OF ITS DIVERSE POPULATIONS. IN DIRECT RESPONSE TO COMMUNITY NEEDS, A FEW EXAMPLES FROM 20 13 INCLUDE THE FOLLOWING

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	- PROMEDICA SPONSORED A SCHOOL-BASED FOOD DRIVE CHALLENGE AS PART OF ITS	COME TO THE TABLE INITIATIVE. SCHOOLS RAISED MORE THAN 17,000 POUNDS OF NON-PERISHABLE FOO D ITEMS FOR COMMUNITY FOOD PROGRAMS ACROSS PROMEDICA'S SERVICE AREA - PROMEDICA'S SUMMER YOUTH EMPLOYMENT PROGRAM PARTNERED 70 CENTRAL-CITY TEENS AGES 16 19 WITH MENTORS IN DEPART MENTS SUCH AS HUMAN RESOURCES, RADIOLOGY, DIETARY, AND INFORMATION TECHNOLOGY TO LEARN SKI LLS INCLUDING CUSTOMER SERVICE, PUNCTUALITY AND BEING ACCOUNTABLE TO OTHERS - PROMEDICA S YSTEM GRANTS SUBMITTED AN APPLICATION FOR $24 MILLION OVER THREE YEARS TO THE CMS HEALTH C ARE INNOVATION AWARDS, ROUND 2 THE PROPOSED POPULATION HEALTH MODEL INTEGRATES EVIDENCE-B ASED CLINICAL PROGRAMS AND COMMUNITY SERVICES INCLUDING EDUCATION AND OUTREACH, WELLNESS A ND PREVENTION, SOCIAL SUPPORT SERVICES, CASE AND DISEASE MANAGEMENT, HOME CARE COORDINATIO N AND TELEMEDICINE, CLINICAL PHARMACY - MEDICATION ADHERENCE, AND CARE NAVIGATION AS MEANS FOR IMPROVING COMMUNITY HEALTH AND WELL-BEING - PROMEDICA FURTHER ENHANCED ITS RELATIONS HIP WITH CLEVELAND CLINIC IN 2013, SIGNING A MEMORANDUM OF UNDERSTANDING TO DEVELOP A HEAL TH SYSTEM AFFILIATION THAT WILL ALLOW THE TWO ORGANIZATIONS TO CREATE A CLINICALLY ALIGNED NETWORK FOCUSED ON PROVIDING HIGH-QUALITY, COST-EFFECTIVE AND TECHNOLOGICALLY ADVANCED CL INICAL SERVICES - PROMEDICA CONTINUED ITS INITIATIVE TO FIGHT OBESITY BY INTRODUCING A PI LOT PROGRAM FOR CHILDREN AND ADOLESCENTS WITH A BODY MASS INDEX (BMI) THAT CLASSIFIES THEM AS OBESE. FAMILIES MEET QUARTERLY OVER A 12-MONTH PERIOD WITH A DIETITIAN IN A PHYSICIAN' S OFFICE OR OUTPATIENT CLINIC TO RECEIVE NUTRITION COUNSELING AND ASK QUESTIONS. EACH CHIL D'S BMI AND RESPONSES TO A HEALTH QUESTIONNAIRE WILL BE COMPARED BEFORE, DURING AND AFTER THE 12-MONTH PERIOD TO DETERMINE THE PROGRAM'S EFFECTIVENESS - COORDINATED THROUGH OUR AD VOCACY DEPARTMENT, PROMEDICA CONTINUED TO PROVIDE HEALTH AND NUTRITION EDUCATION TO ELEMEN TARY SCHOOL CHILDREN IN GRADES 1 - 6. THE HEALTHY KIDS CONVERSATION MAP(R) PROGRAM IS DESI GNED TO EMPOWER STUDENTS AND THEIR PARENTS/GUARDIANS TO MAKE HEALTHY CHOICES ABOUT FOOD AN D EXERCISE - PROMEDICA PHYSICIANS EXPANDED CARE TO BETTER COVER LOCAL AND RURAL COMMUNITI ES, ADDING 88 NEW PRIMARY CARE PHYSICIANS AND SPECIALISTS IN 2013 - PROMEDICA PARTICIPATE D IN DOZENS OF COMMUNITY HEALTH FAIRS THAT INCLUDED APPROXIMATELY 8,000 FREE PUBLIC SCREEN INGS FOR HIGH BLOOD PRESSURE, HIGH CHOLESTEROL, BODY MASS INDEX AND BONE DENSITY - AS PAR T OF ITS HUNGER-FREE INITIATIVE, PROMEDICA ESTABLISHED A FOOD RECLAMATION PROGRAM IN PARTN ERSHIP WITH HOLLYWOOD CASINO (ROSSFORD, OHIO), AS WELL AS THE TOLEDO AND FLOWER HOSPITALS, PROVIDING MORE THAN 70,000 POUNDS OF REPACKAGED, UN-SERVED FOOD TO COMMUNITY FEEDING SITE S - PROMEDICA CANCER INSTITUTE'S COMMUNITY OUTREACH INCLUDED SCREENINGS FOR SKIN AND PROS TATE CANCERS, THE FOURTH ANNUAL SURVIVOR CELEBRATION FOR CANCER SURVIVORS, FRIENDS AND CAR EGIVERS, AND SPONSORSHIP OF THE ANNUAL SUSAN G KOMEN RACE(R) FOR THE CURE IN SUPPORT OF B REAST CANCER RESEARCH - THROUGH ITS ADVOCACY FUND, PROMEDICA CONTINUED TO SUPPORT LOCAL C OMMUNITY ORGANIZATIONS THAT PROVIDE ASSISTANCE TO THOSE IN NEED WITH BASIC NECESSITIES THA T DIRECTLY IMPACT INDIVIDUALS' HEALTH AND WELL-BEING. THIS SUPPORT AMOUNTED TO GRANTS TOTA LING NEARLY $400,000 IN 2013 - PROMEDICA BEGAN CONSTRUCTION OF THE 55,000 SQUARE FOOT MAR Y ELLEN FALZONE DIABETES CENTER. OPENING IN 2014, THE FACILITY IS NAMED FOR A YOUNG GIRL W HO DIED FROM JUVENILE DIABETES BEFORE HER FAMILY EVEN KNEW SHE HAD THE DISEASE. LOCATED ON THE CAMPUS OF THE TOLEDO HOSPITAL, IT WILL BRING DIABETES PROGRAMS, SERVICES AND PHYSICIA NS TOGETHER IN ONE CONVENIENT LOCATION TO SERVE ALL COMMUNITY MEMBERS WORKING TO MANAGE TH EIR DIABETES - FLOWER HOSPITAL BEGAN RENOVATIONS TO ADD PRIVATE PATIENT ROOMS FOR INPATIE NTS AND EXPAND ITS PSYCHIATRIC CARE UNIT - PROMEDICA CONTINUING CARE SERVICES CORPORATION , IN PARTNERSHIP WITH PARAMOUNT INSURANCE, BEGAN OFFERING TELEHEALTH MONITORING SERVICES T O ELIGIBLE HOME-CARE PATIENTS TO REDUCE HOSPITAL READMISSIONS BY CAREFUL DAILY MONITORING OF VITAL STATISTICS, NUTRITION AND MEDICATION ADHERENCE - WITH OTHER COMMUNITY PARTNERS, PROMEDICA INTRODUCED THE WITNESS TO HUNGER PHOTO EXHIBIT AT THE TOLEDO MUSEUM OF ART. PHOT OS WERE TAKEN BY INDIVIDUALS FACING HUNGER IN THEIR DAILY LIVES TO DEMONSTRATE ITS IMPACT ON FAMILIES, CHILDREN AND OLDER ADULTS IN OUR COMMUNITY - BAY PARK COMMUNITY HOSPITAL, EM MA L. BIXBY MEDICAL CENTER, FLOWER HOSPITAL, ST. LUKE'S HOSPITAL, THE TOLEDO HOSPITAL, TOL EDO CHILDREN'S HOSPITAL (OPERATING AS PART OF THE TOLEDO HOSPITAL), AND WILDWOOD ORTHOPAED IC AND SPINE HOSPITAL (A DIVISION OF THE TOLEDO HOSPITAL) SUCCESSFULLY COMPLETED THE 90-DA Y REPORTING PERIOD TO VERIFY ADOPTION OF ELECTRONIC HEALTH RECORDS (EHRS). BESIDES IMPROVI NG BOTH CARE AND CARE COORDINATION, EHRS ARE EXPECTED TO ENSURE ADEQUATE PRIVACY AND SECUR ITY FOR PERSONAL HEALTH INFORMATION. THEY ALSO AIM TO REDUCE HEALTH DISPARITIES AND IMPROV E POPULATION AND PUBLIC HEALTH - PROMEDICA PHYSIC

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	- PROMEDICA SPONSORED A SCHOOL-BASED FOOD DRIVE CHALLENGE AS PART OF ITS	IANS INTRODUCED ITS NEW PROMEDICA PATIENT PORTAL AT ALL PRIMARY CARE AND SPECIALIST PRACTI CES THE PATIENT PORTAL IS A FREE AND SECURE PLATFORM FOR PATIENTS TO SCHEDULE APPOINTMENT S, MONITOR HEALTH RECORDS, AND OBTAIN CERTAIN LAB TEST RESULTS FROM THE CONVENIENCE OF THE IR OWN HOME COMPUTER - PROMEDICA PHYSICIANS OPENED PROMEDICA AFTERHOURS IN PERRYSBURG, PR OVIDING RESIDENTS WITH DIAGNOSIS AND TREATMENT FOR NON-EMERGENCY MEDICAL ISSUES AS WELL AS PRESCRIPTION SERVICES PROVIDING NEW OPTIONS FOR MEDICAL CARE WHEN PHYSICIAN OFFICES NORM ALLY ARE CLOSED, AFTERHOURS IS STAFFED BY PROMEDICA PHYSICIANS CERTIFIED NURSE PRACTITIONE RS AND IS OPEN NIGHTS, WEEKENDS AND HOLIDAYS 365 DAYS A YEAR - PROMEDICA EMPLOYEES PLEDGE D MORE THAN $500,000 TO THE UNITED WAY CAMPAIGN IN 2013, SUPPORTING NUMEROUS COMMUNITY PRO GRAMS AND SERVICES ACROSS NORTHWEST OHIO AND SOUTHEAST MICHIGAN - PROMEDICA COLLABORATED WITH TOLEDO PUBLIC SCHOOLS' TOLEDO EARLY COLLEGE HIGH SCHOOL (TECHS) TO DEVELOP CURRICULUM FOR STUDENTS INTERESTED IN HEALTHCARE CAREERS AS PART OF THE STEMM (SCIENCE, TECHNOLOGY, ENGINEERING, MATHEMATICS, AND MEDICINE) PROGRAM IN 2013, PROMEDICA CONTRIBUTED $129,920,0 00 IN COMMUNITY BENEFIT THROUGH COMMUNITY BENEFIT EXPENDITURES, FINANCIAL ASSISTANCE AND G OVERNMENT-SPONSORED, MEANS-TESTED HEALTH CARE. THESE NUMBERS NOT ONLY INDICATE PROMEDICA'S LONG-STANDING COMMITMENT TO THE COMMUNITY, BUT ALSO FULFILL OUR NOT-FOR-PROFIT STATUS BY IMPROVING THE HEALTH AND WELL-BEING OF RESIDENTS IN THE COMMUNITIES WE SERVE. SPECIFICALLY , THROUGH COMMUNITY HEALTH IMPROVEMENT SERVICES, HEALTH PROFESSIONS EDUCATION, SUBSIDIZED HEALTH SERVICES, RESEARCH, CASH AND IN-KIND CONTRIBUTIONS, COMMUNITY BUILDING ACTIVITIES, AND OTHER COMMUNITY BENEFIT OPERATIONS, PROMEDICA CONTRIBUTED $45,598,000 IN 2013 THESE P ROGRAMS INCLUDED FREE COMMUNITY HEALTH SCREENINGS, SUCH AS DIABETES TESTING, BLOOD PRESSUR E, BONE DENSITY, BODY MASS, AND CANCER CHECKUPS, MAMMOGRAM SCREENINGS FOR LOW-INCOME AND U NINSURED WOMEN, CHILDHOOD IMMUNIZATIONS, REDUCED-COST SCHOOL-ATHLETIC PHYSICALS, FIRST-AID COVERAGE AT COMMUNITY EVENTS, VOLUNTEER ELEMENTARY SCHOOL MENTORS, PUBLIC HEALTH EDUCATIO N LECTURES AND SEMINARS, A CHILDHOOD OBESITY PROGRAM, COLLEGE SCHOLARSHIPS FOR STUDENTS EN TERING HEALTHCARE CAREERS, AND MANY OTHER COMMUNITY-BASED INITIATIVES PROMEDICA ALSO CONT RIBUTED $30,212,000 IN FINANCIAL ASSISTANCE FOR PATIENTS WHO DID NOT HAVE THE FINANCIAL RE SOURCES TO PAY FOR HOSPITAL SERVICES THIS AMOUNT REPRESENTS THE COST TO PROVIDE SERVICE A ND DOES NOT INCLUDE THE COSTS FOR ACCOUNTS THAT ARE WRITTEN OFF TO BAD DEBT FOR PATIENTS W HO DO NOT PAY THEIR BILLS IN ADDITION, PROMEDICA'S COST OF BAD DEBT FOR 2013 WAS $27,571, 000 THIS AMOUNT IS NOT INCLUDED IN THE COMMUNITY BENEFIT AMOUNT OF $129,920,000 NOTED ABO VE.

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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 MEDICAL CENTER, THE CITY OF TOLEDO, AND OTHERS CARENET WAS CREATED TO PROVIDE FREE OR LOWER-COST HEALTH CARE FOR LOW-INCOME LUCAS COUNTY RESIDENTS ESTABLISHED IN 2003, CARENET BRIDGES THE GAP BETWEEN ADULTS WITHOUT HEALTH INSURANCE AND NEEDED HEALTHCARE SERVICES WHILE SOME INDIVIDUALS MAY QUALIFY FOR GOVERNMENTAL INSURANCE PROGRAMS SUCH AS MEDICAID, OTHERS DO NOT, IT IS FOR THESE INDIVIDUALS THAT CARENET WAS ESTABLISHED ADDITIONALLY DURING 2013, PROMEDICA PROVIDED $54,110,000 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 2013 WAS $93,196,000 AND IS NOT REFLECTED IN THE COMMUNITY BENEFIT AMOUNT OF $129,920,000 NOTED ABOVE. INDEED, PROMEDICA GOES BEYOND INDUSTRY STANDARDS IN MEETING THE GOAL OF PROVIDING CARE TO EVERYONE, REGARDLESS OF THEIR ABILITY TO PAY WE PROVIDE HOSPITAL CARE FREE-OF-CHARGE TO ALL FAMILIES WITHOUT INSURANCE WITH INCOMES AT OR BELOW 200% OF THE FEDERAL POVERTY LEVEL IN ADDITION TO FREE CARE FOR THOSE FAMILIES UNDER THIS FEDERAL POVERTY LEVEL, PROMEDICA HOSPITALS PROVIDE SIGNIFICANT DISCOUNTS TO FAMILIES WITH INCOMES OF UP TO 400% OF THE FEDERAL POVERTY LEVEL IN MANY SITUATIONS, OTHER FUNDING SOURCES ARE SECURED AND ACCOMMODATIONS MADE. PROMEDICA'S POLICIES ARE POSTED AND AVAILABLE IN WRITING IN ALL PROMEDICA FACILITIES ALSO, FINANCIAL ADVOCATES ARE AVAILABLE TO HELP PATIENTS BY EXPLAINING OUR FREE CARE AND DISCOUNT PROGRAMS, AND TO ASSIST WITH THE PAPERWORK NECESSARY TO QUALIFY FOR GOVERNMENT FUNDING PATIENT BILLS PROVIDE CLEAR EXPLANATIONS, QUALIFICATIONS AND REMINDERS OF THESE PROGRAMS 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 NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL CARE. THEREFORE, WE PROVIDE THESE HEALTHCARE SERVICES, RECRUIT AND TRAIN HEALTHCARE PROFESSIONALS TO SERVE THE BROADER COMMUNITY, PROVIDE APPROPRIATE FINANCIAL ASSISTANCE, OFFER SERVICES AND CONTRIBUTIONS TO OTHER NONPROFIT ORGANIZATIONS THAT ALLOW THEM TO PROVIDE KEY SERVICES TO THEIR CONSTITUENTS, AND PRESENT FREE EDUCATIONAL CLASSES, HEALTH FAIRS AND OTHER ACTIVITIES TO OUR LOCAL COMMUNITY TO HELP ENSURE ALL MEMBERS HAVE EQUAL ACCESS TO CARE.

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	THE TOLEDO HOSPITAL - PROGRAM SERVICE ACCOMPLISHMENTS	THE TOLEDO HOSPITAL (D/B/A PROMEDICA TOLEDO HOSPITAL) IS THE ADULT TERTIARY HOSPITAL OF PR OMEDICA HEALTH SYSTEM, INC (PROMEDICA), A MISSION-BASED, LOCALLY OWNED, NONPROFIT HEALTHC ARE ORGANIZATION HIGHLY FOCUSED ON ACHIEVING CORE VALUES HEADQUARTERED IN TOLEDO, OHIO, P ROMEDICA SERVES 27 COUNTIES IN NORTHWEST OHIO AND SOUTHEAST MICHIGAN, AND IS ONE OF THE RE GION'S LEADING HEALTHCARE PROVIDERS OUR STEWARDSHIP OF RESOURCES HAS ENABLED US TO WISELY INVEST IN PATIENT-CENTERED CARE, ADVANCED TECHNOLOGY, INNOVATIVE PROGRAMS, AND FAMILY-ORI ENTED FACILITIES THAT HELP TO ENSURE PATIENTS AND AREA RESIDENTS HAVE EQUAL ACCESS TO HIGH -QUALITY, SAFE CARE IN THE MOST APPROPRIATE SETTING, REGARDLESS OF PATIENTS' ABILITY TO PA Y FOR MORE THAN 130 YEARS, PROMEDICA TOLEDO HOSPITAL (TH) HAS SERVED METRO TOLEDO AND SUR ROUNDING COMMUNITIES WITH STATE-OF-THE-ART EMERGENCY, MEDICAL, DIAGNOSTIC, AND SURGICAL SE RVICES THE 794-BED HOSPITAL IS STAFFED BY 4,835 EMPLOYEES TH OFFERS ACCESS TO THE AREA'S LARGEST BOARD-CERTIFIED MEDICAL STAFF, WITH APPROXIMATELY 1,300 PRIMARY CARE AND SPECIALT Y PHYSICIANS ADDITIONALLY, TH OFFERS A NUMBER OF KEY SERVICE LINES FOR THE METRO-TOLEDO A REA SUCH AS THE CENTER FOR WOMEN'S HEALTH, WHICH INCLUDES ITS FERTILITY CLINIC AND LEVEL I II PERINATAL UNIT, JOBST VASCULAR CENTER, AND A LEVEL I TRAUMA CENTER OTHER PROGRAMS AND SERVICES INCLUDE WELL-ESTABLISHED NEUROSCIENCES, CARDIOVASCULAR AND ORTHOPAEDICS DEPARTMEN TS, A NATIONALLY RECOGNIZED BARIATRICS PROGRAM, AND AN EMERGENCY CENTER THAT TREATS MORE T HAN 94,000 PATIENTS ANNUALLY ALL SERVICES ARE FULLY BACKED BY ACCREDITED ANCILLARY SERVIC ES, SUCH AS LABORATORY, RADIOLOGY, AND PHYSICAL, SPEECH, AND OCCUPATIONAL THERAPIES TOLED O CHILDREN'S HOSPITAL, OPERATING AS PART OF TH, PROVIDES PEDIATRIC TERTIARY CARE. TOLEDO C HILDREN'S HOSPITAL (TCH) EXCLUSIVELY SERVES THE HEALTHCARE NEEDS OF CHILDREN AND ADOLESCEN TS, FROM NEWBORNS THROUGH AGE 18 TCH'S MEDICAL STAFF INCLUDES BOARD-CERTIFIED PHYSICIANS, WHILE A NEWBORN INTENSIVE CARE PHYSICIAN AND A PEDIATRIC HOSPITALIST ARE ON DUTY 24 HOURS A DAY IN 2013, HEALTHGRADES PRESENTED TH WITH ITS DISTINGUISHED HOSPITAL FOR CLINICAL EX CELLENCE AWARD THIS HONOR PLACES TH IN THE TOP 5% OF HOSPITALS NATIONWIDE FOR PROVIDING C LINICAL EXCELLENCE ACROSS A BROAD RANGE OF CLINICAL PROCEDURES AND CONDITIONS AS MEASURED BY HEALTHGRADES FOR BOTH RISK-ADJUSTED MORTALITY AND COMPLICATION RATES DURING AND AFTER A HOSPITAL STAY A DIVISION OF TH, PROMEDICA WILDWOOD ORTHOPAEDIC AND SPINE HOSPITAL IS AN ALL-DIGITAL, ACUTE CARE FACILITY THAT PROVIDES INPATIENT AND OUTPATIENT ORTHOPAEDIC SURGER Y TO ADDRESS THE NEEDS OF AGING BABY BOOMERS THIS UNIQUE, FREE-STANDING HOSPITAL SERVES O NLY ORTHOPAEDIC AND SPINE PATIENTS, OFFERING DIAGNOSTIC, SURGICAL AND REHABILITATION SERVI CES ALL UNDER ONE ROOF IN 2013, TH SERVED 33,952 INPATIENTS, 672,335 OUTPATIENTS, AND 94, 019 EMERGENCY CENTER PATIENTS TH CONTRIBUTED $62,165,000 IN COMMUNITY BENEFIT THROUGH COM MUNITY BENEFIT EXPENDITURES, FINANCIAL ASSISTANCE AND GOVERNMENT-SPONSORED, MEANS-TESTED H EALTH CARE THROUGH COMMUNITY HEALTH IMPROVEMENT SERVICES, HEALTH PROFESSIONS EDUCATION, S UBSIDIZED HEALTH SERVICES, RESEARCH ACTIVITIES, AND OTHER COMMUNITY BENEFIT OPERATIONS, TH CONTRIBUTED $27,318,000 TO THE COMMUNITY DURING 2013 INCLUDED IN THIS FIGURE ARE PROGRAM S SUCH AS - FREE HEALTH EDUCATION LECTURES ON DISEASE IDENTIFICATION AND TREATMENT OPTION S - WITH AN EMPHASIS ON INDIVIDUAL ACCOUNTABILITY - CONDUCTED AT AREA SENIOR CENTERS, LOCA L BUSINESSES AND IN SCHOOLS - THE AUTISM COLLABORATIVE A COLLABORATION BETWEEN TCH AND LO CAL AUTISM ORGANIZATIONS AND UNIVERSITIES TO PROVIDE EXPERT KNOWLEDGE AND SERVICES UNDER O NE UMBRELLA ORGANIZATION, ALLOWING THOSE WITH AUTISM AND THEIR FAMILIES TO RESEARCH AND FI ND THE BEST POSSIBLE CARE - SUPPORT GROUPS FOR PATIENTS' FAMILIES TO ASSIST WITH A VARIET Y OF DISEASE ISSUES AND TO OFFER SOCIAL SERVICES INFORMATION - THE FIRST STEPS (FOR NEW P ARENTS AT-RISK) AND TEEN PEP (DATING ABUSE/VIOLENCE-PREVENTION) PROGRAMS TO EXTEND CARE AN D EDUCATION OUTSIDE THE HOSPITAL, IN MORE NONTRADITIONAL WAYS - FREE AND LOW-COST OUTPATI ENT CLINICS THAT OFFER A WIDE ARRAY OF HEALTH SERVICES INCLUDING IMMUNIZATIONS, VASCULAR S CREENINGS AND TREATMENT OF MINOR ILLNESSES THAT MIGHT NOT REQUIRE AN EMERGENCY CENTER VISI T BUT STILL REQUIRE MEDICAL ATTENTION - PREPARATION FOR PARENTHOOD CLASSES THAT HELP PREP ARE EXPECTANT PARENTS FOR A HEALTHY LABOR AND DELIVERY, AND OFFER INFANT SAFETY TIPS, AS W ELL AS NEW MOTHER CARE AND HEALTHY BABY EDUCATION - FREE SCREENING MAMMOGRAMS AND BREAST CARE EDUCATION THAT EMPHASIZE THE IMPORTANCE OF ROUTINE SELF-BREAST EXAMS FOR UNINSURED AN D UNDERINSURED WOMEN IN THE TOLEDO AREA TH ALSO PROVIDED A SIGNIFICANT AMOUNT OF FINANCIA L ASSISTANCE TO THE COMMUNITY DURING 2013, OF WHICH $15,635,000 REPRESENTED UNCOMPENSATED AMOUNTS FOR TREATMENT TO THOSE PATIENTS WHO DID NOT HAVE THE FINANCIAL RESOURCES TO PAY FO R HOSPITAL SERVICES FINANCIAL ASSISTANCE REPRESEN

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	THE TOLEDO HOSPITAL - PROGRAM SERVICE ACCOMPLISHMENTS	TS THE COST TO PROVIDE SERVICE AND DOES NOT INCLUDE THE COSTS FOR ACCOUNTS THAT ARE WRITTE N OFF TO BAD DEBT FOR PATIENTS WHO DID NOT PAY THEIR BILLS TH'S COST OF BAD DEBT FOR 2013 WAS $8,823,000 THIS AMOUNT IS NOT INCLUDED IN THE COMMUNITY BENEFIT TOTAL OF $62,165,000 INDICATED ABOVE. TH PROVIDED $19,212,000 OF COMMUNITY SUPPORT WHICH REPRESENTS THE COSTS - NOT REIMBURSED BY THE GOVERNMENT - FOR TREATING MEDICAID PATIENTS IN 2013, THE TOTAL CO STS - NOT REIMBURSED BY THE GOVERNMENT - FOR TREATING MEDICARE PATIENTS WAS $40,828,000 AN D IS NOT INCLUDED IN THE COMMUNITY BENEFIT AMOUNT OF $62,165,000 NOTED ABOVE. DURING 2013, TH EXPENDED $172,961,000 IN NET PAYROLL, PROVIDING 4,835 JOBS IN NORTHWEST OHIO A TOTAL OF $11,406,000 WAS WITHHELD FROM HOSPITAL 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 THEIR RACE, CREED, SEX, NATIONAL ORIGIN, DISABILITY, OR AGE AND, WE RECOGNIZE THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MED ICAL CARE. THEREFORE, WE PROVIDE THESE HEALTHCARE SERVICES, RECRUIT AND TRAIN HEALTHCARE P ROFESSIONALS TO SERVE THE BROADER COMMUNITY, PROVIDE APPROPRIATE FINANCIAL ASSISTANCE, OFF ER SERVICES AND CONTRIBUTIONS TO OTHER NONPROFIT ORGANIZATIONS THAT ALLOW THEM TO PROVIDE KEY SERVICES TO THEIR CONSTITUENTS, AND PRESENT FREE EDUCATIONAL CLASSES, HEALTH FAIRS AND OTHER ACTIVITIES TO OUR LOCAL COMMUNITY TO HELP ENSURE ALL MEMBERS HAVE EQUAL ACCESS TO C ARE.

Return Reference	Explanation
COMMUNITY BENEFIT DEFINITIONS	PROMEDICA HEALTH SYSTEM, INC 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, HOSPITALS, REPORTING COMMUNITY BENEFITS ARE PROGRAMS AND 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 HEALTHCARE SERVICE - ENHANCE THE HEALTH OF THE COMMUNITY - ADVANCE MEDICAL OR HEALTHCARE 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 UP TO 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 INCLUDE 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, OR UNABLE, TO PROVIDE THE SERVICES, OR THE SERVICES OTHERWISE WOULD NOT BE AVAILABLE TO MEET PATIENT DEMAND RESEARCH RESEARCH ACTIVITIES INCLUDE CLINICAL AND COMMUNITY HEALTH RESEARCH, AS WELL AS STUDIES ON HEALTHCARE DELIVERY THE AMOUNT REPORTED FOR THE SYSTEM IS REDUCED BY ANY EXTERNAL SUBSIDIES, SUCH AS GRANTS CASH AND IN-KIND CONTRIBUTIONS CASH AND IN-KIND CONTRIBUTIONS INCLUDE FUNDS AND IN-KIND SERVICES DONATED TO COMMUNITY ORGANIZATIONS AND/OR THE COMMUNITY AT LARGE IN-KIND SERVICES INCLUDE HOURS DONATED BY STAFF TO THE COMMUNITY WHILE ON WORK TIME, AS WELL AS DONATION OF FOOD, EQUIPMENT AND SUPPLIES

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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" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 (if applicable) 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 entity? Yes	(g) 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) 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	
See Additional Data Table												

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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the 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 or **(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 Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g	Yes	
h Purchase of assets from related organization(s)	1h	Yes	
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

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 (if applicable) 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
(1) COBRA VENTURES LLC 5901 MONCLOVA RD MAUMEE, OH 43537 20-4671613	LAND LEASING	OH	10,243	91,159	ST LUKE'S HOSPITAL FOUNDATION
(1) MIDWEST CARDIOVASCULAR CONSULTANTS LLC 5855 MONROE ST SYLVANIA, OH 43560 61-1448753	EMPLOYS PHYSICIANS	OH	0	585,466	PROMEDICA PHYSICIAN GROUP
(2) PROMEDICA CENTRAL PHYSICIANS LLC 5855 MONROE ST SYLVANIA, OH 43560 34-1881137	EMPLOYS PHYSICIANS	OH	123,454,721	107,979,144	PROMEDICA PHYSICIAN GROUP
(3) PROMEDICA EAST PHYSICIANS LLC 5855 MONROE ST SYLVANIA, OH 43560 34-1881145	EMPLOYS PHYSICIANS	OH	5,723,952	1,859,699	PROMEDICA PHYSICIAN GROUP
(4) PROMEDICA ORTHOPEDIC PHYSICIANS LLC 5855 MONROE ST SYLVANIA, OH 43560 20-8050622	EMPLOYS PHYSICIANS	OH	3,421,359	720,044	PROMEDICA PHYSICIAN GROUP
(5) PROMEDICA SOUTH PHYSICIANS LLC 5855 MONROE ST SYLVANIA, OH 43560 34-1898679	EMPLOYS PHYSICIANS	OH	2,877,606	2,239,631	PROMEDICA PHYSICIAN GROUP
(6) PROMEDICA WEST PHYSICIANS LLC 5855 MONROE ST SYLVANIA, OH 43560 34-1893773	EMPLOYS PHYSICIANS	OH	12,634,300	3,120,379	PROMEDICA PHYSICIAN GROUP
(7) PROMEDICA NORTHWEST OHIO CARDIOLOGY CONSULTANTS LLC 5855 MONROE ST SYLVANIA, OH 43560 26-3888045	EMPLOYS PHYSICIANS	OH	32,620,946	-5,312,940	PROMEDICA PHYSICIAN GROUP
(8) PROMEDICA GI PHYSICIANS LLC 5855 MONROE ST SYLVANIA, OH 43560 26-3015991	EMPLOYS PHYSICIANS	OH	8,901,260	-2,506,912	PROMEDICA PHYSICIAN GROUP
(9) PROMEDICA CARDIOTHORACIC PHYSICIANS LLC 5855 MONROE ST SYLVANIA, OH 43560 27-0978204	EMPLOYS PHYSICIANS	OH	5,256,798	-173,251	PROMEDICA PHYSICIAN GROUP
(10) WELLCARE PHYSICIANS LLC 5901 MONCLOVA RD MAUMEE, OH 43537 61-1528443	EMPLOYS PHYSICIANS	OH	15,374,731	2,903,032	PROMEDICA PHYSICIAN GROUP
(11) PROMEDICA HEMATOLOGY-ONCOLOGY PHYSICIANS LLC 5855 MONROE ST SYLVANIA, OH 43560 27-1401750	EMPLOYS PHYSICIANS	OH	4,275,009	-2,016,759	PROMEDICA PHYSICIAN GROUP
(12) PROMEDICA ENT LLC 5855 MONROE ST SYLVANIA, OH 43560 27-2404505	EMPLOYS PHYSICIANS	OH	2,846,948	255,567	PROMEDICA PHYSICIAN GROUP
(13) THE PHARMACY COUNTER LLC 5855 MONROE ST SYLVANIA, OH 43560 27-1325141	MEDICAL EQUIPMENT & PHARMACY	OH	47,035,814	16,743,293	PROMEDICA PHYSICIAN GROUP
(14) WOLF CREEK ASSOCIATES LLC 901 KIMOLE LN ADRIAN, MI 49221 38-3164818	FACILITY LEASING	MI	131,512	1,118,636	EMMA L BIXBY MEDICAL CENTER
(15) PROMEDICA MONROE CARDIOLOGY PLLC 5855 MONROE ST SYLVANIA, OH 43560 27-2920342	EMPLOYS PHYSICIANS	MI	2,694,521	-445,866	PROMEDICA PHYSICIAN GROUP
(16) ERIE WEST HOSPICE & PALLIATIVE CARE LLC 5855 MONROE ST SYLVANIA, OH 43560 20-5752995	PROVIDES HOSPICE CARE	OH	2,710,535	8,545,046	PROMEDICA PHYSICIANS AND CONTINUUM SERVICES
(17) PROMEDICA ANESTHESIA CONSULTANTS LLC 5855 MONROE ST SYLVANIA, OH 43560 45-3251737	EMPLOYS PHYSICIANS	OH	30,039,933	3,690,549	PROMEDICA PHYSICIAN GROUP
(18) PROMEDICA CRITICAL CARE LLC 5855 MONROE ST SYLVANIA, OH 43560 27-5165922	EMPLOYS PHYSICIANS	OH	4,291,585	-829,757	PROMEDICA PHYSICIAN GROUP
(19) PROMEDICA PHYSICIANS MANAGEMENT SERVICES LLC 5855 MONROE ST SYLVANIA, OH 43560 45-3230331	PRACTICE MANAGEMENT	OH	81,676	1,625,759	PROMEDICA PHYSICIAN GROUP

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

(a) Name, address, and EIN (if applicable) 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
(21) PROMEDICA SURGICAL SERVICES LLC 5855 MONROE ST SYLVANIA, OH 43560	EMPLOYS PHYSICIANS	OH	0	0	PROMEDICA PHYSICIAN GROUP
(1) MISSION POINTE GOLF COURSE LLC 2142 NORTH COVE TOLEDO, OH 43606	GOLF COURSE	OH	0	493,717	PROMEDICA FOUNDATION
(2) PROMEDICA INNOVATIONS LLC 1801 RICHARDS RD TOLEDO, OH 43607	INVESTMENT COMPANY	OH	-69,166	464,347	PROMEDICA HEALTH SYSTEM INC
(3) PROMEDICA GENITO-URINARY SURGEONS LLC 5855 MONROE ST SYLVANIA, OH 43560 46-1120436	EMPLOYS PHYSICIANS	OH	12,617,702	2,080,190	PROMEDICA PHYSICIAN GROUP
(4) PROMEDICA MONROE PHYSICIANS PLLC 5855 MONROE ST SYLVANIA, OH 43560 46-1111822	EMPLOYS PHYSICIANS	MI	726,713	31,358	PROMEDICA PHYSICIAN GROUP
(5) PROMEDICA MULTI-SPECIALTY PHYSICIANS LLC 5855 MONROE ST SYLVANIA, OH 43560 45-4976786	EMPLOYS PHYSICIANS	OH	0	160,552	PROMEDICA PHYSICIAN GROUP
(6) PROMEDICA HOSPITALISTS LLC 5855 MONROE ST SYLVANIA, OH 43560	EMPLOYS PHYSICIANS	OH	0	0	PROMEDICA PHYSICIAN GROUP
(7) PROMEDICA HOSPITALISTS PLLC 5855 MONROE ST SYLVANIA, OH 43560	EMPLOYS PHYSICIANS	MI	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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) BAY PARK COMMUNITY HOSPITAL 2801 BAY PARK DR OREGON, OH 43616 34-1883132	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
(1) CARE ENTERPRISES INC 5901 MONCLOVA RD MAUMEE, OH 43537 34-1366709	FACILITY LEASING	OH	501(C)(3)	11B, II	PROMEDICA HEALTH SYSTEM INC	Yes	
(2) DEFIANCE HOSPITAL AUXILIARY 1200 RALSTON DEFIANCE, OH 43512 51-0173779	HOSPITAL / FOUNDATION SUPPORT	OH	501(C)(3)	11D, III-O	DEFIANCE HOSPITAL INC	Yes	
(3) DEFIANCE HOSPITAL INC 1200 RALSTON DEFIANCE, OH 43512 34-4446484	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
(4) EMMA L BIXBY MEDICAL CENTER 818 RIVERSIDE AVE ADRIAN, MI 49221 38-2796005	HOSPITAL	MI	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
(5) 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	
(6) FLOWER HOSPITAL 5200 HARROUN RD SYLVANIA, OH 43560 34-4428794	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
(7) FOSTORIA HOSPITAL ASSOCIATION 501 VAN BUREN STREET FOSTORIA, OH 44830 34-0898745	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
(8) FOSTORIA HOSPITAL AUXILIARY PO BOX 907 FOSTORIA, OH 44830 34-6517634	HOSPITAL / FOUNDATION SUPPORT	OH	501(C)(3)	11A, I	FOSTORIA HOSPITAL ASSOCIATION	Yes	
(9) 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	
(10) HERRICK MEMORIAL HOSPITAL INC 500 E POTTAWATAMIE ST TECUMSEH, MI 49286 38-3049015	HOSPITAL	MI	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
(11) LENAWEE LONG TERM CARE 700 LAKESHIRE TR ADRIAN, MI 49221 38-2879330	LONG TERM CARE	MI	501(C)(3)	9	EMMA L BIXBY MEDICAL CENTER	Yes	
(12) 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 AND CONTINUUM SERVICES	Yes	
(13) PROMEDICA COURIER SERVICES INC 3170 W CENTRAL AVE TOLEDO, OH 43606 26-0324790	COURIER SERVICE	OH	501(C)(3)	11B, II	PROMEDICA PHYSICIANS AND CONTINUUM SERVICES	Yes	
(14) 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
(15) PHS VENTURES 1801 RICHARDS RD TOLEDO, OH 43607 34-1880473	HEALTH CARE MANAGEMENT SERVICES	OH	501(C)(3)	11C, III-FI	PROMEDICA HEALTH SYSTEM INC	Yes	
(16) 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 INC	Yes	
(17) 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 INC	Yes	
(18) PROMEDICA PHYSICIANS AND CONTINUUM SERVICES 5855 MONROE ST SYLVANIA, OH 43560 34-1880767	PHYSICIAN MANAGEMENT SERVICES	OH	501(C)(3)	11C, III-FI	PROMEDICA HEALTH SYSTEM INC	Yes	
(19) PROMEDICA PHYSICIAN GROUP 5855 MONROE ST SYLVANIA, OH 43560 34-1899439	PHYSICIAN HEALTH CARE SERVICES	OH	501(C)(3)	9	PROMEDICA PHYSICIANS AND CONTINUUM SERVICES	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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(21) ST LUKE'S HOSPITAL 5901 MONCLOVA RD MAUMEE, OH 43537 34-4428232	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
(1) ST LUKE'S HOSPITAL FOUNDATION 5901 MONCLOVA RD MAUMEE, OH 43537 34-1292849	FOUNDATION	OH	501(C)(3)	11B, II	PROMEDICA HEALTH SYSTEM INC	Yes	
(2) PROMEDICA FOUNDATION 2142 N COVE BLVD TOLEDO, OH 43606 34-1517672	FOUNDATION	OH	501(C)(3)	11B, II	PROMEDICA HEALTH SYSTEM INC	Yes	
(3) TOLEDO DISTRICT NURSE ASSOCIATION 1946 N 13TH STREET TOLEDO, OH 43624 34-4427949	SKILLED HOME CARE	OH	501(C)(3)	9	PROMEDICA PHYSICIANS AND CONTINUUM SERVICES	Yes	
(4) VISITING NURSE HOSPICE AND HEALTH CARE 5855 MONROE ST SYLVANIA, OH 43560 34-1831624	HOSPICE HOME CARE	OH	501(C)(3)	9	PROMEDICA PHYSICIANS AND CONTINUUM SERVICES	Yes	
(5) KAITLYN'S COTTAGE INC 1260 RALSTON AVE DEFIANCE, OH 43512 45-4781053	RESPITE CARE	OH	501(C)(3)	9	DEFIANCE HOSPITAL INC	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
BIXBY MEDICAL OFFICE LIMITED PARTNERSHIP 818 RIVERSIDE AVE ADRIAN, MI 49221 38-2972398	FACILITY LEASING	MI	EMMA L BIXBY MEDICAL CENTER	RELATED	5,040	1,191,758		No		Yes		64 600 %
REYNOLDS RD SURGICAL CENTER LLC 2865 N REYNOLDS RD TOLEDO, OH 43615 31-1569454	FREESTANDING AMBULATORY SURGICAL CENTER	OH	THE TOLEDO HOSPITAL	RELATED	625,202	2,576,269		No			No	69 340 %
WATERVILLE MEDICAL CENTER LLC 5901 MONCLOVA RD MAUMEE, OH 43537 32-0160784	FACILITY LEASING	OH	CARE ENTERPRISES INC	RELATED	17,500	792,802		No			No	70 000 %
NORTHWEST OHIO DEDICATED BREAST MRI LLC 5901 MONCLOVA RD MAUMEE, OH 43537 26-0679898	MEDICAL DIAGNOSTICS	OH	THE TOLEDO HOSPITAL	RELATED	51,989	367,075		No			No	50 000 %
WEST CENTRAL SURGICAL CENTER LLC 7055 W CENTRAL TOLEDO, OH 43617 20-0088459	AMBULATORY SURGICAL CENTER	OH	THE TOLEDO HOSPITAL	RELATED	138,512	3,011,429		No		Yes		50 000 %
OHIO CARE AMBULATORY SURGICAL CENTER LLC 5959 MONCLOVA RD MAUMEE, OH 43537 34-1863472	AMBULATORY SURGICAL CENTER	OH	ST LUKE'S HOSPITAL	RELATED	72,709	943,946		No			No	60 320 %
LENAWEE PHYSICIAN HOSPITAL ORGANIZATION LLC 818 RIVERSIDE AVE ADRIAN, MI 49221 38-3605511	PHYSICIAN MANAGEMENT SERVICES	MI	EMMA L BIXBY MEDICAL CENTER	RELATED	90,413	182,244		No		Yes		50 000 %
PROMEDICA SURGICAL SERVICES CO-MANAGEMENT CO LLC 5901 MONCLOVA RD MAUMEE, OH 43537 46-1989695	PHYSICIAN MANAGEMENT SERVICES	OH	PROMEDICA HEALTH SYSTEM INC	RELATED	552,421	590,193		No			No	50 940 %

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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CARE HOLDINGS 5901 MONCLOVA RD MAUMEE, OH 43537 34-1796790	HOLDING COMPANY	OH	PROMEDICA HEALTH SYSTEM INC	C			100 000 %	Yes	
HERRICK MEMORIAL DEVELOPMENT CORP 500 E POTTAWATAMIE TR ADRIAN, MI 49221 38-3146907	FACILITY LEASING	MI	EMMA L BIXBY MEDICAL CENTER	C	54,728	1,021,086	100 000 %	Yes	
LHA PHYSICIAN SERVICES CORPORATION 818 RIVERSIDE AVE ADRIAN, MI 49221 61-1451576	PHYSICIAN BILLING	MI	EMMA L BIXBY MEDICAL CENTER	C	-103,722	85,903	100 000 %	Yes	
PHYSICIANS ADVANTAGE MSO 5901 MONCLOVA RD MAUMEE, OH 43537 06-1811760	PHYSICIAN MANAGEMENT SERVICES	OH	PROMEDICA HEALTH SYSTEM INC	C	-24,835		100 000 %	Yes	
PROMEDICA CENTRAL CORPORATION OF MICHIGAN 5855 MONROE ST SYLVANIA, OH 43560 38-3322278	PHYSICIAN HEALTH CARE SERVICES	OH	PROMEDICA PHYSICIAN GROUP	C	-299,008	11,176,039	100 000 %	Yes	
PROMEDICA INSURANCE CORP INC AND SUBSIDIARIES 1901 INDIAN WOOD CIR MAUMEE, OH 43537 34-1570675	HEALTH CARE INSURANCE	OH	PROMEDICA HEALTH SYSTEM INC	C	14,873,000	286,849,000	100 000 %	Yes	
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 %	Yes	
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 %	Yes	
PROMEDICA RETAIL GROUP INC 3890 MONROE ST TOLEDO, OH 43606 34-1159928	FLORIST	OH	PROMEDICA PHYSICIANS AND CONTINUUM SERVICES	C	29,726	1,690,747	100 000 %	Yes	
HERRICK MEMORIAL OFFICE PLAZA CONDOMINIUM ASSOCIATION 818 RIVERSIDE AVE ADRIAN, MI 49221 38-3639616	FACILITY MANAGEMENT	MI	HERRICK MEMORIAL DEVELOPMENT CORP	C	26	51,070	71 800 %	Yes	

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
PROMEDICA CONTINUING CARE SERVICES CORPORATION	B	5,725,000	FMV
PROMEDICA HEALTH SYSTEM INC	B	24,625,000	FMV
PROMEDICA FOUNDATION	B	987,212	FMV
PROMEDICA PHYSICIAN GROUP	B	23,375,000	FMV
ACADEMIC HEALTH CENTER CORPORATION	C	977,879	FMV
PROMEDICA FOUNDATION	C	3,524,466	FMV
FOSTORIA HOSPITAL ASSOCIATION	G	63,988	NBV
PROMEDICA PHYSICIAN GROUP	G	201,196	NBV
FLOWER HOSPITAL	J	105,759	FMV
PROMEDICA CONTINUING CARE SERVICES CORPORATION	J	401,622	FMV
PROMEDICA HEALTH SYSTEM INC	J	1,826,388	FMV
PROMEDICA PHYSICIANS AND CONTINUUM SERVICES	J	475,099	FMV
PROMEDICA PHYSICIAN GROUP	J	4,026,382	FMV
REYNOLDS ROAD SURGICAL CENTER LLC	J	157,500	FMV
BAY PARK COMMUNITY HOSPITAL	O	50,370	FMV
FLOWER HOSPITAL	O	255,632	FMV
ST LUKE'S HOSPITAL	O	201,400	FMV
PROMEDICA CONTINUING CARE SERVICES CORPORATION	O	112,320	FMV
PROMEDICA PHYSICIAN GROUP	O	356,271	FMV
HERRICK MEMORIAL HOSPITAL INC	P	66,914	FMV
FLOWER HOSPITAL	P	365,842	FMV
ST LUKE'S HOSPITAL	P	94,073	FMV
PROMEDICA CONTINUING CARE SERVICES CORPORATION	P	86,099	FMV
PROMEDICA COURIER SERVICES INC	P	2,148,419	FMV
PROMEDICA HEALTH SYSTEM INC	P	94,847,819	FMV

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
PROMEDICA PHYSICIANS AND CONTINUUM SERVICES	P	444,471	FMV
PROMEDICA PHYSICIAN GROUP	P	68,773,783	FMV
PROMEDICA INSURANCE CORP INC & SUBSIDIARIES	P	3,194,887	FMV
FOSTORIA HOSPITAL ASSOCIATION	P	60,747	FMV
DEFIANCE HOSPITAL INC	Q	534,717	FMV
FOSTORIA HOSPITAL ASSOCIATION	Q	382,732	FMV
BAY PARK COMMUNITY HOSPITAL	Q	1,891,689	FMV
EMMA L BIXBY MEDICAL CENTER	Q	1,075,700	FMV
HERRICK MEMORIAL HOSPITAL INC	Q	270,778	FMV
FLOWER HOSPITAL	Q	3,646,276	FMV
ST LUKE'S HOSPITAL	Q	1,120,633	FMV
PROMEDICA HEALTH SYSTEM INC	Q	11,813,022	FMV
PROMEDICA PHYSICIANS AND CONTINUUM SERVICES	Q	133,946	FMV
PROMEDICA PHYSICIAN GROUP	Q	1,207,785	FMV
REYNOLDS ROAD SURGICAL CENTER LLC	Q	184,138	FMV
PROMEDICA INSURANCE CORP INC & SUBSIDIARIES	Q	128,440	FMV

ProMedica Healthcare Obligated Group

Combined Financial Statements as of and for the Years Ended December 31, 2013 and 2012, Combined Supplemental Schedules as of and for the Year Ended December 31, 2013, and Independent Auditors' Report

PROMEDICA HEALTHCARE OBLIGATED GROUP

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INDEPENDENT AUDITORS' REPORT

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

We have audited the accompanying combined financial statements of ProMedica Healthcare Obligated Group companies (the "Obligated Group"), which comprise the combined balance sheets as of December 31, 2013 and 2012, and the related combined statements of operations, changes in net assets, and cash flows for the years then ended and the related notes to the combined financial statements.

Management's Responsibility for the Combined Financial Statements

Management is responsible for the preparation and fair presentation of these combined financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of combined financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these combined 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 combined financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the combined financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the combined financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Obligated Group's preparation and fair presentation of the combined financial statements in order to design 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. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the combined financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the combined financial statements referred to above present fairly, in all material respects, the financial position of the Obligated Group as of December 31, 2013 and 2012, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Combined Supplemental Schedules

Our audits were conducted for the purpose of forming an opinion on the combined financial statements as a whole. The additional combined supplemental schedules on pages 43–46 are 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. These combined supplemental schedules are the responsibility of the Obligated Group's management and were derived from and relate directly to the underlying accounting and other records used to prepare the combined financial statements. Such schedules have 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, 2014

PROMEDICA HEALTHCARE OBLIGATED GROUP

COMBINED BALANCE SHEETS
AS OF DECEMBER 31, 2013 AND 2012
(In thousands)

ASSETS	2013	2012
CURRENT ASSETS:		
Cash and cash equivalents	$ 78,119	$ 39,092
Marketable securities	38,753	48,189
Assets limited as to use or restricted	13	70
Accounts receivable — net of estimated uncollectible accounts of $248,125 and $198,001 in 2013 and 2012, respectively	213,817	201,933
Intercompany accounts receivable	21,908	28,396
Estimated third-party payor receivable	6,391	5,830
Supplies	22,193	21,040
Other current assets	13,575	30,472
Total current assets	394,769	375,022
NONCURRENT ASSETS LIMITED AS TO USE OR RESTRICTED — Net of amount required to meet current obligations:		
Restricted funds	307,694	263,610
Bond indenture agreement funds	13,752	107,144
Internally designated for capital acquisition	1,321,777	1,127,363
Other segregated investments	16,565	15,658
Total noncurrent assets limited as to use or restricted	1,659,788	1,513,775
PROPERTY AND EQUIPMENT — Net	695,769	666,705
OTHER ASSETS:		
Deferred bond issuance costs — net of accumulated amortization of $1,683 and $1,293 in 2013 and 2012, respectively	4,881	5,271
Goodwill	16,446	16,396
Intangible assets and other	896	889
Investments in affiliated companies	6,929	6,350
Total other assets	29,152	28,906
TOTAL	$2,779,478	$2,584,408

(Continued)

PROMEDICA HEALTHCARE OBLIGATED GROUP

COMBINED BALANCE SHEETS
AS OF DECEMBER 31, 2013 AND 2012
(In thousands)

LIABILITIES AND NET ASSETS	2013	2012
CURRENT LIABILITIES:		
Contractual current installments of long-term debt	$ 12,072	$ 13,265
Contingent current installments of long-term debt	95,972	101,050
Accounts payable and accrued expenses	71,575	75,297
Intercompany accounts payable	69,465	34,487
Accrued compensation and benefits	53,284	55,102
Estimated third-party payor settlements	50,073	51,860
Accrued professional liability and workers' compensation	341	389
Accrued postretirement plans	312	1,029
Other current liabilities	72	70
Total current liabilities	353,166	332,549
OTHER LIABILITIES:		
Accrued professional liability and workers' compensation — less current portion	5,547	7,295
Deferred compensation	9,885	9,091
Pension	23,207	58,464
Accrued postretirement plans — less current portion	2,524	15,307
Other	22,756	33,176
Total other liabilities	63,919	123,333
LONG-TERM DEBT — Less current installments	429,734	437,374
NET ASSETS:		
Unrestricted:		
Controlling interest	1,620,743	1,423,327
Noncontrolling interest	4,222	4,215
Total unrestricted	1,624,965	1,427,542
Temporarily restricted	271,057	230,029
Permanently restricted	36,637	33,581
Total net assets	1,932,659	1,691,152
TOTAL	$2,779,478	$2,584,408

See notes to combined financial statements. (Concluded)

PROMEDICA HEALTHCARE OBLIGATED GROUP

COMBINED STATEMENTS OF OPERATIONS
FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012
(In thousands)

	2013	2012
UNRESTRICTED REVENUES, GAINS, AND OTHER SUPPORT:		
Patient service revenue — net of contractual and other allowances	$ 1,478,143	$ 1,449,278
Provision for bad debts	(95,620)	(83,390)
Net patient service revenue, less provision for bad debts	1,382,523	1,365,888
Net assets released for use in operations	7,625	7,161
Other	44,876	44,925
Total unrestricted revenues, gains, and other support	1,435,024	1,417,974
EXPENSES:		
Salaries, wages, and employee benefits	557,037	547,967
Food and drugs	108,693	110,779
Contracted fees	129,770	118,345
Supplies	180,905	173,453
Insurance	12,525	15,959
Utilities	15,433	15,484
Depreciation and amortization	69,849	69,616
Interest	22,010	23,270
Other	296,027	260,709
Total expenses	1,392,249	1,335,582
OPERATING INCOME	42,775	82,392
OTHER INCOME:		
Investment income	184,380	114,542
Income tax benefit (expense)	5	(6)
Other	1,800	4,642
Total other income — net	186,185	119,178
EXCESS OF REVENUES OVER EXPENSES	228,960	201,570
NET ASSETS RELEASED FROM RESTRICTIONS FOR FIXED ASSETS	2,263	4,555
TRANSFERS TO AFFILIATED ENTITIES	(56,034)	(66,521)
NONCONTROLLING INTEREST IN ACQUISITIONS	(91)	
DISTRIBUTIONS TO NONCONTROLLING INTERESTS	(682)	(1,029)
PENSION AND OTHER POSTRETIREMENT ADJUSTMENTS	23,007	(9,104)
INCREASE IN UNRESTRICTED NET ASSETS	$ 197,423	$ 129,471

See notes to combined financial statements.

PROMEDICA HEALTHCARE OBLIGATED GROUP

COMBINED STATEMENTS OF CHANGES IN NET ASSETS
FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012
(In thousands)

	Controlling Interest Unrestricted	Noncontrolling Interest Unrestricted	Total Unrestricted	Temporarily Restricted	Permanently Restricted	Total
NET ASSETS — December 31, 2011	$1,293,669	$ 4,402	$1,298,071	$205,104	$31,948	$1,535,123
Excess of revenues over expenses	200,728	842	201,570			201,570
Investment income				35		35
Beneficial interest in foundation				24,887	1,633	26,520
Restricted contributions				1,723		1,723
Distributions to noncontrolling interests		(1,029)	(1,029)			(1,029)
Net assets released from restrictions, net	4,555		4,555	(2,783)		1,772
Transfers to affiliated entities, net	(66,521)		(66,521)	1,063		(65,458)
Pension and other postretirement adjustments	(9,104)		(9,104)			(9,104)
Increase (decrease) in net assets	129,658	(187)	129,471	24,925	1,633	156,029
NET ASSETS — December 31, 2012	1,423,327	4,215	1,427,542	230,029	33,581	1,691,152
Excess of revenues over expenses	228,180	780	228,960			228,960
Investment loss				(17)		(17)
Beneficial interest in foundation				40,627	3,056	43,683
Restricted contributions				2,575		2,575
Distributions to noncontrolling interests		(682)	(682)			(682)
Noncontrolling interests in acquisitions		(91)	(91)			(91)
Net assets released from restrictions, net	2,263		2,263	(3,198)		(935)
Transfers to affiliated entities, net	(56,034)		(56,034)	1,041		(54,993)
Pension and other postretirement adjustments	23,007		23,007			23,007
Increase in net assets	197,416	7	197,423	41,028	3,056	241,507
NET ASSETS — December 31, 2013	$1,620,743	$ 4,222	$1,624,965	$271,057	$36,637	$1,932,659

See notes to combined financial statements

PROMEDICA HEALTHCARE OBLIGATED GROUP

COMBINED STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012
(In thousands)

	2013	2012
CASH FLOWS FROM OPERATING ACTIVITIES:		
Increase in net assets	$ 241,507	$ 156,029
Adjustments to reconcile increase (decrease) in net assets to net cash provided by operating activities:		
Depreciation and amortization	69,849	68,926
Loss on sale of equipment	402	970
Provision for bad debts	95,620	83,390
Transfers to affiliated companies	54,993	65,458
Investment income	(184,380)	(114,542)
Distributions from joint ventures	1,972	1,383
Distributions to noncontrolling interests	682	1,029
Beneficial interest in foundation	(43,683)	(26,520)
Restricted contributions and other	(2,575)	(1,723)
Noncontrolling interest in acquisitions	91	
(Increase) decrease — net of effect of business combinations and transfers to affiliated companies, in:		
Accounts receivable, intercompany accounts receivable and estimated third-party payor receivable	(108,065)	(72,642)
Supplies and other current assets	22,235	(28,642)
Other assets	(2,485)	(4,177)
Increase (decrease) — net of effect of business combinations and transfers to affiliated companies, in:		
Accounts payable, intercompany accounts payable and accrued liabilities	27,036	11,842
Estimated third-party payor settlements	(1,787)	(15,948)
Pension and other postretirement plans	(48,755)	37
Other liabilities	(1,212)	(179)
Net cash provided by operating activities	121,445	124,691
CASH FLOWS FROM INVESTING ACTIVITIES:		
Acquisition of property and equipment	(97,125)	(75,859)
Proceeds from sale of equipment	686	1,217
Contributions to joint ventures	(162)	(100)
Payment for business combinations — net of cash acquired	(91)	(6,601)
Purchases of investments	(1,470,247)	(1,563,045)
Proceeds from sales of investments	1,552,991	1,581,804
(Decrease) increase in total assets limited as to use or restricted	(1,409)	590
Net cash used in investing activities	(15,357)	(61,994)

(Continued)

PROMEDICA HEALTHCARE OBLIGATED GROUP

COMBINED STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012
(In thousands)

	2013	2012
CASH FLOWS FROM FINANCING ACTIVITIES:		
Proceeds from long-term debt	$ -	$ 8,201
Repayment of long-term debt	(13,911)	(11,492)
Transfers to affiliated companies	(54,993)	(65,458)
Distributions to noncontrolling interests	(682)	(1,029)
Contingent consideration payments	(50)	(30)
Restricted contributions and other	2,575	1,723
Net cash used in financing activities	(67,061)	(68,085)
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	39,027	(5,388)
CASH AND CASH EQUIVALENTS — Beginning of year	39,092	44,480
CASH AND CASH EQUIVALENTS — End of year	$ 78,119	$ 39,092
SUPPLEMENTAL DISCLOSURES OF CASH FLOW INFORMATION:		
Cash paid for interest — net of amount capitalized	$ 22,094	$ 22,991
Acquisition of property through accounts payable	$ 1,455	$ 3,615

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 and Wildwood Orthopaedic and Spine 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 in Sylvania, Ohio. 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 in Fostoria, Ohio. 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 in Defiance, Ohio. 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.

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.

St. Luke's Hospital ("St. Luke's"), an Ohio not-for-profit corporation, operates 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 (see Note 20).

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' 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, ProMedica Insurance Corporation (PIC), ProMedica Indemnity Corporation ("Indemnity"), Academic Health Center Corporation, 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, LHA Physician Services Corporation, Herrick Memorial Development Corporation, Herrick Memorial Office Plaza Condominium Association, Bixby Medical Office, LP, Wolf Creek Associates, LLC, and Kaitlyn's Cottage, Inc.

The net assets associated with the combined non-obligated group members indicated above were $319,022,000 and $274,942,000 at December 31, 2013 and 2012, 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 controlled subsidiaries. Investments in entities not controlled by the Obligated Group, are reflected in the accompanying combined financial statements on the equity method 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 intercompany transactions have been eliminated in the combined financial statements.

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, 2013, the Obligated Group maintained investments in unconsolidated affiliates with ownership interests ranging from 25% to 60%.

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, 2013 and 2012, are as follows (in thousands):

	2013	2012
Total assets	$21,766	$20,470
Total liabilities	2,935	3,315
Net assets	18,831	17,155
Revenue — net	25,136	33,903
Equity earnings included in other income	5,336	10,687

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 are classified as marketable securities. Included in marketable securities as of December 31, 2013 and 2012, are the following (in thousands):

	2013	2012
Cash and cash equivalents	$11,708	$ 4,533
Fixed-income securities	27,045	43,656
Total	$38,753	$48,189

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 converts $62,500,000 of the Series 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, which are not designated as hedges, with outstanding notional amounts of approximately $6,550,000 and $7,865,000 as of December 31, 2013 and 2012, 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 fixed-rate debt. 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 (.05% and 0.11% as of December 31, 2013 and 2012, respectively).

	Amount of Unrealized Gain Recognized on Derivatives	
	2013	2012
$62,500,000 2008A interest rate swap maturing on November 15, 2034	$ 9,800	$ 2,654
$6,550,000 interest rate swaps maturing on January 1, 2019 and 2014	409	313
Total amount recognized in investment income	$ 10,209	$ 2,967

	Fair Value of Derivatives Included in Other Long-Term Liabilities	
	2013	2012
$62,500,000 2008A interest rate swap maturing on November 15, 2034	$ 7,733	$ 17,533
$6,550,000 interest rate swaps maturing on January 1, 2019 and 2014	845	1,253
Total	$ 8,578	$ 18,786

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

Fair Value of Financial Instruments — The Obligated Group follows the provisions of Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*. This guidance defines fair value, establishes a framework for measuring fair value, and expands disclosures about fair value measurements. The fair value hierarchy is as follows:

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

Level 2 — Other observable inputs, either directly or indirectly, including:

- Quoted prices for similar assets in active markets
- Quoted prices for identical or similar assets in nonactive markets (few transactions, limited information, noncurrent prices, high variability over time, etc.)
- Inputs other than quoted prices that are observable for the asset (interest rates, yield curves, volatilities, default rates, etc.)
- Inputs that are derived principally from or corroborated by other observable market data

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

Fair values of trading securities are based on quoted market prices, where available. The Obligated Group obtains pricing for each security from investment managers and custodian or a third-party pricing service (the "pricing service"), which generally uses Level 1 or Level 2 inputs for the determination of fair value in accordance with the fair value hierarchy. Security prices are normally derived through recently reported trades for identical or similar securities, making adjustments through the reporting date based upon available observable market information. For securities not actively traded, the pricing service may use quoted market prices of comparable instruments or discount cash flow analysis, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include, but are not limited to, nonbinding broker quotes, benchmark-yields, credit spread, default rates, and prepayments spreads. As the Obligated Group is responsible for the determination of fair value, it performs analyses on the prices received from the pricing service relative to the prices expected by the investment managers to determine whether the prices are reasonable estimates of fair value. As a result of these reviews, the Obligated Group has not adjusted the prices obtained from the pricing service.

In instances in which the inputs used to measure fair value fall into different levels of the fair value hierarchy, the fair value measurement has been determined based on the lowest level input that is significant to the fair value measurement in its entirety. The Obligated Group's assessment of the significance of a particular item to the fair value measurement in its entirety requires judgment, including consideration of inputs specific to the asset.

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 restricted so that 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, self-pay patients, and other group insurance programs. Excluding governmental programs and PIC, no one payor source represents more than 10% of the Obligated Group's patient accounts receivable.

The mix of net receivables from patients and third-party payors as of December 31, 2013 and 2012, is as follows:

	2013	2012
Commercial and other payors	46 %	51 %
Self-pay	22	19
Medicare	15	14
ProMedica Insurance Corporation	11	11
Medicaid	6	5
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 combined 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 seven 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 and Provision for Bad Debts — Net patient service revenue, net of contractual and other allowances, 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.

The Obligated Group recognizes patient service revenue associated with services provided to patients who have third-party coverage on the basis of contractual rates for the services rendered and estimated collectibility of deductibles and co-insurance. For uninsured patients that meet certain financial criteria,

standard financial assistance discounts are recorded. For uninsured patients that do not qualify for financial assistance, the Obligated Group recognizes revenue on the basis of discounted rates for services provided. Based on historical experience, trends in health care coverage, and other collection indicators, a significant portion of the Obligated Group's uninsured patients will be unable or unwilling to pay for the services provided. As a result, the Obligated Group records a significant provision for uncollectible accounts related to uninsured patients in the period services are provided. The provision for bad debts is presented on the combined statements of operations as a component of net patient service revenue.

Patient service revenue, net of contractual allowances and discounts, (before the provision for bad debts), by major payor source, for the years ended December 31, 2013 and 2012, is as follows (in thousands):

	2013	2012
Commercial and other payors	$ 799,410	$ 820,182
Medicare	331,371	302,073
ProMedica Insurance Corporation	217,641	206,718
Medicaid	62,062	60,155
Self-pay	67,659	60,150
Total	$1,478,143	$1,449,278

Allowance for Estimated Uncollectible Accounts — The Obligated Group maintains an allowance for estimated uncollectible accounts based on the expected collectibility 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 collectibility of accounts receivable based on historical and current collection experience, as well as current payor mix and accounts receivable aging trends to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews payor data in evaluating the sufficiency of the allowance for estimated uncollectible accounts.

For receivables related to services provided to patients insured under third-party payor agreements, the Obligated Group analyzes contractually due amounts and provides an allowance for estimated uncollectible accounts and a provision for bad debts, if necessary, for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors where realization of the amounts due is unlikely.

For self-pay patient receivables, including patients without insurance, the Obligated Group records a significant provision for bad debts in the period of service on the basis of historical collection experience, indicating whether patients are unable or unwilling to pay the amounts for which they are financially responsible. The difference between the standard rates, or discounted rates, if applicable, and the amounts actually collected after all reasonable collection efforts have been exhausted is charged against the allowance for estimated uncollectible accounts.

The Obligated Group's estimate for uncollectible accounts is substantially all related to self-pay patient receivables and amounted to $248,125,000 and $198,001,000, as of December 31, 2013 and 2012, respectively. The increase in the allowance for estimated uncollectible accounts is primarily due to a 25% increase in self-pay accounts receivable, which is directly related to slower collection trends for self-pay patient accounts.

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

Use of Estimates — The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires management of the Obligated Group to make assumptions, estimates and judgments that affect the amounts reported in the combined financial statements, including the notes thereto, and related disclosures of commitments and contingencies, if any. The Obligated Group considers critical accounting policies to be those that require more significant judgments and estimates in the preparation of its combined financial statements, including, but not limited to, the following: recognition of net patient service revenue, which includes contractual allowances; provisions for bad debts and charity care; recorded values of investments and goodwill; reserves for losses and expenses related to health care professional and general liability; and risks and assumptions for measurement of pension and retiree medical liabilities. Management relies on historical experience and other assumptions believed to be reasonable in making its judgments and estimates. Actual results could differ materially 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 2013 and 2012, such changes in estimates increased patient service revenue, net of contractual and other allowances, by approximately $9,199,000 and $10,964,000, respectively.

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 $4,098,000 and $3,953,000 in 2013 and 2012, 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 2.50% and 2.00% for 2013 and 2012, respectively. At December 31, 2013 and 2012, the Obligated Group recorded a liability of $4,632,000 and $5,073,000, respectively. Payments made under the program were approximately $456,000 and $401,000 for the years ended December 31, 2013 and 2012, 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; pension and other postretirement adjustments; permanent transfers of assets to and from affiliates for other than goods and services; 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 changes in noncontrolling interests of consolidated subsidiaries.

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 entity, 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 also reported as net assets released from restrictions. Permanently restricted net assets have been restricted by donors to be maintained by the Obligated Group in perpetuity.

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 2013 and 2012, charges forgone, based on established rates, approximated $142,271,000 and $125,284,000, respectively. The cost of charity care was approximately $28,242,000 and $24,253,000 for 2013 and 2012, 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's health programs such as free or low-cost mammograms; public community symposiums led by the Obligated Group's President and Chief Executive Officer; and multiple health promotion and wellness programs, such as lectures at local senior centers, free public health screenings, and various community advocacy projects that support organizations providing basic needs of food, clothing and shelter to the community members. The Obligated Group also subsidizes necessary health services, including trauma services, Neonatal Intensive Care, Arthritis Care Center, Child Advocacy Center, Cystic Fibrosis Center, Autism Center and diabetes treatment and support services.

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.

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.

Certain entities within the Obligated Group have also entered into payment agreements with certain commercial insurance carriers, HMO's, 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 with dates ranging from 2009 to 2013 for the Medicare program and with dates ranging from 2006 to 2010 for the Medicaid program. Cost reports for the Blue Cross Blue Shield program (Michigan providers only) have been finalized with dates ranging from 2011 to 2012. Provisions for estimated reimbursement adjustments have been made in the accompanying combined financial statements.

Obligated Group hospitals all participate in various state supplemental payment programs designed to assist hospitals that have a disproportionate amount of uncompensated care. Ohio hospitals (Toledo, Defiance, Fostoria, Bay Park, Flower, and St. Luke's) participate in the Hospital Care Assurance and Medicaid Supplemental Payments programs. Michigan hospitals (Bixby and Herrick) participate in the Inpatient Disproportionate Share Hospital Payment and Quality Assurance Assessment programs. During 2013 and 2012, the Obligated Group received distributions, net of assessments, of approximately $29,894,000 and $28,692,000, respectively. The Ohio hospitals are subject to a franchise fee used to fund the Medicaid Supplemental Payments program. Amounts received under these programs are recorded as revenue when received.

5. ASSETS LIMITED AS TO USE OR RESTRICTED

As of December 31, 2013 and 2012, beneficial interest in the hospitals' supporting foundations and other subsidiaries of the Obligated Group members, assets held by trustees under indenture agreements, and assets set aside by the Board of Trustees for future capital improvements and other designated purposes consisted of the following (in thousands):

	2013	2012
Cash and cash equivalents	$ 10,015	$ 37,936
Equity securities	864,500	667,474
Fixed-income securities	468,134	534,806
Beneficial interest in foundations	306,254	262,574
Real estate	10,356	10,504
Other	542	551
Total	$1,659,801	$1,513,845

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, 2013 and 2012, consisted of the following (in thousands):

	2013	2012
Land and improvements	$ 123,136	$ 118,416
Buildings and improvements	984,920	955,221
Equipment	500,221	493,387
Construction in progress	43,146	19,838
Total	1,651,423	1,586,862
Less accumulated depreciation and amortization	955,654	920,157
Property and equipment — net	$ 695,769	$ 666,705

Equipment includes assets recorded under capital leases of $1,183,000 and $1,306,000 with accumulated amortization for such assets of $1,183,000 and $1,188,000 as of December 31, 2013 and 2012, respectively. The associated charges to income are recorded in depreciation and amortization expense.

Property and equipment also include capitalized internal-use software with net book value of approximately $3,461,000 and $3,365,000 as of December 31, 2013 and 2012, respectively.

As of December 31, 2013 and 2012, construction contracts of $53,668,000 and $33,439,000, respectively, exist for the construction and remodeling of Obligated Group facilities. As of December 31, 2013 and 2012, the remaining commitment on these contracts totals approximately $28,770,000 and $23,479,000, respectively.

7. GOODWILL AND INTANGIBLE ASSETS

Intangibles as of December 31, 2013 and 2012, consisted of the following (in thousands):

	Average Life (Years)	2013 Gross Carrying Amount	2013 Accumulated Amortization	2012 Gross Carrying Amount	2012 Accumulated Amortization
Amortized intangible assets — other	7	$ 626	$ (113)	$ 636	$ (32)
Total		$ 626	$ (113)	$ 636	$ (32)

	2013	2012
Carrying amount of intangible assets not subject to amortization:		
Goodwill	$ 16,446	$ 16,396
Other	269	269
Total	$ 16,715	$ 16,665

Aggregate amortization expense for the years ended December 31, 2013 and 2012, was $91,000 and $26,000, respectively.

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

Years Ending December 31	
2014	$ 91
2015	91
2016	88
2017	88
2018	88
Thereafter	67
Total	$ 513

8. DEBT

Long-term debt as of December 31, 2013 and 2012, consisted of the following (in thousands):

	2013	2012
Hospital Revenue Bonds — Series 2011A, interest at 3.0% to 6.5% payable semiannually	$180,129	$180,113
Hospital Refunding Revenue Bonds — Series 2011B, interest at 3.25% to 6.0% payable semiannually	16,994	16,984
Hospital Revenue Refunding Bonds — Series 2011C, based on 30-day London Interbank Offered Rate (LIBOR) index, interest payable monthly (.70% as of December 31, 2013)	24,295	27,615
Hospital Refunding Revenue Bonds — Series 2011D, interest at 3.0% to 5.25% payable semiannually	140,625	142,034
Hospital Refunding Revenue Bonds — Series 2011E, interest at 3.0% to 4.63% payable semiannually	8,967	9,412
Hospital Revenue Bonds — Series 2008A, based on 30-day LIBOR Index, interest payable monthly (.63% as of December 31, 2013)	62,500	62,500
Hospital Revenue Bonds — Series 2008D, interest at 5.25% to 5.29% payable semiannually	51,526	51,471
Hospital Refunding Revenue Bonds — Series 2005B, interest payable at 4.75% to 5.0% semianually	33,036	36,664
Hospital Revenue Refunding Bonds — Series 2004, interest at 4.125% payable semianually	1,817	3,578
Adjustable Rate Taxable Notes — Series 2000, based on the 30-day LIBOR index and payable monthly (.17% as of December 31, 2013)	2,480	2,805
Adjustable Rate Taxable Securities — Series 1998, interest at the rate established weekly based on the 30-day commercial paper index and payable monthly (.37% as of December 31, 2013)	6,665	7,865
Adjustable Rate Loan — based on the 30-day LIBOR index and payable monthly (.92% as of December 31, 2013)	7,705	8,135
Capital lease obligations	5	107
Other	1,034	2,406
Total	537,778	551,689
Less contractual current portion of long-term debt	12,072	13,265
Less contingent current portion of long-term debt	95,972	101,050
Total	$429,734	$437,374

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, 2008D, 2011A, 2011C, and 2011D 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 Refunding Revenue Bonds — 2011B Series and Hospital Refunding Revenue Bonds — 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' gross revenue. The Indenture requires compliance with certain covenants each year by the Obligated Group. 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 its 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 — Series 2011A, with outstanding principal of $180,129,000 at December 31, 2013, consists 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, 2013 and 2012, include unamortized bond discount of approximately $1,281,000 and $1,297,000, respectively. In February 2011, the Obligated Group issued $181,410,000 in fixed rate bonds through Lucas County. A portion of the proceeds from the 2011A Bonds was used to extinguish Series 2008B variable rate demand bonds with the remainder used to finance the cost of acquiring, constructing, renovating, and equipping certain health care facilities of the Obligated Group located in Ohio.

Hospital Refunding Revenue Bonds — Series 2011B, with outstanding principal of $16,994,000 at December 31, 2013, consists 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, 2013 and 2012, include unamortized bond discount of approximately $451,000 and $461,000, respectively. In February 2011, the Obligated Group issued $17,445,000 in fixed-rate bonds 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.

Hospital Revenue Refunding Bonds — Series 2011C, with outstanding principal of $24,295,000 at December 31, 2013, consists of principal payments totaling the outstanding par in increasing amounts over the term of the loan ranging from $3,550,000 due November 15, 2014, to $4,615,000 due November 15, 2019. The contractual current portion of the Series 2011C bonds is classified as such at December 31, 2013, in the amount of $3,550,000. The remaining $20,745,000 is classified in the contingent current portion of long-term debt based on certain subjective acceleration definitions within the agreement. 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.

Hospital Refunding Revenue Bonds — Series 2011D, with outstanding principal of $140,625,000 at December 31, 2013, consists of $134,255,000 in serial bonds, which mature in varying amounts from $915,000 on November 15, 2014, to $880,000 in 2030. Balances reported at December 31, 2013 and 2012, include unamortized bond premium of approximately $6,370,000 and $6,889,000, respectively. In December 2011, the Obligated Group issued $135,145,000 in fixed-rate bonds 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.

Hospital Refunding Revenue Bonds — Series 2011E, with outstanding principal of $8,967,000 at December 31, 2013, consists of $5,420,000 in outstanding serial bonds, which mature in increasing amounts from $470,000 on November 15, 2014, to $625,000 on November 15, 2023, and $3,575,000 term bonds due November 15. 2028. Balances reported at December 31, 2013 and 2012, include unamortized bond discount of approximately $28,000 and $43,000, respectively. In December 2011, the Obligated Group issued $9,455,000 in fixed-rate bonds 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.

Hospital Revenue Bonds — Series 2008A, with outstanding principal of $62,500,000 at December 31, 2013, consists of variable rate demand bonds 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 classified as contingent current at December 31, 2013 and 2012, based on certain subjective acceleration

definitions within the agreement and in accordance with the provisions of FASB ASC Topic 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 2008D, with outstanding principal of $51,526,000 at December 31, 2013, consists 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, 2013 and 2012, include an unamortized bond discount of approximately $1,474,000 and $1,529,000, 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 health care facilities of the Obligated Group located in Ohio.

Hospital Refunding Revenue Bonds — Series 2005B, with an outstanding principal of $33,036,000 at December 31, 2013, consists of $15,050,000 outstanding serial bonds, which mature in increasing amounts from $3,535,000 on November 15, 2014, 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, 2013 and 2012, include unamortized bond premium of approximately $426,000 and $689,000, respectively. The proceeds from the bonds were used to refund the Hospital Improvement and Refunding Revenue Bonds — 1993 Series.

Hospital Revenue Refunding Bonds — Series 2004, with an outstanding principal of $1,817,000 at December 31, 2013, consists of $1,790,000 of fixed-rate bonds due December 1, 2014. Balances reported at December 31, 2013 and 2012, include unamortized bond premium of approximately $27,000 and $68,000, respectively. 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.

Adjustable Rate Taxable Notes — Series 2000 (the "Notes"), with an outstanding principal of $2,480,000 at December 31, 2013, mature in 2020, and 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 $2,511,000 at December 31, 2013. The letter of credit secures payment of the principal, plus 45 days of accrued interest. The letter of credit expires on April 16, 2014, unless terminated sooner or otherwise extended. Bonds are currently callable at par.

Adjustable Rate Taxable Securities — Series 1998, with an outstanding principal amount of $6,665,000 at December 31, 2013, mature on various dates between 2014 and 2019, were issued to finance the acquisition and construction of Wildwood Health Pavilion and Surgery Center. As a condition of the issuance of the bonds, the Obligated Group delivered to the trustee a letter of credit, in which the trustee is entitled to draw on an amount not exceeding $5,927,000 at December 31, 2013. The letter of credit secures payment of the principal, plus 45 days of accrued interest. The letter of credit expires on January 1, 2019, unless terminated sooner or otherwise extended. Bonds are currently callable at par. The contractual current portion of the Series 1998 bonds is classified as contractually current at December 31, 2013, in the amount of $1,213,000 with the remaining $5,452,000 classified in the contingent current portion of long-term debt.

Adjustable Rate Loan — 2012 loan, with an outstanding principal of $7,705,000 at December 31, 2013, maturing in 2019, was issued to finance the acquisition of real estate by the Obligated Group. The loan, secured by a mortgage on a medical office building, requires annual principal payments of $430,000 through June 2018. The remaining balance of the outstanding principal, $5,555,000, is due at maturity in June 2019. The contractual current portion of the loan is classified as contractually current at December 31, 2013, in the amount of $430,000 with the remaining $7,275,000 classified in the contingent current portion of long-term debt.

Other — Other long-term debt consists of mortgages on several facilities.

The table below indicates the future maturities on long-term debt at December 31, 2013. While presentation in the combined 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, 2013. Accordingly, if covenants are violated, debt repayments may become more accelerated than presented below.

Years Ending December 31	
2014	$ 12,072
2015	11,269
2016	11,539
2017	8,023
2018	16,771
Thereafter	478,104
Total	$ 537,778

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. 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, 2013 and 2012, is $5,334,000 and $7,127,000, 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, 2013 and 2012, 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 2014. The Parent reserves the right to make contributions that exceed ERISA funding standards.

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.

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 2013. The Obligated Group is not required to make a contribution in 2014. The Obligated Group reserves the right to make contributions that exceed ERISA funding standards. The Obligated Group also sponsors a supplemental defined benefit plan ("supplemental plan") for a small group of employees. 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.

During 2013, the Parent offered an early retirement incentive to a specific class of employees who met certain age and service requirements. The special termination benefits included one-time pension additions, severance pay, and medical benefits. As of December 31, 2013, the Parent accrued $29.0 million related to the special termination benefits, of which, $17.1 million is included in the pension plan liability and $11.9 million is included in accrued compensation and benefits in the Parent's consolidated balance sheets.

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 2013 and 2012 was approximately $7,772,000 and $11,034,000, respectively.

St. Luke's sponsors 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 2013 and 2012 was approximately $2,902,000 and $3,536,000, 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, 2013 and 2012, the assets and liabilities under these plans totaled $9,885,000 and $9,091,000, 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. During, 2013 the Obligated Group terminated the reimbursement portion of the Toledo Hospital Retiree Health Plan and recorded a gain of $18,734,000 from the termination of the related benefit obligation. Included in the gain is the reduction in the benefit obligation of $11,549,000 and the reclassification of $7,185,000 from the unrestricted net assets. The gain is included in salaries, wages and employee benefits within the combined statements of operations.

The changes in projected benefit obligations, accumulated postretirement obligations, changes in plan assets, and funded status for the System pension and postretirement plans for the years ended December 31, 2013 and 2012, are as follows (in thousands):

	Pension Plans		Postretirement Plans	
	2013	2012	2013	2012
Changes in benefit obligation:				
Benefit obligation — beginning of year	$626,888	$ 588,108	$ 16,336	$ 15,826
Service cost	17,338	16,519	160	189
Interest cost	20,747	23,327	514	612
Actuarial (gain) loss	(37,379)	25,524	(2,026)	268
Participant contributions			72	79
Special termination benefits	17,057			
Plan separation/termination			(11,549)	
Benefits paid	(28,324)	(26,590)	(671)	(638)
Benefit obligation — end of year	616,327	626,888	2,836	16,336
Changes in plan assets				
Fair value of plan assets — beginning of year	$499,735	$ 453,068	$ -	$ -
Actual return on plan assets	78,505	51,104		
Employer contributions	35,074	22,153	598	559
Participant contributions			72	79
Benefits paid	(28,324)	(26,590)	(670)	(638)
Fair value of plan assets — end of year	584,990	499,735	-	-
Funded status	(31,337)	(127,153)	(2,836)	(16,336)
Net liability recognized	$ (31,337)	$ (127,153)	$ (2,836)	$ (16,336)
Amounts recognized in the consolidated balance sheets:				
Other liabilities — current	$ (72)	$ (70)	$ -	$ -
Other liabilities — long term	(31,265)	(127,083)		
Accrued postretirement plans — current			(312)	(1,029)
Accrued postretirement plans — long term	-	-	(2,524)	(15,307)
Net liability	(31,337)	(127,153)	(2,836)	(16,336)
Amounts recognized in unrestricted net assets	100,809	187,924	(1,230)	(7,208)
Net amount recognized	$ 69,472	$ 60,771	$ (4,066)	$ (23,544)

The total net liability for pension plans recognized by the Parent as of December 31, 2013 and 2012, is $31,337,000 and $127,153,000, respectively. Of this amount, $23,279,000 and $58,534,000, respectively, relates to Obligated Group members and is included in the combined financial statements.

Amounts recognized in unrestricted net assets as of December 31, 2013 and 2012, consist of the following (in thousands):

	Pension Plans		Postretirement Plans	
	2013	2012	2013	2012
Beginning balance	$187,924	$183,050	$(7,208)	$(8,334)
Amortization of net (gain) loss recognized in net periodic benefit cost	(10,375)	(7,591)	217	257
Amortization of prior service cost recognized in net periodic benefit cost	1,008	1,046	602	602
Plan separation/termination:				
Recognition of prior service cost			87	
Recognition of net gain			7,098	
Net (gain) loss	(77,748)	11,419	(2,026)	267
Ending balance	$100,809	$187,924	$(1,230)	$(7,208)
Amount included in unrestricted net assets under FASB ASC Topic 715 consists of:				
Prior service credit	$ (10,078)	$ (11,086)	$ -	$ (689)
Net actuarial loss (gain)	110,887	199,010	(1,230)	(6,519)
Total amount recognized	$100,809	$187,924	$(1,230)	$(7,208)

As of December 31, 2013, the Parent recognized pension plan gains in unrestricted net assets of $77.7 million related to an increase in the investment return on plan assets, and, an increase in the discount rate used to determine pension benefit obligations.

Components of net periodic benefit cost for the years ended December 31, 2013 and 2012, consisted of the following (in thousands):

	Pension Plans		Postretirement Plans	
	2013	2012	2013	2012
Service cost	$ 17,338	$ 16,519	$ 160	$ 189
Interest cost	20,747	23,327	514	613
Expected return on assets	(38,136)	(36,999)		
Amortization of prior service credit	(1,008)	(1,046)	(602)	(602)
Recognized net actuarial loss (gain)	10,375	7,591	(217)	(257)
Net benefit cost (credit)	$ 9,316	$ 9,392	$(145)	$ (57)

The following are estimated amounts to be amortized from unrestricted net assets into net periodic benefit cost during 2014 (in thousands):

	Pension Plans	Postretirement Plans
Prior service credit	$ (1,008)	$ -
Net actuarial loss (gain)	6,894	(137)
Total	$ 5,886	$ (137)

	Pension Plans		Postretirement Plans	
	2013	2012	2013	2012
Benefit obligations:				
Discount rate	4.25%-4.75%	3.25%–3.75%	3.25%-3.50%	3.25 %
Rate of compensation increase	3.50	3.50	n/a	n/a
Net periodic benefit cost:				
Discount rate	3.25%-3.75%	4.00%–4.25%	3.25 %	4.00 %
Expected long-term return on plan assets	7.75	7.75	n/a	n/a
Rate of compensation increase	3.50	4.00	n/a	n/a

For 2013 and 2012, the Parent and Obligated Group assumed a long-term asset rate of return of 7.75%. In developing the expected long-term rate of return assumption, the Parent and Obligated Group evaluated input from investment advisers, 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, 2013 and 2012, the total accumulated benefit obligation for all pension and postretirement plans was $592,515,000 and $605,094,000, 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 assumed health care trend rates as follows:

	2013	2012
Health care cost trend rate	8.50 %	9.00 %
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, 2013 (in thousands):

	One-Percentage-Point Increase	One-Percentage-Point Decrease
Effect on total service cost and interest cost components	$ 9	$ (8)
Effect on postretirement benefit obligation	241	(220)

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 71% equity securities, 25% fixed income securities, and 4% to real estate investment trusts. 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 pension plan assets at December 31, 2013 and 2012, by asset category are as follows (in thousands):

	2013			
		Plan Assets Fair Value Measurements		
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	$ 23,878	$ 1,170	$ 22,708	$ -
U.S. equity securities — marketable equity securities	165,535	165,535		
International equity securities:				
International equity commingled fund	127,039		127,039	
International equity mutual fund	28,659	28,659		
Marketable international securities	53,307	53,307		
Fixed-income securities:				
U.S. Treasuries and agencies	61,811		61,811	
Corporate obligations	91,613		91,613	
Domestic fixed-income mutual funds	23,409	23,409		
International fixed-income mutual funds	9,739	9,739		
Total	$584,990	$281,819	$303,171	$ -

Asset Category	Total	2012 Plan Assets Fair Value Measurements: Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Cash and cash equivalents	$ 20,229	$ 1	$ 20,228	$ -
U.S. equity securities — marketable equity securities	163,620	163,620		
International equity securities:				
International equity commingled fund	78,915		78,915	
International equity mutual fund	25,928	25,928		
Marketable international securities	37,797	37,797		
Domestic real estate commingled fund	-			
Fixed-income securities:				
U.S. Treasuries and agencies	79,269		79,269	
Corporate obligations	67,955		67,955	
Domestic fixed-income mutual funds	18,672	18,672		
International fixed-income mutual funds	7,350	7,350		
Total	$499,735	$253,368	$246,367	$ -

Cash Flows

Expected Contributions — The Parent and Obligated Group expect to contribute $18,572,000 to its pension plans and $312,000 to its postretirement plans to pay anticipated benefit payments in 2014. The Parent and 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
2014	$ 75,128	$ 312
2015	47,253	311
2016	36,329	305
2017	41,372	296
2018	44,694	282
2019–2023	215,650	1,110

11. TEMPORARILY AND PERMANENTLY RESTRICTED NET ASSETS

As of December 31, 2013 and 2012, temporarily restricted net assets relate to the following (in thousands):

	2013	2012
Research	$ 564	$ 185
Health care services	877	854
Beneficial interest in foundations	269,616	228,990
Total	$271,057	$230,029

The Obligated Group records substantially all its endowment net assets through its beneficial interest in foundations, which is restricted for research and health care services, and includes both temporarily restricted and permanently restricted net assets. The changes in beneficial interest in foundations are a result of investment returns, contributions, and appropriations of endowment assets.

Permanently restricted net assets of $36,637,000 and $33,581,000 as of December 31, 2013 and 2012, 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; therefore, no distributions from permanently restricted net assets are permitted to maintain the endowed corpus. Certain permanently restricted net asset investments are included with the Parent's pooled investments, following the same investment policies and objectives.

Parent and Obligated Group Endowment Funds — Endowments consist of funds established for a variety of purposes, including 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. Various factors are considered in making a determination to appropriate or accumulate donor-restricted endowment funds. A diversified investment approach is employed in order to minimize risk and maximize returns, utilizing both intermediate and long-term portfolios. Asset allocation objectives for the long-term portfolio are 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 Parent and Obligated Group can appropriate each year all available earnings in accordance with donor restrictions. The endowment corpus is to be maintained in perpetuity. Certain donor-restricted endowments require 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.

Endowment net asset composition by type of fund as of December 31, 2013, is as follows (in thousands):

	Unrestricted Net Assets	Permanently Restricted Net Assets	Total
Beneficial interest in foundation	$13,672	$36,637	$50,309
Total endowment funds	$13,672	$36,637	$50,309

Endowment net asset composition by type of fund as of December 31, 2012, is as follows (in thousands):

	Unrestricted Net Assets	Permanently Restricted Net Assets	Total
Beneficial interest in foundation	$11,371	$33,581	$44,952
Total endowment funds	$11,371	$33,581	$44,952

Changes in endowment net assets for the fiscal years ended December 31, 2013 and 2012, include (in thousands):

	Unrestricted Net Assets	Permanently Restricted Net Assets	Total
Endowment net assets — December 31, 2011	$10,212	$31,948	$42,160
Change in beneficial interest in foundation	1,159	1,633	2,792
Endowment net assets — December 31, 2012	11,371	33,581	44,952
Change in beneficial interest in foundation	2,301	3,056	5,357
Endowment net assets — December 31, 2013	$13,672	$36,637	$50,309

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, 2013 and 2012, are as follows (in thousands):

	Due from (Due to)	
	2013	2012
Intercompany receivables (payables):		
ProMedica Insurance Corporation	$ (229)	$ 270
ProMedica Health System, Inc.	(56,198)	(17,906)
ProMedica Physicians & Continuum Services	4,729	5,748
ProMedica Foundation	800	2,373
St. Luke's Hospital Foundation	157	53
Academic Health Center Corporation	3	
Care Enterprises, Inc.	3,181	3,370
Herrick Memorial Development Corp.		1
Intercompany payable — net	$(47,557)	$ (6,091)

Included in accounts receivables are $25,234,000 and $23,785,000 as of December 31, 2013 and 2012, respectively, which represent patients that are insured by ProMedica Insurance Corporation.

The following represents transactions with affiliated entities for the years ended December 31, 2013 and 2012, respectively.

	Management and Administrative Fees		Net Patient Service Revenue		Specialist Expenses	
	2013	2012	2013	2012	2013	2012
Transactions with affiliated entities:						
ProMedica Insurance Corporation	$ 4,743	$ 3,792	$190,631	$195,182	$ -	$ -
ProMedica Health System, Inc.	175,053	148,835				
ProMedica Physicians & Continuum Services					76,540	57,041
Total	$179,796	$152,627	$190,631	$195,182	$76,540	$57,041

	Insurance Expense		Employee Benefits for Medical and Pharmacy Coverage		Transfers	
	2013	2012	2013	2012	2013	2012
Transactions with affiliated entities:						
ProMedica Insurance Corporation	$ -	$ -	$ 2,976	$ 9,115	$ -	$ -
ProMedica Health System, Inc.	13,786	16,528			(21,500)	(29,050)
ProMedica Physicians & Continuum Services			10,240	9,559	(31,927)	(34,359)
ProMedica Foundation					(2,607)	(3,112)
Total	$13,786	$16,528	$13,216	$18,674	$(56,034)	$(66,521)

13. INCOME TAXES

Herrick Memorial Development Corporation, Herrick Memorial Office Plaza Condominium Association, and LHA Physician Services Corporation are for-profit entities and are subject to federal income taxes. The provision for income taxes on income for the years ended December 31, 2013 and 2012, consisted of the following (in thousands):

	2013	2012
Current income tax expense	$ -	$ -
Deferred income tax (benefit) expense	(5)	6
Income tax (benefit) expense	$ (5)	$ 6

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 liability included in other liabilities as of December 31, 2013 and 2012, are as follows (in thousands):

	2013	2012
Deferred tax liability — depreciation and amortization	$ (82)	$ (87)
Deferred tax liability	$ (82)	$ (87)

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

Major Tax Jurisdictions	Open Tax Years
United States	2010–2013
Michigan	2009–2013

The Obligated Group does not have any material uncertain tax positions at December 31, 2013 and 2012.

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, 2013 and 2012, are as follows (in thousands):

	2013	2012
Health care services	$1,164,826	$1,140,131
General and administrative	227,423	195,451
Total	$1,392,249	$1,335,582

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, Intercompany Accounts Receivable, Accounts Payable and Accrued Expenses and Intercompany Accounts Payable — 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 in 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. All long-term debt is considered Level 3 as not all inputs can be corroborated by observable market data.

The carrying amounts and fair values of the financial instruments as of December 31, 2013 and 2012, are as follows (in thousands):

	2013		2012	
	Carrying Amount	Fair Value	Carrying Amount	Fair Value
Cash and cash equivalents	$ 78,119	$ 78,119	$ 39,092	$ 39,092
Accounts receivable	213,817	213,817	201,933	201,933
Intercompany accounts receivable	21,908	21,908	28,396	28,396
Accounts payable and accrued expenses	71,575	71,575	75,297	75,297
Intercompany accounts payable	69,465	69,465	34,487	34,487
Marketable securities	38,753	38,753	48,189	48,189
Assets limited as to use or restricted	1,659,801	1,659,801	1,513,845	1,513,845
Derivatives	8,578	8,578	18,786	18,786
Long-term debt	537,778	569,558	551,689	622,118

16. FAIR VALUE MEASUREMENTS

The following methods and assumptions were used to estimate the fair value of each class of financial instruments in accordance with FASB ASC Topic 820, *Fair Value Measurement*:

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.

Mutual Funds — Mutual funds are valued using the net asset value based on the value of the underlying assets owned by the funds, minus liabilities, divided by the number of shares outstanding, and multiplied by the number of shares owned.

Commingled Funds — Commingled funds are for investment by institutional investors only and, therefore do not require registration with the Securities and Exchange Commission. Commingled funds are recorded at fair value, based on the underlying investments having a readily determinable market value, or, based on net asset value, which is calculated using the most recent fund financial statements.

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, 2013 and 2012, according to the valuation techniques used by the Obligated Group:

2013	Total	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
Cash and cash equivalents	$ 45,606	$ 12,360	$ 33,246	$ -
U.S. equity securities:				
U.S. equity mutual funds	2,169	2,169		
Marketable equity securities	373,167	373,167		
International equity securities:				
International equity commingled fund	253,760		253,760	
International equity mutual funds	86,165	86,165		
Marketable international equity securities	129,905	129,905		
Fixed-income securities:				
U.S. Treasuries and agencies	189,974		189,974	
Corporate, municipal, and other governmental bonds	206,909		206,909	
Domestic fixed-income mutual funds	66,639	66,639		
International fixed-income mutual funds	25,370	25,370		
Other	2,281	2,281		
Domestic real estate — nonrecurring	10,356			10,356
Total assets limited as to use and marketable securities	$ 1,392,301	$698,056	$683,889	$ 10,356
Derivatives	$ 8,578	$ -	$ 8,578	$ -
Total liabilities	$ 8,578	$ -	$ 8,578	$ -

The following table sets forth a summary of Obligated Group plan investments with a reported net asset value per share (NAV) as of December 31, 2013 (in thousands).

	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
International equity commingled funds:				
Common trust funds	$ 178,298	$ -	Daily/monthly	0–6 days
Equity long/short hedge funds	75,462		Monthly/quarterly	60–90 days
Total	$ 253,760	$ -		

Common Trust Funds — Comprised of shares or units in commingled funds that are not publicly traded. Underlying assets in these funds primarily include publicly traded equity securities that are valued at their NAV calculated by the fund manager and have daily liquidity.

Equity Long/Short Hedge Funds — Compromised of investments in a hedge fund that invest both in long and short U.S. and international equities. Management of the hedge fund has the ability to shift investments from value to growth strategies, from small to large capitalization stocks, and from a net long position to a net short position. The fair value of investments in this class has been estimated using the NAV per share of the investments.

2012	Total	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
Cash and cash equivalents	$ 85,435	$ 45,887	$ 39,548	$ -
U.S. equity securities:				
U.S. equity mutual funds	26,080	26,080		
Marketable equity securities	337,411	337,411		
International equity securities:				
International equity commingled fund	133,435		133,435	
International equity mutual funds	51,177	51,177		
Marketable international equity securities	99,775	99,775		
Fixed-income securities:				
U.S. Treasuries and agencies	306,017		306,017	
Corporate, municipal, and other governmental bonds	161,132		161,132	
Domestic fixed-income mutual funds	62,785	62,785		
International fixed-income mutual funds	25,159	25,159		
Other	553	553		
Domestic real estate — nonrecurring	10,504	1		10,503
Total assets limited as to use and marketable securities	$ 1,299,463	$648,828	$640,132	$ 10,503
Derivatives	$ 18,786	$ -	$ 18,786	$ -
Total liabilities	$ 18,786	$ -	$ 18,786	$ -

The following table sets forth a summary of Obligated Group plan investments with a reported net asset value per share (NAV) as of December 31, 2012 (in thousands).

	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
International equity commingled funds:				
Common trust funds	$ 74,335	$ -	Daily/monthly	0–6 days
Equity long/short hedge funds	59,100		Monthly/quarterly	60–90 days
Total	$ 133,435	$ -		

The Level 3 activity for the years ended December 31, 2013 and 2012, is summarized below (in thousands):

	2013	2012
Balance — beginning of year	$ 10,503	$ 13,055
Unrealized loss on market value adjustment — recognized in investment income	(147)	(2,552)
Balance — end of year	$ 10,356	$ 10,503

17. COMMITMENTS AND CONTINGENCIES

Operating Leases — The Obligated Group leases various equipment and facilities under operating leases. Total rental expense in 2013 and 2012 for all operating leases was approximately $14,444,000 and $14,272,000, respectively.

The following is a schedule by year of future minimum lease payments under operating leases as of December 31, 2013, that have initial or remaining lease terms in excess of one year (in thousands):

Years Ending December 31	
2014	$ 9,870
2015	6,048
2016	4,702
2017	3,252
2018	1,068
Thereafter	1,928
Total	$ 26,868

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 Topic 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 2013 and 2012, changes to the asset retirement obligation are as follows (in thousands):

	2013	2012
Balance — January 1	$13,736	$12,812
Additions	175	
Accretion expense	157	1,021
Settlements	(432)	(97)
Balance — December 31	$13,636	$13,736

19. LEASING REVENUE 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 2013 to 2032. The rental revenue for the years ended December 31, 2013 and 2012, was $5,323,000 and $4,517,000, respectively. As of December 31, 2013, the aggregate future minimum base rental payments under noncancelable operating leases by year are as follows (in thousands):

Years Ending December 31	
2014	$ 4,417
2015	3,005
2016	2,774
2017	2,779
2018	2,711
Thereafter	7,791
Total	$23,477

20. BUSINESS COMBINATIONS

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.

On May 18, 2012, ProMedica submitted a petition to the Sixth Circuit Court of Appeals seeking to have the order of the FTC set aside. Both ProMedica and the FTC have filed briefs on the matter. Oral arguments occurred on March 7, 2013, and a decision was not reached at that time. A final decision is expected in 2014.

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, 2013 through April 16, 2014, the date the combined financial statements were issued, and has determined that except as set forth in Note 20, there are no subsequent events that require disclosure under FASB ASC Topic 855, *Subsequent Events*.

* * * * * *

COMBINED SUPPLEMENTAL SCHEDULES

PROMEDICA HEALTHCARE OBLIGATED GROUP

BALANCE SHEET COMBINING INFORMATION
AS OF DECEMBER 31, 2013
(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	$ 30,966	$ 8,523	$ 4,235	$ 8,397	$ 11,888	$ 2,499	$ 4,653	$ 5,954	$ (3,130)	$ 2,941	$ -	$ 76,926	$ 1,193	$ 78,119
Marketable securities	8,128	9,830	4,967	3,818	4,384	3,418	258	3,950				38,753		38,753
Assets limited as to use or restricted										13		13		13
Accounts receivable — net	114,386	28,869	7,664	10,105	9,814	5,131	1,650	5,310	5,405	23,547		211,881	1,936	213,817
Intercompany accounts receivable	8,205	537	70	161	1,528	26	(173)	36	12,181	3,498	(4,118)	21,951	(43)	21,908
Estimated third-party payor receivable	1,788	449	774	406				261		2,713		6,391		6,391
Supplies	11,380	3,807	614	1,615	1,143	337		1,015	45	1,850		21,806	387	22,193
Other current assets	5,319	1,979	146	256	283	201		688	82	4,108		13,062	513	13,575
Total current assets	180,172	53,994	18,470	24,758	29,040	11,612	6,388	17,214	14,583	38,670	(4,118)	390,783	3,986	394,769
NONCURRENT ASSETS LIMITED AS TO USE OR RESTRICTED — Net of amount required to meet current obligations														
Restricted funds	673	115	2		29	40		(37)	612	7		1,441	306,253	307,694
Bond indenture agreement funds	9,978	1	3	2,748					1,022			13,752		13,752
Internally designated for capital acquisition	438,722	412,894	176,756	47,704	57,350	48,972	3,808	62,395	451	72,725		1,321,777		1,321,777
Other segregated investments	9,926	1	(1)	1	2,274	(40)	2,086	38	30	2,250		16,565		16,565
Total noncurrent assets limited as to use or restricted	459,299	413,011	176,760	50,453	59,653	48,972	5,894	62,396	2,115	74,982	-	1,353,535	306,253	1,659,788
PROPERTY AND EQUIPMENT — Net	380,909	56,648	30,270	55,938	25,802	19,921	1,759	19,025	4,319	94,178		688,769	7,000	695,769
OTHER ASSETS														
Deferred bond issuance costs — net	3,252	318	356	521	123	128	22	80	19	62		4,881		4,881
Goodwill	11,104		283							105		11,492	4,954	16,446
Intangible assets and other	522		4					100	270			896		896
Investments in affiliated companies	4,147	413		197	1,081			(17)	454	654		6,929		6,929
Total other assets	19,025	731	643	718	1,204	128	22	163	743	821	-	24,198	4,954	29,152
TOTAL	$1,039,405	$524,384	$226,143	$131,867	$115,699	$80,633	$14,063	$98,798	$21,760	$208,651	$(4,118)	$2,457,285	$322,193	$2,779,478

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 to the combined financial statements) 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, 2013
(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														
Contractual current installments of long-term debt	$ 7,002	$ 375	$ 895	$ 1,183	$ 386	$ 72	$ -	$ 5	$ -	$ 1,790	$ -	$ 11,708	$ 364	$ 12,072
Contingent current installments of long-term debt	75,904	4,482	5,756	7,282				2,466				95,890	82	95,972
Accounts payable and accrued expenses	44,040	8,044	1,928	3,881	2,272	783	239	1,381	1,832	6,137		70,537	1,038	71,575
Intercompany accounts payable	33,863	11,049	1,439	2,534	7,221	2,321	176	1,692	2,521	10,334	(4,118)	69,032	433	69,465
Accrued compensation and benefits	26,042	7,886	1,421	1,866	3,394	1,029	320	928	2,973	7,238		53,097	187	53,284
Estimated third-party payor settlements	15,907	5,922	1,670	2,244	2,239	3,570	303	2,080	303	15,835		50,073		50,073
Accrued professional liability and workers' compensation			42				106	61		133		342	(1)	341
Accrued postretirement plans	201				46	65						312		312
Other current liabilities	72											72		72
Total current liabilities	203,031	37,758	13,151	18,990	15,558	7,840	1,144	8,613	7,629	41,467	(4,118)	351,063	2,103	353,166
OTHER LIABILITIES														
Accrued professional liabilities and workers' compensation — less current portion	3,210	988	270	96	(166)	461		159	64	465		5,547		5,547
Deferred compensation	9,885											9,885		9,885
Pension	404									22,803		23,207		23,207
Accrued postretirement plans — less current portion	1,740				326	458						2,524		2,524
Other	15,421	1,941	207	216	1,455	890	188	1,460	766	101		22,645	111	22,756
Total other liabilities	30,660	2,929	477	312	1,615	1,809	188	1,619	830	23,369	-	63,808	111	63,919
LONG-TERM DEBT — Less current installments	281,207	31,750	32,928	48,188	11,552	11,848	2,013	7,234	2,030	27		428,777	957	429,734
NET ASSETS														
Controlling interest	523,834	451,832	179,585	64,377	86,945	59,096	10,718	81,369	10,659	143,781		1,612,196	8,547	1,620,743
Noncontrolling interest													4,222	4,222
Temporarily restricted	673	115	2		29	40		(37)	612	7		1,441	269,616	271,057
Permanently restricted												-	36,637	36,637
Total net assets	524,507	451,947	179,587	64,377	86,974	59,136	10,718	81,332	11,271	143,788	-	1,613,637	319,022	1,932,659
TOTAL	$1,039,405	$524,384	$226,143	$131,867	$115,699	$80,633	$14,063	$98,798	$21,760	$208,651	$(4,118)	$2,457,285	$322,193	$2,779,478

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 to the combined financial statements) 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, 2013
(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	ProMedica Continuing Care Svcs. Corp.	St. Luke's Hospital	Eliminations	Total Obligated Group	Non-Obligated Group Combined Entities and Eliminations	Combined Obligated Group Total
UNRESTRICTED REVENUES, GAINS, AND OTHER SUPPORT														
Patient service revenue, net of contractual and other allowances	$748,901	$217,927	$58,101	$82,144	$ 84,545	$42,393	$10,711	$37,628	$41,949	$168,782	$(29,114)	$1,463,967	$14,176	$1,478,143
Provision for bad debts	(40,238)	(10,555)	(3,077)	(7,743)	(11,164)	(4,860)	(109)	(2,458)	(1,054)	(13,923)		(95,181)	(439)	(95,620)
Net patient service revenue, less provision for bad debts	708,663	207,372	55,024	74,401	73,381	37,533	10,602	35,170	40,895	154,859	(29,114)	1,368,786	13,737	1,382,523
Net assets released for use in operations	6,138	480	96	10	145	12		264	42	366		7,553	72	7,625
Other	28,202	8,886	264	2,221	2,236	383	20	2,692	114	4,831	(5,305)	44,544	332	44,876
Total unrestricted revenues, gains, and other support	743,003	216,738	55,384	76,632	75,762	37,928	10,622	38,126	41,051	160,056	(34,419)	1,420,883	14,141	1,435,024
EXPENSES														
Salaries, wages, and employee benefits	277,633	88,204	17,996	28,807	35,342	14,606	5,791	11,942	30,811	77,561	(34,419)	554,274	2,763	557,037
Food and drugs	51,280	28,759	2,760	2,887	4,580	1,304	820	5,000	2,449	8,806		108,645	48	108,693
Contracted fees	62,634	14,560	3,158	5,808	3,383	6,520	847	4,146	4,184	21,078		126,318	3,452	129,770
Supplies	109,047	16,718	3,131	8,388	7,082	3,040	316	2,522	1,106	25,990		177,340	3,565	180,905
Insurance	5,752	1,956	539	742	886	641		357	315	1,315		12,503	22	12,525
Utilities	6,651	1,958	739	884	1,316	684	201	634	387	1,761		15,215	218	15,433
Depreciation and amortization	34,632	8,310	3,363	4,200	3,971	2,430	204	1,926	1,115	9,021		69,172	677	69,849
Interest	14,609	1,267	1,612	2,210	605	718	127	544	125	89		21,906	104	22,010
Other	158,758	37,555	13,487	17,733	16,189	7,661	859	8,824	9,576	23,917		294,559	1,468	296,027
Total expenses	720,996	199,287	46,785	71,659	73,354	37,604	9,165	35,895	50,068	169,538	(34,419)	1,379,932	12,317	1,392,249
OPERATING INCOME (LOSS)	22,007	17,451	8,599	4,973	2,408	324	1,457	2,231	(9,017)	(9,482)	-	40,951	1,824	42,775
OTHER INCOME (LOSS)														
Investment income	78,018	56,903	23,640	4,131	3,935	2,199	71	7,475	23	8,968		185,363	(983)	184,380
Income tax benefit												-	5	5
Other	1,762	207	28	156	(387)	(42)		(144)	180	81		1,841	(41)	1,800
Total other income (loss) — net	79,780	57,110	23,668	4,287	3,548	2,157	71	7,331	203	9,049	-	187,204	(1,019)	186,185

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 to the combined financial statements) 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, 2013
(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	ProMedica Continuing Care Svcs. Corp.	St. Luke's Hospital	Eliminations	Total Obligated Group	Non-Obligated Group Combined Entities and Eliminations	Combined Obligated Group Total
EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES	$101 787	$ 74,561	$32,267	$ 9,260	$ 5,956	$ 2,481	$ 1,528	$ 9,562	$ (8,814)	$ (433)	$ -	$ 228,155	$ 805	$ 228,960
NET ASSETS RELEASED FROM RESTRICTIONS FOR FIXED ASSETS	614	1,103	12	13	43	71		305	54	47		2,262	1	2,263
TRANSFERS (TO) FROM AFFILIATED ENTITIES	(54,510)	(16,983)	(572)	(144)	(895)	(1,045)		(180)	9,097	8,833		(56,399)	365	(56,034)
NONCONTROLLING INTEREST IN ACQUISITIONS												-	(91)	(91)
DISTRIBUTIONS TO NONCONTROLLING INTERESTS												-	(682)	(682)
PENSION AND OTHER POSTRETIREMENT ADJUSTMENTS	(6,427)				223	226				28,985		23,007		23,007
INCREASE IN UNRESTRICTED NET ASSETS	$ 41,464	$ 58,681	$31,707	$ 9,129	$ 5,327	$ 1,733	$ 1,528	$ 9,687	$ 337	$ 37,432	$ -	$ 197,025	$ 398	$ 197,423

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 to the combined financial statements) These subsidiaries are included in the "Non-Obligated Group Combined Entities and Eliminations" column above (Concluded)