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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax	OMB No 1545-0047
	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 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990	2014 Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014			
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization PROMEDICA HEALTH SYSTEM INC		D Employer identification number 34-1517671
	Doing business as		E Telephone number (419) 891-8501
	Number and street (or P O box if mail is not delivered to street address) 1801 RICHARDS ROAD	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code TOLEDO, OH 43607		G Gross receipts \$ 333,424,612
F Name and address of principal officer ALAN M SATTLER 1801 RICHARDS ROAD TOLEDO, OH 43607		H(a) Is this a group return for subordinates? ☐ Yes ☒ No	
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527		H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list (see instructions)	
J Website: WWW.PROMEDICA.ORG		H(c) Group exemption number	
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other		L Year of formation 1986	M State of legal domicile OH

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities PROMEDICA HEALTH SYSTEM, INC IS A NOT-FOR-PROFIT, INTEGRATED HEALTHCARE DELIVERY NETWORK WHOSE MISSION IS TO IMPROVE THE HEALTH AND WELL-BEING OF OTHERS		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	29
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	1,884
	6 Total number of volunteers (estimate if necessary)	6	23
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-163,000
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	-163,000
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 31,963,182	Current Year 42,630,026
	9 Program service revenue (Part VIII, line 2g)	492,978,592	284,864,940
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-41,800	688,553
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	316,631	290,498
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	525,216,605	328,474,017
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	16,199,856
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)		121,852,089	109,439,270
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
16b Total fundraising expenses (Part IX, column (D), line 25) ☐ 0			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		81,819,321	81,420,709
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		219,871,266	229,946,564
19 Revenue less expenses Subtract line 18 from line 12		305,345,339	98,527,453
Net Assets or Fund Balances	Beginning of Current Year		End of Year
	20 Total assets (Part X, line 16)	2,336,327,449	2,472,316,602
	21 Total liabilities (Part X, line 26)	112,363,421	128,205,697
	22 Net assets or fund balances Subtract line 21 from line 20	2,223,964,028	2,344,110,905

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		2015-11-12 Date
	ALAN M SATTLER TREASURER Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name SAMANTHA BOKORI	Preparer's signature SAMANTHA BOKORI	Date
	Firm's name  DELOITTE TAX LLP	Check ☐ if self-employed PTIN P01057347 Firm's EIN  86-1065772	
	Firm's address  111 MONUMENT CIRCLE STE 4200 INDIANAPOLIS, IN 462045108	Phone no (317) 464-8600	
May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No			
For Paperwork Reduction Act Notice, see the separate instructions.		Cat No 11282Y	Form 990 (2014)

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

BASED IN TOLEDO, OHIO, PROMEDICA HEALTH SYSTEM, INC. IS A NOT-FOR-PROFIT, INTEGRATED HEALTHCARE DELIVERY NETWORK WHOSE MISSION IS TO IMPROVE THE HEALTH AND WELL-BEING OF OTHERS. IT IS GUIDED BY ITS CORE VALUES OF COMPASSION, INNOVATION, TEAMWORK, AND EXCELLENCE.

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

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 \$ 180,216,100 including grants of \$ 39,086,585) (Revenue \$ 284,956,391)

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

4b	(Code	) (Expenses \$	7,308,888	including grants of \$	) (Revenue \$	199,047)
CONSISTENT WITH OUR MISSION, PROMEDICA HEALTH SYSTEM, INC PROVIDES A SIGNIFICANT AMOUNT OF COMMUNITY BENEFIT, INCLUDING COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS, AND CASH AND IN-KIND CONTRIBUTIONS - SEE SCHEDULE O						

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

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e	Total program service expenses	187,524,988
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Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 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	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, 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 Yes	
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	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

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 domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26	Yes	
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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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	354	
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1,884
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	Yes
b If "Yes," enter the name of the foreign country PL, GR, HU, TU, JA, KS, ID, BR, CH, NI See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b Did the sponsoring 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?			
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		
	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		
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?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
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?		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		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?		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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	Yes	
b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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?		No

Section C. Disclosure

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

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, address, and telephone number of the person who possesses the organization's books and records

MARTIN DANSACK

5901 MONCLOVA RD
MAUMEE, OH 43537 (419) 891-8501

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

(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)	15,004,460	2,776,130	2,967,514

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: 141

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MCKESSON TECHNOLOGIES INC PO BOX 98347 CHICAGO, IL 606938347	SOFTWARE SUPPORT	3,482,749
MICROSOFT LICENSING GP 6100 NEIL RD RENO, NV 89511	SOFTWARE SUPPORT	2,558,713
3M HEALTH INFORMATION SYSTEMS 3M CTR BLDG 275-E-05 ST PAUL, MN 551441000	SOFTWARE SUPPORT	2,410,400
DELOITTE & TOUCHE LLP 600 RENAISSANCE STE 900 DETROIT, MI 482431895	TAX & AUDIT SERVICES	2,335,034
PHILIPS ELECTRONICS N AMERICA PO BOX 100355 ATLANTA, GA 303840355	SOFTWARE SUPPORT	2,033,382

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 ►131

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	42,506,853			
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	123,173			
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f	42,630,026			
Program Service Revenue	2a	ADMIN SUPPORT SERV	Business Code 551114	194,280,457	194,280,457	
	b	INVEST IN AFFILIATES	551114	90,261,637	90,261,637	
	c	COMMUNITY WELLNESS	900099	199,047	199,047	
	d	CPR TRAINING CENTER	900099	123,799	123,799	
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f	284,864,940			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	326,052		-163,000	489,052
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents	(i) Real	(ii) Personal		
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
			5,313,096			
	b	Less cost or other basis and sales expenses	4,950,595			
	c	Gain or (loss)	362,501			
	d	Net gain or (loss)	362,501			362,501
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a			
	b	Less direct expenses	b			
	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19	a			
	b	Less direct expenses	b			
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances	a			
	b	Less cost of goods sold	b			
	c	Net income or (loss) from sales of inventory				
	Miscellaneous Revenue		Business Code			
	11a	MEDICAL RECORDS	900099	290,498	290,498	
	b					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d	290,498			
	12	Total revenue. See Instructions	328,474,017	285,155,438	-163,000	851,553

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 domestic organizations and domestic governments See Part IV, line 21	39,062,385	39,062,385		
2	Grants and other assistance to domestic individuals See Part IV, line 22	24,200	24,200		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	11,753,395	11,753,395		
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	77,089,795	59,321,157	17,768,638	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,511,825	4,409,460	1,102,365	
9	Other employee benefits	8,886,986	7,109,589	1,777,397	
10	Payroll taxes	6,197,269	4,957,815	1,239,454	
11	Fees for services (non-employees)				
a	Management				
b	Legal	3,407,059		3,407,059	
c	Accounting	1,845,409		1,845,409	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	59,507		59,507	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	12,294,316	9,835,453	2,458,863	
12	Advertising and promotion	6,609,050	5,287,240	1,321,810	
13	Office expenses	4,540,160	3,632,128	908,032	
14	Information technology	29,284,161	23,427,329	5,856,832	
15	Royalties				
16	Occupancy	1,106,066	884,853	221,213	
17	Travel	1,558,344	1,246,675	311,669	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	17,246,789	13,797,431	3,449,358	
23	Insurance				
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	MINOR EQUIPMENT	1,305,080	1,044,064	261,016	
b	DUES & SUBSCRIPTIONS	1,048,677	838,942	209,735	
c	RECRUITMENT	352,004	281,603	70,401	
d	EQUIPMENT RENTAL	271,205	216,964	54,241	
e	All other expenses	492,882	394,305	98,577	
25	Total functional expenses. Add lines 1 through 24e	229,946,564	187,524,988	42,421,576	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)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		6,912,741	1	191,681
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4,027	4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		87,501	5	352,783
	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			8	
	9	Prepaid expenses and deferred charges		19,021,184	9	18,826,266
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a173,547,672			
	b	Less: accumulated depreciation	10b103,510,862	48,120,510	10c	70,036,810
	11	Investments—publicly traded securities		1,608,262	11	22,782,530
	12	Investments—other securities. See Part IV, line 11.		38,274,987	12	37,629,682
	13	Investments—program-related. See Part IV, line 11.			13	
	14	Intangible assets			14	450,000
	15	Other assets. See Part IV, line 11.		2,222,298,237	15	2,322,046,850
	16	Total assets. Add lines 1 through 15 (must equal line 34).		2,336,327,449	16	2,472,316,602
Liabilities	17	Accounts payable and accrued expenses		71,339,296	17	58,704,428
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			21	
	22	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			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D.		41,024,125	25	69,501,269
	26	Total liabilities. Add lines 17 through 25.		112,363,421	26	128,205,697
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		2,223,623,128	27	2,341,809,334
	28	Temporarily restricted net assets		340,900	28	2,301,571
	29	Permanently restricted net assets			29	
	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		2,223,964,028	33	2,344,110,905
	34	Total liabilities and net assets/fund balances		2,336,327,449	34	2,472,316,602

Part XI Reconciliation 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	328,474,017
2	Total expenses (must equal Part IX, column (A), line 25)	2	229,946,564
3	Revenue less expenses Subtract line 2 from line 1	3	98,527,453
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,223,964,028
5	Net unrealized gains (losses) on investments	5	1,331,074
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	20,288,350
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,344,110,905

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? 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		No
2b	Were the organization's financial statements audited by an independent accountant? 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	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
3b	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		

Additional Data

Software ID:

Software Version:

EIN: 34-1517671

Name: PROMEDICA HEALTH SYSTEM INC

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			
(1) BRUCE A BARNETT MD EX OFFICIO	1 00 40 00	X						0	464,379	26,624
(1) PAUL D BERLACHER MD TRUSTEE	1 00 40 00	X						0	693,622	18,968
(2) EMMETT T BOYLE JR MD TRUSTEE	1 00 40 00	X						0	480,218	28,699
(3) ELIZABETH C BRADY EX OFFICIO	1 00 1 00	X						0	0	0
(4) RICHARD J BRUNNER EX OFFICIO	1 00 1 00	X						0	0	0
(5) ROBERT J CHIRDON EX OFFICIO	1 00 7 00	X						0	0	0
(6) PARISS M COLEMAN II EX OFFICIO	1 00 1 00	X						0	0	0
(7) CHARLES E DANA TRUSTEE	1 00 0 00	X						0	0	0
(8) KAREN P DAVIS PHD TRUSTEE	1 00 0 00	X						0	0	0
(9) RUSSELL J EBEID TRUSTEE	1 00 0 00	X						0	0	0
(10) DANIEL W FARRELL JR EX OFFICIO	1 00 1 00	X						0	0	0
(11) THOMAS M HOUSTON MD TRUSTEE	1 00 41 00	X						0	160,190	26,549
(12) RICHARD C HYLANT TRUSTEE	1 00 0 00	X						0	0	0
(13) LLOYD A JACOBS MD TRUSTEE	1 00 0 00	X						0	0	0
(14) DOUGLAS L KAPNICK TRUSTEE	1 00 0 00	X						0	0	0
(15) MARK A KLEIN EX OFFICIO	1 00 2 00	X						0	0	0
(16) ROBERT W LACLAIR EX OFFICIO	1 00 0 00	X						0	0	0
(17) RITA N A MANSOUR EX OFFICIO	1 00 1 00	X						323	0	0
(18) SARAH A MCHUGH EX OFFICIO	1 00 1 00	X						0	0	0
(19) KENNETH A MYERS EX OFFICIO	1 00 1 00	X						0	0	0
(20) JOSEPH D NAPOLI EX OFFICIO	1 00 7 00	X						0	0	0
(21) JAMES L NORTH MD TRUSTEE	1 00 40 00	X						0	253,991	45,805
(22) LARRY C PETERSON EX OFFICIO	1 00 1 00	X						0	0	0
(23) MARNA I RAMNATH RN EX OFFICIO	1 00 0 00	X						0	0	0
(24) ANNE T RUCH MD TRUSTEE	1 00 40 00	X						0	369,428	24,434

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			
(26) KEVIN J SAUDER TRUSTEE	1 00 0 00	X						0	0	0
(1) DAVID A SNAVELY EX OFFICIO	1 00 0 00	X						0	0	0
(2) RANDALL OOSTRA PRESIDENT, EX OFFICIO	40 00 15 00	X		X				1,409,151	0	92,942
(3) STEPHEN H STAELIN CHAIRPERSON, EX OFFICIO	1 00 9 00	X		X				0	0	0
(4) JAMES M MURRAY VICE CHAIR, EX OFFICIO	1 00 0 00	X		X				0	0	0
(5) KATHLEEN S HANLEY TREASURER (THRU 5/14)	40 00 11 00			X				704,046	0	822,147
(6) ALAN M SATTLER TREASURER	40 00 13 00			X				438,639	0	68,941
(7) JEFFREY C KUHN SECRETARY	40 00 10 50			X				532,963	0	69,020
(8) GARY AKENBERGER SR VP FINANCE, PHS	40 00 4 00				X			342,500	0	69,169
(9) CHASE CANFIELD SR VP HR AND OD, PHS	40 00 0 00				X			195,893	0	27,556
(10) GARY M CATES CHIEF PHILANTHROPIC OFFICER	40 00 4 00				X			317,037	0	46,056
(11) MARTIN DANSACK VP ACCTG & TAXATION, PHS	40 00 1 50				X			183,201	0	34,788
(12) SCOTT FOUGHT VP FINANCE	40 00 1 50				X			185,747	0	37,661
(13) ROBERT FREDRICK SR VP ACADEMIC AFFAIRS	40 00 0 00				X			359,109	0	63,588
(14) LEE W HAMMERLING MD CHIEF PHYSICIAN EXECUTIVE/CMO	40 00 8 00				X			739,430	0	68,260
(15) KATHLEEN KRUEGER PRES , SUPPLY CHAIN & SR VP QPMS	40 00 0 00				X			293,051	0	25,199
(16) ROSE ANN LAURETO CHIEF INFORMATION OFFICER	40 00 1 00				X			411,837	0	26,284
(17) WILLIAM MUELLER CHIEF PHARMACY OFFICER	40 00 0 00				X			312,189	0	40,420
(18) ANSHUL PANDE CHIEF TECHNOLOGY OFFICER	40 00 0 00				X			224,435	0	28,315
(19) SUSAN PAYDEN VP TREASURY, PHS	40 00 0 00				X			198,753	0	56,992
(20) ERIC PERRON VP AMBULATORY SYSTEMS	40 00 0 00				X			175,404	0	189,936
(21) BARBARA J PETEE CHIEF ADV , GOV & COMM REL	40 00 2 00				X			326,778	0	41,648
(22) ARTURO POLIZZI CHIEF HR OFFICER & PRES , TTH	40 00 1 00				X			554,834	0	55,071
(23) STEPHEN SADOWSKI DEPUTY GENERAL COUNSEL	40 00 0 00				X			239,989	0	31,253
(24) KAREN L STRAUSS CHIEF MKT , STRAT , & COMM OFFICER	40 00 1 00				X			429,301	0	26,664

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			
(51) VIVIEN TOWNSEND VP AUDIT & COMPLIANCE	40 00 0 00				X			176,643	0	27,192
(1) KAREN VAHALIK VP INFORMATION SVCS , ACUTE CARE	40 00 0 00				X			174,386	0	253,989
(2) KEVIN C WEBB PHD CHIEF ACUTE CARE OFFICER	40 00 11 00				X			575,645	0	49,020
(3) JOHN RANDOLPH PRESIDENT, PARAMOUNT INSURANCE CORP	40 00 0 00					X		594,050	0	94,301
(4) DANIEL K CASSAVAR MD PRESIDENT AND CMO, PPG	1 00 42 50					X		422,022	226,324	42,521
(5) DANIEL L WAKEMAN PRESIDENT, SLH	1 00 42 00					X		366,212	0	40,409
(6) KHURRAM KAMRAN VP MEDICAL AFFAIRS, TTH	1 00 40 00					X		357,087	127,978	38,358
(7) NEERAJ K KANWAL MD PRESIDENT, FH	1 00 40 50					X		353,520	0	54,145
(8) KEN ARMSTRONG FORMER KEY EMPLOYEE	0 00 41 50						X	258,291	0	62,856
(9) DAWN BUSKEY FORMER KEY EMPLOYEE	0 00 40 00						X	278,396	0	53,576
(10) THOMAS DELLA-FLORA FORMER KEY EMPLOYEE	0 00 0 00						X	191,352	0	27,743
(11) JEFFREY KELLER FORMER KEY EMPLOYEE	0 00 0 00						X	248,860	0	16,311
(12) STEPHEN MOONEY FORMER KEY EMPLOYEE	0 00 0 00						X	194,346	0	187
(13) GLADEEN ROBERTS FORMER KEY EMPLOYEE	0 00 0 00						X	284,472	0	21,408
(14) RANDALL SCHIMMOELLER FORMER KEY EMPLOYEE	0 00 42 00						X	287,347	0	38,898
(15) DAVID SELMAN FORMER KEY EMPLOYEE	0 00 0 00						X	338,205	0	9,305
(16) BARBARA STEELE FORMER KEY EMPLOYEE	0 00 0 00						X	1,075,627	0	19,611
(17) RONALD WACHSMAN FORMER KEY EMPLOYEE	0 00 0 00						X	253,389	0	24,695

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization PROMEDICA HEALTH SYSTEM INC	Employer identification number 34-1517671
---	--

Part I

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

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

1

☐

A church, convention of churches, or association of churches 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☒

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations 15

g

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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total 15					15,000,000	

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 section 501(c)(3) organization, check this box and stop here						▶

Section C. Computation of Public Support Percentage			
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2013 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2014. 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—2013. 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—2014. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
b 10%-facts-and-circumstances test—2013. 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 VI 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 IIISupport 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
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 section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. 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—2013. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		No
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		No
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		No
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		No
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		No
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		No
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		No
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		No
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		No
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		No
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		No
b A family member of a person described in (a) above?		No
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		No

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		No

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
PART IV, SECTION A, LINE 1	PROMEDICA HEALTH SYSTEM, INC (34-1517671) AFFILIATES DESIGNATED BY CLASS AND PURPOSE LISTED IN SCHEDULE R, PART II THAT ARE ORGANIZATIONS DESCRIBED IN INTERNAL REVENUE CODE SECTION 501(C)(3) THAT ARE NOT PRIVATE FOUNDATIONS BECAUSE THEY ARE DESCRIBED IN CODE SECTION 509(A)(1) OR SECTION 509(A)(2)
PART IV, SECTION C, LINE 1	PROMEDICA HEALTH SYSTEM, INC IS THE PARENT OF AN INTEGRATED HEALTH CARE DELIVERY NETWORK MADE UP OF AN AFFILIATED GROUP OF EXEMPT ORGANIZATIONS WHICH INCLUDES HOSPITALS, HEALTH CARE PROVIDERS, CONTINUING CARE SERVICES, SPECIALIZED HEALTH SERVICES, ENTITIES PROVIDING SUPPORT SERVICES, AND FOUNDATIONS PROMEDICA HEALTH SYSTEM, INC (PHS) PROVIDES OVERALL DIRECTION, MANAGEMENT AND CONTROL TO ITS FIRST TIER SUBSIDIARIES, AND INDIRECTLY THROUGH ITS FIRST TIER SUBSIDIARIES, TO ALL AFFILIATED SECOND TIER SUBSIDIARIES OF EACH FIRST TIER SUBSIDIARY THE ACTIVITIES OF PHS SUPPORT THE EXEMPT PURPOSES OF THE AFFILIATED ORGANIZATIONS IN THE PHS NETWORK AND ENHANCE AND IMPROVE THE DELIVERY OF EFFECTIVE HEALTH CARE SERVICES TO THE COMMUNITIES SERVED BY THE PHS NETWORK CONTROL AND MANAGEMENT EFFECTIVELY IS VESTED IN THE SAME PERSONS THAT CONTROL AND MANAGE ALL SUBSIDIARY ORGANIZATIONS THROUGH RESERVED POWERS PHS HAS RESERVED POWERS IN EACH SUBSIDIARY'S CODE OF REGULATIONS OR BYLAWS ALONG WITH THE RIGHT TO APPROVE CERTAIN ACTIONS OF EACH SUBSIDIARY'S BOARD OF TRUSTEES THE FIRST TIER SUBSIDIARIES HAVE IN TURN RESERVED SIMILAR POWERS OVER THE SECOND TIER SUBSIDIARIES TO INTEGRATE OVERALL DIRECTION, MANAGEMENT, AND CONTROL THE RESERVED POWERS AND OVERALL SYSTEM CONTROL ENSURE THAT PHS WILL BE RESPONSIVE TO THE NEEDS OF EACH SUPPORTED ORGANIZATION PHS IS AN INTEGRAL PART OF THE PHS NETWORK PROMEDICA HEALTH SYSTEM, INC QUALIFIES AS A TYPE II SUPPORTING ORGANIZATION BECAUSE IT IS SUPERVISED AND CONTROLLED IN CONNECTION WITH ALL FIRST AND SECOND TIER SUBSIDIARY ORGANIZATIONS THAT ARE EXEMPT AFFILIATED MEMBERS OF PHS COMMON SUPERVISION AND CONTROL ARE SHARED THROUGH THE STRUCTURAL RELATIONSHIP OF PHS THERE HAS ALSO BEEN A HISTORIC AND CONTINUING RELATIONSHIP BETWEEN PROMEDICA HEALTH SYSTEM, INC AND ALL SUPPORTED ORGANIZATIONS AND A SUBSTANTIAL IDENTITY OF INTERESTS BETWEEN THE ORGANIZATIONS AS A RESULT OF THIS RELATIONSHIP SUPPORTING COMMON CONTROL CONSISTENT WITH TYPE II SUPPORTING ORGANIZATION CLASSIFICATION PROMEDICA HEALTH SYSTEM, INC HAS MAINTAINED, AND WILL CONTINUE TO MAINTAIN, A SIGNIFICANT INVOLVEMENT IN EACH SUPPORTED ORGANIZATION'S OPERATIONS

Additional Data

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

Form 990, Sch A, Part I, Line 11g - 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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) BAY PARK COMMUNITY HOSPITAL	341883132	3		No	0	0
(A) DEFIANCE HOSPITAL INC	344446484	3		No	0	0
(B) EMMA L BIXBY MEDICAL CENTER	382796005	3		No	0	0
(C) FLOWER HOSPITAL	344428794	3		No	0	0
(D) FOSTORIA HOSPITAL ASSOCIATION	340898745	3		No	0	0
(E) HERRICK MEMORIAL HOSPITAL INC	383049015	3		No	0	0
(F) MEMORIAL HOSPITAL	344430849	3		No	15,000,000	0
(G) ST LUKE'S HOSPITAL	344428232	3		No	0	0
(H) THE TOLEDO HOSPITAL	344428256	3		No	0	0
(I) KAITLYN'S COTTAGE INC	454781053	9		No	0	0
(J) LENAWEE LONG TERM CARE	382879330	9		No	0	0
(K) PROMEDICA CONTINUING CARE SERVICES CORPORATION	344492440	9		No	0	0
(L) PROMEDICA PHYSICIAN GROUP	341899439	9		No	0	0
(M) TOLEDO DISTRICT NURSE ASSOCIATION	344427949	9		No	0	0
(N) VISITING NURSE HOSPICE AND HEALTH CARE	341831624	9		No	0	0

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.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization PROMEDICA HEALTH SYSTEM INC	Employer identification number 34-1517671
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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 value of contributions to (during year)	
3	Aggregate value of 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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) Revenue 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

Revenue 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
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ 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	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2

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

Board designated or quasi-endowment
- b

Permanent endowment
- c

Temporarily restricted endowment

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
- (i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

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		1,958,385		1,958,385
b Buildings		9,208,649	1,848,324	7,360,325
c Leasehold improvements		2,735,466	985,886	1,749,580
d Equipment		137,025,012	100,676,652	36,348,360
e Other		22,620,160		22,620,160
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				70,036,810

Schedule D (Form 990) 2014

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 (losses) 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 X, LINE 2	PROMEDICA HEALTH SYSTEM, INC 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, 2014 AND 2013 FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013, A TAXABLE SUBSIDIARY OF PHS RECOGNIZED A LIABILITY FOR UNCERTAIN TAX POSITIONS OF \$9,027,000 AND \$1,059,000, 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 \$1,000 AND \$20,000 AS OF DECEMBER 31, 2014 AND 2013, RESPECTIVELY PROMEDICA HEALTH SYSTEM, INC DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2014 AND 2013

[illegible]

SCHEDULE F
(Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
PROMEDICA HEALTH SYSTEM INC

Employer identification number
34-1517671

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA & THE CARIBBEAN			INVESTMENTS		110,009,094
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			110,009,094
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			110,009,094

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

2

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

3

Enter total number of other organizations or entities ▶

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☒ Yes ☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐ Yes ☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☒ Yes ☐ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*

☐ Yes ☒ No

Additional Data

Software ID:

Software Version:

EIN: 34-1517671

Name: PROMEDICA HEALTH SYSTEM INC

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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

2014

Open to Public
Inspection

Name of the organization
PROMEDICA HEALTH SYSTEM INC

Employer identification number
34-1517671

Part I

General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

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

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. 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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

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

46

3

Enter total number of other organizations listed in the line 1 table

1

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

Cat No 50055P

Schedule I (Form 990) 2014

Part III

Grants and Other Assistance to Domestic Individuals. 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
(1) EDUCATIONAL ASSISTANCE	16	24,200			

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 THE PARENT COMPANY 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

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MEMORIAL HOSPITAL715 S TAFT AVE FREMONT,OH 43420	34-4430849	501(C)(3)	15,000,000				OPERATING GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST LUKE'S HOSPITAL FOUNDATION5901 MONCLOVA RD MAUMEE,OH 43537	34-1292849	501(C)(3)	5,950				OPERATING GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROMEDICA FOUNDATION 2142 NORTH COVE BLVD TOLEDO,OH 43606	34-1517672	501(C)(3)	210,780				OPERATING GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROMEDICA INSURANCE CORP INC & SUBSIDIARIES 1901 INDIAN WOOD CIRCLE MAUMEE,OH 43537	34-1570675	501(C)(3)	20,000,000				OPERATING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY740 COMMERCE DR SUITE B PERRYSBURG,OH 43551	13-1788491	501(C)(3)	7,000				CHARITABLE DONATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION7272 GREENVILLE AVE DALLAS,TX 752843543	13-5613797	501(C)(3)	19,500				CHARITABLE DONATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES2025 E STREET NW WASHINGTON,DC 200065009	53-0196605	501(C)(3)	5,500				CHARITABLE DONATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ARAB COMMUNITY FOR ECONOMIC & SOCIAL SERVICES2651 SAULINO CT DEARBORN,MI 48120	23-7444497	501(C)(3)	6,400				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUBS OF TOLEDO2250 N DETROIT AVE TOLEDO, OH 43606	34-4427933	501(C)(3)	25,200				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CATHOLIC CHARITIES DIOCESES OF TOLEDO 1933 SPIELBUSCH AVE TOLEDO, OH 43697	34-4428254	501(C)(3)	26,500				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEDAR CREEK CHURCH 29129 LIME CITY ROAD PERRYSBURG, OH 43551	34-1789315	501(C)(3)	7,500				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHERRY STREET MISSION MINISTRIES105 17TH STREET TOLEDO, OH 43604	34-1133369	501(C)(3)	6,000				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF TOLEDO1 GOVERNMENT CENTER TOLEDO, OH 43604	34-6401447	GOV'T ENTITY	7,600				CHARITABLE DONATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CROSWELL OPERA HOUSE 129 E MAUMEE ST ADRIAN,MI 49221	38-6144993	501(C)(3)	10,125				CHARITABLE DONATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CYSTIC FIBROSIS FOUNDATION2265 LIVERNOISE SUITE 410 TROY,MI 480831606	38-1723341	501(C)(3)	7,000				CHARITABLE DONATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
DEFIANCE AREA FOUNDATION507 5TH ST DEFIANCE,OH 43512	34-1278087	501(C)(3)	10,000				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ERNST & YOUNG FOUNDATION200 PLAZA DR SECAUCUS, NJ 07094	13-6094489	501(C)(3)	16,000				CHARITABLE DONATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GOOD GRIEF OF NORTHWEST OHIO6855 SPRING VALLEY DR NO 100 HOLLAND,OH 43528	46-0765319	501(C)(3)	11,500				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GREATER FOSTORIA COMMUNITY FOUNDATION 112 N MAIN ST FOSTORIA, OH 44830	34-1946282	501(C)(3)	18,240				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GREENWOOD SCHOOL14 GREENWOOD LANE PUTNEY, VT 05346	04-2642602	501(C)(3)	7,250				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
KIDS UNLIMITED8927 ROYAL OAK DR HOLLAND, OH 43528	20-4487408	501(C)(3)	7,500				CHARITABLE DONATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
LIMA MEMORIAL HOSPITAL FOUNDATION1001 BELLEFONTAINE RD LIMA,OH 45804	34-1707570	501(C)(3)	10,000				CHARITABLE DONATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOURDES UNIVERSITY 6832 CONVENT BLVD SYLVANIA,OH 43560	34-1226547	501(C)(3)	20,150				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MARCH OF DIMES FOUNDATION10806 KENWOOD RD CINCINNATI, OH 45242	13-1846366	501(C)(3)	13,500				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MAYO CLINIC200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501(C)(3)	6,000				CHARITABLE DONATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NORTHWEST OHIO SCHOLARSHIP FUND INC 1933 SPIELBUSCH AVE TOLEDO,OH 436045360	31-1639134	501(C)(3)	8,500				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NOTRE DAME ACADEMY 3535 SYLVANIA AVE TOLEDO, OH 43623	34-4428228	501(C)(3)	6,000				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PROPEL INC4850 FOREST HILL DR TOLEDO, OH 43623	30-0601880	501(C)(3)	6,250				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ROCKET VENTURES LLC 300 MADISON AVE STE 270 TOLEDO, OH 43604	80-0717355		600,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FORT LAUDERDALE ROTARY 1090 FOUNDATION INCPO BOX 266495 FORT LAUDERDALE, FL 33326	23-7247846	501(C)(3)	6,000				CHARITABLE DONATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SANDUSKY COUNTY PARK DISTRICT1970 COUNTRYSIDE PLACE FREMONT,OH 43420	34-6401312	GOV'T ENTITY	15,000				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SEWHOPE INC3828 BROOKSIDE RD TOLEDO, OH 43606	26-1639100	501(C)(3)	6,250				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST FRANCIS DE SALES HIGH SCHOOL INC2323 W BANCROFT ST TOLEDO, OH 43607	34-4465715	501(C)(3)	27,875				CHARITABLE DONATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TERRA COLLEGE FOUNDATION2830 NAPOLEON ROAD FREMONT, OH 43420	34-1650500	501(C)(3)	10,500				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GREAT LAKES HISTORICAL SOCIETY480 MAIN ST VERMILLION, OH 44089	34-6549217	501(C)(3)	150,200				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOLEDO ORCHESTRA ASSOCIATION INC1838 PARKWOOD AVE TOLEDO, OH 436242502	34-4005365	501(C)(3)	33,950				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOLEDO ZOOLOGICAL SOCIETYPO BOX 140130 TOLEDO, OH 436140801	34-4440256	501(C)(3)	10,500				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOLEDO BOTANICAL GARDEN BOARD INC5403 ELMER DR TOLEDO, OH 43615	34-1350559	501(C)(3)	62,500				CHARITABLE DONATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOLEDO CLASSIC INC 4405 DORR ST TOLEDO,OH 436072139	34-1499072	501(C)(3)	36,800				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOLEDO COMMUNITY FOUNDATION300 MADISON AVE TOLEDO, OH 43604	23-7284004	501(C)(3)	1,624,500				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOLEDO MUSEUM OF ART 2445 MONROE ST TOLEDO, OH 43620	34-4434678	501(C)(3)	280,750				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOLEDO OPERA ASSOCIATION425 JEFFERSON AVE SUITE 601 TOLEDO, OH 436041066	34-6556139	501(C)(3)	25,000				CHARITABLE DONATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOLEDO SCHOOL FOR THE ARTS333 14TH ST TOLEDO,OH 43604	34-1876647	501(C)(3)	11,375				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GREATER TOLEDO424 JACKSON ST TOLEDO, OH 43604	34-4427947	501(C)(3)	88,900				CHARITABLE DONATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNIVERSITY OF TOLEDO FOUNDATION2801 BANCROFT TOLEDO,OH 43606	34-6555110	501(C)(3)	238,015				CHARITABLE DONATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PUBLIC BROADCASTING FOUNDATION OF NW OHIO 136 HURON ST PO BOX 30 TOLEDO,OH 43697	34-6554586	501(C)(3)	25,250				CHARITABLE DONATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF NW OHIO1018 JEFFERSON AVENUE TOLEDO,OH 43604	34-4428265	501(C)(3)	9,500				CHARITABLE DONATION

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.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
PROMEDICA HEALTH SYSTEM INC

Employer identification number
34-1517671

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Travel for companions ☒ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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	Yes	
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?	Yes	
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 ☒ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ 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?	Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?		No
b Any related organization? If "Yes," to line 5a or 5b, describe in Part III		No
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?		No
b Any related organization? If "Yes," to line 6a or 6b, describe in Part III	Yes	
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	Yes	
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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 in column(B) 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 1A	TAX INDEMNIFICATION AND GROSS UP PAYMENTS 1 TERMED EMPLOYEE INCLUDED IN TAXABLE COMPENSATION
PART I, LINE 4A	UNDER A VOLUNTARY TERMINATION AGREEMENT ENTERED INTO BY THE EMPLOYEE AND THE ORGANIZATION OR UPON A QUALIFYING TERMINATION DEFINED AS AN INVOLUNTARY SEPARATION FROM SERVICE OTHER THAN FOR CAUSE, THE EMPLOYEE IS ENTITLED TO SEVERANCE PAY BASED UPON YEARS OF SERVICE. THE TERMS AND CONDITIONS TO RECEIVE SEVERANCE PAYMENTS REQUIRE THE EMPLOYEE TO SIGN A RELEASE OF CLAIMS FORM THAT COVERS ALL SITUATIONS SURROUNDING THE EMPLOYEE'S EMPLOYMENT AND SEPARATION FROM PROMEDICA. SEVERANCE PAYMENTS WERE MADE DURING THE YEAR TO THE FOLLOWING LISTED PERSONS IN PART VII: THOMAS DELLA-FLORA \$172,210; JEFFREY KELLER \$170,080; ERIC PERRON \$2,885; GLADEEN ROBERTS \$280,908; DAVID SELMAN \$118,696; BARBARA STEELE \$550,060; RONALD WACHSMAN \$216,394.
PART I, LINE 4B	ELIGIBLE EMPLOYEES PARTICIPATE IN VARIOUS NONQUALIFIED 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. ANY AMOUNT ULTIMATELY PAID UNDER THE PROGRAM TO THE EMPLOYEE IS REPORTED AS COMPENSATION ON FORM 990, SCHEDULE J, PART II, COLUMN B IN THE YEAR PAID. SUPPLEMENTAL NONQUALIFIED PLAN PAYMENTS WERE MADE DURING THE YEAR TO THE FOLLOWING LISTED PERSONS IN PART VII: JEFFREY KELLER \$7,036; STEPHEN MOONEY \$194,346; WILLIAM MUELLER \$2,704; RANDALL OOSTRA \$54,312; BARBARA PETEE \$29,890; DAVID SELMAN \$160,854; BARBARA STEELE \$24,640; RONALD WACHSMAN \$5,421. IN ADDITION, THE ORGANIZATION PROVIDES A SPLIT-DOLLAR LIFE INSURANCE PLAN TO ITS CHIEF EXECUTIVE OFFICER FROM WHICH NO CASH PAYMENTS WERE MADE DURING THE YEAR.
PART I, LINE 6	CERTAIN LISTED PERSONS RECEIVE INCENTIVES BASED ON INDIVIDUAL PRODUCTIVITY NET EARNINGS.
PART I, LINE 7	AN INCENTIVE BONUS IS PAID TO ALL EXECUTIVES BASED ON ATTAINMENT OF GOALS IN THE AREAS OF 1) PATIENT SATISFACTION, 2) EMPLOYEE SATISFACTION, 3) PHYSICIAN SATISFACTION, 4) QUALITY AND SAFETY, AND 5) OPERATING INCOME MARGIN.

Additional Data

Software ID:

Software Version:

EIN: 34-1517671

Name: PROMEDICA HEALTH SYSTEM INC

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

(A) Name 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 in column (B) reported as deferred in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 BRUCE A BARNETT MD, EX OFFICIO	(i)0 (ii)457,567	0 0	0 6,812	0 17,000	0 9,624	0 491,003	0 0
1 PAUL D BERLACHER MD, TRUSTEE	(i)0 (ii)518,785	0 157,123	0 17,714	0 2,833	0 16,135	0 712,590	0 0
2 EMMETT T BOYLE JR MD, TRUSTEE	(i)0 (ii)432,203	0 33,925	0 14,090	0 7,800	0 20,899	0 508,917	0 0
3 THOMAS M HOUSTON MD, TRUSTEE	(i)0 (ii)158,437	0 0	0 1,753	0 13,188	0 13,361	0 186,739	0 0
4 JAMES L NORTH MD, TRUSTEE	(i)0 (ii)217,177	0 11,940	0 24,874	0 6,812	0 38,993	0 299,796	0 0
5 ANNE T RUCH MD, TRUSTEE	(i)0 (ii)361,968	0 0	0 7,460	0 17,000	0 7,434	0 393,862	0 0
6 RANDALL OOSTRA, PRESIDENT, EX OFFICIO	(i)889,303 (ii)0	470,455 0	49,393 0	78,755 0	14,187 0	1,502,093 0	35,100 0
7 KATHLEEN S HANLEY, TREASURER (THRU 5/14)	(i)457,284 (ii)0	200,510 0	46,252 0	805,713 0	16,434 0	1,526,193 0	0 0
8 ALAN M SATTLER, TREASURER	(i)309,066 (ii)0	97,460 0	32,113 0	48,009 0	20,932 0	507,580 0	0 0
9 JEFFREY C KUHN, SECRETARY	(i)363,111 (ii)0	157,073 0	12,779 0	45,715 0	23,305 0	601,983 0	0 0
10 GARY AKENBERGER, SR VP FINANCE, PHS	(i)238,713 (ii)0	69,268 0	34,519 0	48,981 0	20,188 0	411,669 0	0 0
11 CHASE CANFIELD, SR VP HR AND OD, PHS	(i)166,527 (ii)0	27,790 0	1,576 0	8,411 0	19,145 0	223,449 0	0 0
12 GARY M CATES, CHIEF PHILANTHROPIC OFFICER	(i)235,052 (ii)0	61,637 0	20,348 0	29,701 0	16,355 0	363,093 0	0 0
13 MARTIN DANSACK, VP ACCTG & TAXATION, PHS	(i)147,567 (ii)0	28,746 0	6,888 0	18,630 0	16,158 0	217,989 0	0 0
14 SCOTT FOUGHT, VP FINANCE	(i)151,019 (ii)0	28,209 0	6,519 0	18,737 0	18,924 0	223,408 0	0 0
15 ROBERT FREDRICK, SR VP ACADEMIC AFFAIRS	(i)274,846 (ii)0	61,533 0	22,730 0	55,556 0	8,032 0	422,697 0	0 0
16 LEE W HAMMERLING MD, CHIEF PHYSICIAN EXECUTIVE/CMO	(i)516,622 (ii)0	180,962 0	41,846 0	52,693 0	15,567 0	807,690 0	0 0
17 KATHLEEN KRUEGER, PRES , SUPPLY CHAIN & SR VP QPMS	(i)217,758 (ii)0	70,411 0	4,882 0	14,977 0	10,222 0	318,250 0	0 0
18 ROSE ANN LAURETO, CHIEF INFORMATION OFFICER	(i)343,850 (ii)0	48,580 0	19,407 0	19,873 0	6,411 0	438,121 0	0 0
19 WILLIAM MUELLER, CHIEF PHARMACY OFFICER	(i)239,650 (ii)0	65,088 0	7,451 0	24,047 0	16,373 0	352,609 0	0 0

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

(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 in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 ANSHUL PANDE, CHIEF TECHNOLOGY OFFICER	(i) (ii)	220,445 0	0 0	3,990 0	8,751 0	19,564 0	252,750 0	0 0
1 SUSAN PAYDEN, VP TREASURY, PHS	(i) (ii)	164,133 0	32,331 0	2,289 0	30,576 0	26,416 0	255,745 0	0 0
2 ERIC PERRON, VP AMBULATORY SYSTEMS	(i) (ii)	140,485 0	21,532 0	13,387 0	165,060 0	24,876 0	365,340 0	0 0
3 BARBARA J PETEE, CHIEF ADV , GOV & COMM REL	(i) (ii)	208,401 0	103,651 0	14,726 0	41,406 0	242 0	368,426 0	26,434 0
4 ARTURO POLIZZI, CHIEF HR OFFICER & PRES , TTH	(i) (ii)	358,938 0	157,258 0	38,638 0	35,187 0	19,884 0	609,905 0	0 0
5 STEPHEN SADOWSKI, DEPUTY GENERAL COUNSEL	(i) (ii)	196,878 0	37,402 0	5,709 0	12,430 0	18,823 0	271,242 0	0 0
6 KAREN L STRAUSS, CHIEF MKT , STRAT , & COMM OFFICER	(i) (ii)	277,336 0	142,506 0	9,459 0	15,930 0	10,734 0	455,965 0	0 0
7 VIVIEN TOWNSEND, VP AUDIT & COMPLIANCE	(i) (ii)	175,680 0	0 0	963 0	20,030 0	7,162 0	203,835 0	0 0
8 KAREN VAHALIK, VP INFORMATION SVCS , ACUTE CARE	(i) (ii)	144,777 0	27,900 0	1,709 0	242,613 0	11,376 0	428,375 0	0 0
9 KEVIN C WEBB PHD, CHIEF ACUTE CARE OFFICER	(i) (ii)	399,505 0	147,572 0	28,568 0	36,188 0	12,832 0	624,665 0	0 0
10 JOHN RANDOLPH, PRESIDENT, PARAMOUNT INSURANCE CORP	(i) (ii)	422,497 0	153,561 0	17,992 0	73,256 0	21,045 0	688,351 0	0 0
11 DANIEL K CASSAVAR MD, PRESIDENT AND CMO, PPG	(i) (ii)	318,395 145,807	96,856 75,000	6,771 5,517	15,039 4,424	17,567 5,491	454,628 236,239	0 0
12 DANIEL L WAKEMAN, PRESIDENT, SLH	(i) (ii)	276,885 0	86,050 0	3,277 0	25,468 0	14,941 0	406,621 0	0 0
13 KHURRAM KAMRAN, VP MEDICAL AFFAIRS, TTH	(i) (ii)	285,999 127,978	67,337 0	3,751 0	18,307 0	20,051 0	395,445 127,978	0 0
14 NEERAJ K KANWAL MD, PRESIDENT, FH	(i) (ii)	296,680 0	47,697 0	9,143 0	28,296 0	25,849 0	407,665 0	0 0
15 KEN ARMSTRONG, FORMER KEY EMPLOYEE	(i) (ii)	202,426 0	53,712 0	2,153 0	38,952 0	23,904 0	321,147 0	0 0
16 DAWN BUSKEY, FORMER KEY EMPLOYEE	(i) (ii)	214,576 0	49,579 0	14,241 0	40,157 0	13,419 0	331,972 0	0 0
17 THOMAS DELLA-FLORA, FORMER KEY EMPLOYEE	(i) (ii)	0 0	24,180 0	167,172 0	10,393 0	17,350 0	219,095 0	172,210 0
18 JEFFREY KELLER, FORMER KEY EMPLOYEE	(i) (ii)	3,060 0	38,521 0	207,279 0	14,688 0	1,623 0	265,171 0	177,096 0
19 STEPHEN MOONEY, FORMER KEY EMPLOYEE	(i) (ii)	0 0	0 0	194,346 0	187 0	0 0	194,533 0	0 0

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

(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 in column (B) reported as deferred in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
41 GLADEEN ROBERTS, FORMER KEY EMPLOYEE	(i) 0 (ii) 0	0 0	284,472 0	9,305 0	12,103 0	305,880 0	280,908 0
1 RANDALL SCHIMMOELLER, FORMER KEY EMPLOYEE	(i) 208,694 (ii) 0	51,148 0	27,505 0	25,904 0	12,994 0	326,245 0	0 0
2 DAVID SELMAN, FORMER KEY EMPLOYEE	(i) 0 (ii) 0	0 0	338,205 0	9,305 0	0 0	347,510 0	118,696 0
3 BARBARA STEELE, FORMER KEY EMPLOYEE	(i) 282,886 (ii) 0	196,491 0	596,250 0	11,479 0	8,132 0	1,095,238 0	550,060 0
4 RONALD WACHSMAN, FORMER KEY EMPLOYEE	(i) 0 (ii) 0	35,389 0	218,000 0	13,622 0	11,073 0	278,084 0	216,394 0

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization PROMEDICA HEALTH SYSTEM INC	Employer identification number 34-1517671
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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?
				YesNo

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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			Yes	No		Yes	No
(1) PART V	PART V	PART V		X	352,783	352,783		No	Yes		Yes

Total	► \$	352,783			
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Part III Grants or Assistance Benefiting 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) PART V	PART V	44,792	PART V		No
(2) PART V	PART V	50,659	PART V		No
(3) PART V	PART V	49,233	PART V		No
(4)					No
(5)					No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS	(A) NAME OF INTERESTED PERSON RANDALL OOSTRA, PRESIDENT (B) RELATIONSHIP WITH ORGANIZATION RANDALL OOSTRA IS PRESIDENT AND CEO OF PROMEDICA HEALTH SYSTEM, INC (C) PURPOSE OF LOAN LIFE INSURANCE PREMIUM PAYMENTS (D) LOAN TO OR FROM THE ORGANIZATION LOAN FROM THE ORGANIZATION (E) ORIGINAL PRINCIPAL AMOUNT \$352,783 (F) BALANCE DUE \$352,783 (G) IN DEFAULT? = NO (H) APPROVED BY BOARD OR COMMITTEE? = YES (I) WRITTEN AGREEMENT? = YES
SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(A) NAME OF INTERESTED PERSON TYLER CHIRDON (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION TYLER CHIRDON IS A FAMILY MEMBER OF ROBERT J CHIRDON (EX OFFICIO) (C) AMOUNT OF TRANSACTION \$44,792 (D) DESCRIPTION OF TRANSACTION EMPLOYMENT (E) SHARING OF ORGANIZATION REVENUES? = NO
SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(A) NAME OF INTERESTED PERSON BRAD LACLAIR (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION BRAD LACLAIR IS A FAMILY MEMBER OF ROBERT W LACLAIR (EX OFFICIO) (C) AMOUNT OF TRANSACTION \$50,659 (D) DESCRIPTION OF TRANSACTION EMPLOYMENT (E) SHARING OF ORGANIZATION REVENUES? = NO
SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(A) NAME OF INTERESTED PERSON MOLLY LACLAIR (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION MOLLY LACLAIR IS A FAMILY MEMBER OF ROBERT W LACLAIR (EX OFFICIO) (C) AMOUNT OF TRANSACTION \$49,233 (D) DESCRIPTION OF TRANSACTION EMPLOYMENT (E) SHARING OF ORGANIZATION REVENUES? = NO

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 990-EZ 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

2014

Open to Public
Inspection

Name of the organization PROMEDICA HEALTH SYSTEM INC	Employer identification number 34-1517671
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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES CONSISTS OF NOT LESS THAN THREE (3) TRUSTEES NOR MORE THAN SEVEN (7) TRUSTEES WITHIN THESE PARAMETERS, THE COMPOSITION OF THE EXECUTIVE COMMITTEE INCLUDES THE CHAIRPERSON, THE VICE CHAIRPERSON/CHAIR ELECT, THE CHIEF EXECUTIVE OFFICER AND SUCH OTHER TRUSTEES AS DESIGNATED BY THE GOVERNANCE COMMITTEE. ALL MEMBERS OF THE EXECUTIVE COMMITTEE ARE PROMEDICA HEALTH SYSTEM, INC. BOARD MEMBERS. THE EXECUTIVE COMMITTEE HAS AND EXERCISES ALL OF THE POWER AND AUTHORITY OF THE BOARD OF TRUSTEES DURING THE INTERIM BETWEEN MEETINGS OF THE BOARD OF TRUSTEES. ONE BOARD MEMBER, DR LLOYD A. JACOBS, MD, HAS VOTING PRIVILEGES LIMITED TO ACADEMIC RELATED MATTERS.

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	GARY M CATES AND MARK A KLEIN HAVE A BUSINESS RELATIONSHIP

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	PROMEDICA HEALTH SYSTEM, INC AMENDED ITS CODE OF REGULATIONS TO INCREASE THE MAXIMUM NUMBER OF BOARD OF TRUSTEES MEMBERS FROM TWENTY-SEVEN TO THIRTY

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	UNDER THE GUIDANCE OF PROMEDICA HEALTH SYSTEM, INC'S (PHS) TAX CONSULTANTS, FORM 990S ARE PREPARED BY THE RESPECTIVE ACCOUNTING DEPARTMENT OF EACH AFFILIATE AND REVIEWED BY THE AFFILIATE'S FINANCE LEADERSHIP. AFTER AFFILIATE'S FINANCE LEADERSHIP APPROVAL, COPIES OF THE FORM 990 FOR PHS AND THEIR SUBSIDIARIES ARE PROVIDED TO THE RESPECTIVE COMPANY'S BOARD OF TRUSTEES AND ARE REVIEWED AND SIGNED BY THE RESPECTIVE COMPANY'S PRESIDENT OR A PRINCIPAL OFFICER 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	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 -7,909,878 BENEFICIAL INTEREST IN FOUNDATION 1,943,662 TRANSFER OF ASSETS TO PROMEDICA FOUNDATION -208,840 INHERENT CONTRIBUTION OF ACQUIRED ASSETS 26,463,406

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 16B	JOINT VENTURE OPERATING AGREEMENTS INVOLVING PROMEDICA HEALTH SYSTEM, INC OR ITS SUBSIDIARIES (COLLECTIVELY, 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, PROMEDICA HEALTH SYSTEM, INC (PROMEDICA) IS A MISSION-BASED, LOCALLY OWNED, NOT-FOR-PROFIT HEALTHCARE ORGANIZATION HIGHLY FOCUSED ON ACHIEVING CORE VALUES HEADQUARTERED IN TOLEDO, OHIO, PROMEDICA SERVES 27 COUNTIES IN NORTHWEST OHIO AND SOUTHEAST MICHIGAN AND IS ONE OF THE REGION'S LEADING HEALTHCARE PROVIDERS OUR STEWARDSHIP OF RESOURCES HAS ENABLED US TO WISELY INVEST IN CUTTING-EDGE TECHNOLOGY, INNOVATIVE PROGRAMS AND FAMILY-CENTERED FACILITIES THAT HELP TO ENSURE PATIENTS AND AREA RESIDENTS HAVE EQUAL ACCESS TO HIGH-QUALITY, SAFE CARE IN THE MOST APPROPRIATE SETTING, REGARDLESS OF A PATIENT'S ABILITY TO PAY BASED ON NEEDS THAT WE HAVE ASSESSED WITHIN THE COMMUNITIES WE SERVE, PROMEDICA LAUNCHED NEW SERVICES AND PROGRAMS IN 2014 TO HELP MEET THE GROWING DEMANDS OF LOCAL CONSUMERS ACROSS ALL SPECTRUMS OF LIFE, INCLUDING THOSE INDIVIDUALS WHO ARE OFTEN THE MOST VULNERABLE WHEN IT COMES TO HEALTH CARE THE ELDERLY, POOR AND UNDERSERVED PROMEDICA'S MISSION IS TO IMPROVE THE HEALTH AND WELL-BEING OF THOSE WE SERVE THIS IS REFLECTED IN OUR FOUR CORE VALUES, INCLUDING 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 WITH OTHERS BECAUSE WE ARE BETTER TOGETHER THAN APART, AND EXCELLENCE - WE STRIVE TO BE THE BEST IN ALL WE DO PROMEDICA AND ITS AFFILIATES COMPRISE 332 SITES, MORE THAN 2,100 PHYSICIANS AND APPROXIMATELY 17,000 EMPLOYEES AND VOLUNTEERS DURING 2014, PROMEDICA DISCHARGED 72,595 INPATIENTS AND SERVED MORE THAN 1,407,416 OUTPATIENTS, WHILE HANDLING 305,747 EMERGENCY VISITS SYSTEM-WIDE AMONG THE REGION'S LARGEST EMPLOYERS, PROMEDICA PLAYS A SIGNIFICANT ROLE IN ECONOMIC DEVELOPMENT AND STABILITY IN OUR REGION DURING 2014, FOR EVERY DOLLAR OF REVENUE, ANOTHER 34 CENTS WAS CREATED IN OUR SERVICE-AREA ECONOMY, WITH A TOTAL ECONOMIC OUTPUT OF \$3.7 BILLION WE ALSO CREATE A DIRECT ECONOMIC IMPACT WITH OUR REVENUE, PAYROLL AND EMPLOYMENT ADDITIONALLY, SPENDING ON SERVICES AND MATERIALS WITH VENDORS IN OUR REGION CREATES AN INDIRECT ECONOMIC BENEFIT ADDITIONALLY, OUR PHYSICIANS, LEADERSHIP TEAM MEMBERS AND EMPLOYEES INDIVIDUALLY CONTRIBUTE PERSONAL RESOURCES TO THE COMMUNITY IN NUMEROUS WAYS - SUCH AS THROUGH TUTORING ELEMENTARY STUDENTS IN READING, PROVIDING MONTHLY HEALTH LECTURES AT LOCAL SENIOR CENTERS, GENEROUSLY CONTRIBUTING TO COMMUNITY FUNDRAISING CAMPAIGNS SUCH AS UNITED WAY, PARTICIPATING IN MEDICAL MISSIONS, SERVING ON LOCAL NOT-FOR-PROFIT BOARDS, AND DONATING NONPERISHABLE GOODS TO NUMEROUS LOCAL FOOD PANTRIES AND CHURCHES - UNDERSCORING A KEY BENEFIT OF PROMEDICA BEING LOCALLY OWNED AND OPERATED PROMEDICA'S MEMBER AND AFFILIATE HOSPITALS INCLUDE THE TOLEDO HOSPITAL, TOLEDO CHILDREN'S HOSPITAL (OPERATING AS PART OF THE TOLEDO HOSPITAL), FLOWER HOSPITAL, FOSTORIA HOSPITAL ASSOCIATION, DEFANCE HOSPITAL, INC, BAY PARK COMMUNITY HOSPITAL, HERRICK MEMORIAL HOSPITAL, INC, EMMA L BIXBY MEDICAL CENTER, PROMEDICA WILDWOOD ORTHOPAEDIC AND SPINE HOSPITAL (A DIVISION OF THE TOLEDO HOSPITAL), MEMORIAL HOSPITAL, AND ST LUKE'S HOSPITAL IN 2014, PROMEDICA ALSO PROVIDED INTEGRATED SERVICES, COMPRISED OF - PROMEDICA CONTINUING CARE SERVICES CORPORATION, PROVIDING REHABILITATION, HOSPICE, HOME CARE, AMBULATORY AND SENIOR SERVICES, COMMUNITY HEALTH, MEDICAL TRANSPORTATION SERVICES, AND CARE COORDINATION - PROMEDICA PHYSICIAN GROUP (PROMEDICA PHYSICIANS), WITH MORE THAN 800 HEALTHCARE PROVIDERS, INCLUDING PRIMARY CARE, OBSTETRICS AND SPECIALTY PHYSICIANS, AS WELL AS ADVANCED PRACTICE PROVIDERS TOGETHER, THIS GROUP HELPS PROMEDICA BROADEN THE CARE WE OFFER TO AREA RESIDENTS, INCLUDING IN SMALLER, OUTLYING COMMUNITIES - PROMEDICA INSURANCE CORPORATION, THE LARGEST HEALTH MAINTENANCE ORGANIZATION PHYSICALLY LOCATED IN NORTHWEST OHIO IN 2014, PARAMOUNT ADVANTAGE PROVIDED MEDICAID COVERAGE TO MORE THAN 220,000 MEMBERS ACROSS ALL OF OHIO'S 88 COUNTIES - PROMEDICA INDEMNITY CORPORATION, PROVIDING MEDICAL PROFESSIONAL AND COMPREHENSIVE GENERAL LIABILITY COVERAGE FOR PROMEDICA, INCLUDING IN OUTLYING AREAS WHERE PRIMARY-CARE PHYSICIAN RECRUITMENT IS DIFFICULT - TWELVE CONTROLLED FOUNDATIONS THAT SERVE AS FUNDRAISING ENTITIES FOR THEIR RESPECTIVE HOSPITALS/BUSINESS UNITS AND FACILITIES, SUCH AS THE EBEID HOSPICE RESIDENCE ON THE FLOWER HOSPITAL CAMPUS AND THE MARY ELLEN FALZONE DIABETES CENTER ON THE CAMPUS OF THE TOLEDO HOSPITAL PROMEDICA'S SPECIALIZED CARE INCLUDES ONCOLOGY, ORTHOPAEDICS, HEART AND VASCULAR, NEUROLOGY, REHABILITATIVE, AND BEHAVIORAL MEDICINE, AS WELL AS WOMEN'S AND PEDIATRIC CARE A FUNDAMENTAL PART OF OUR MISSION IS THAT OUR SERVICES ARE TAILORED TO THE NEEDS OF OUR COMMUNITIES AND THEY ARE AVAILABLE TO EVERYONE IN OUR COMMUNITY, REGARDLESS OF THEIR ABILITY TO PAY IN ADDITION TO BEING A STRONG ADVOCATE FOR THE HEALTH AND WELL-BEING OF OTHERS, PROMEDICA PROVIDES AND PROMOTE

Return Reference	Explanation	
	FORM 990, PART III, LINE 4	S COMMUNITY WELLNESS, COLLABORATING WITH MORE THAN 300 LOCAL NONPROFIT AGENCIES AND ORGANIZATIONS IN 2014 THAT HAD VALUES AND MISSIONS SIMILAR TO OUR OWN. PROMEDICA IS CONTINUALLY IMPROVING ITS SERVICES, FACILITIES, TECHNOLOGIES, AND OUTREACH EFFORTS TO MEET THE EVER-CHANGING NEEDS OF ITS DIVERSE POPULATIONS. IN DIRECT RESPONSE TO COMMUNITY NEEDS, A FEW EXAMPLES FROM 2014 INCLUDE THE FOLLOWING:

Return Reference	Explanation	
	- PROMEDICA SIGNED A DEFINITIVE AGREEMENT WITH MERCY MEMORIAL HOSPITAL	CORPORATION IN MONROE, MICHIGAN, WITH THE HEALTH SYSTEM BECOMING A MEMBER OF PROMEDICA EFFECTIVE JAN 1, 2015 BY SHARING RESOURCES AND CLINICAL EXPERTISE, THE JOINDER HELPS BROADEN THE DEPTH AND BREADTH OF OUR SERVICES FOR RESIDENTS OF SOUTHEASTERN MICHIGAN - PROMEDICA FORMED A JOINT OPERATING COMPANY (JOC) WITH LOCAL BEHAVIORAL HEALTH PROVIDER HARBOR TO ADDRESS A GROWING COMMUNITY NEED FOR MENTAL HEALTH SERVICES IN NORTHWEST OHIO AND SOUTHEAST MICHIGAN THE JOC WILL HELP INCREASE ACCESS TO BEHAVIORAL HEALTH SERVICES AND ENHANCE CARE THROUGH A MORE INTEGRATED, COORDINATED MODEL - PROMEDICA SPONSORED A SCHOOL-BASED FOOD DRIVE CHALLENGE AS PART OF ITS COME TO THE TABLE INITIATIVE SCHOOLS HAVE RAISED MORE THAN 24,000 POUNDS OF NON-PERISHABLE FOOD ITEMS OVER THE PAST TWO YEARS FOR COMMUNITY FOOD PROGRAMS ACROSS PROMEDICA'S SERVICE AREA - PROMEDICA'S SUMMER YOUTH EMPLOYMENT PROGRAM PARTNERED 74 CENTRAL-CITY TEENS AGES 16-19 WITH MENTORS IN DEPARTMENTS SUCH AS HUMAN RESOURCES, RADIOLOGY, DIETARY, AND INFORMATION TECHNOLOGY TO LEARN SKILLS INCLUDING CUSTOMER SERVICE, PUNCTUALITY AND BEING ACCOUNTABLE TO OTHERS - PROMEDICA CONTINUED ITS CHILDHOOD OBESITY PILOT PROGRAM, WHICH FOCUSED ON CHILDREN AND ADOLESCENTS WITH A BODY MASS INDEX (BMI) THAT CLASSIFIES THEM AS OBESE. FAMILIES MET 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 WERE COLLECTED BEFORE, DURING AND AFTER THE 12-MONTH PERIOD TO DETERMINE THE PROGRAM'S EFFECTIVENESS - COORDINATED THROUGH OUR ADVOCACY DEPARTMENT, PROMEDICA CONTINUED TO PROVIDE HEALTH AND NUTRITION EDUCATION TO ELEMENTARY SCHOOL CHILDREN IN GRADES 1 - 6 THE HEALTHY KIDS CONVERSATION MAP(R) PROGRAM IS DESIGNED TO EMPOWER STUDENTS AND THEIR PARENTS/GUARDIANS TO MAKE HEALTHY CHOICES ABOUT FOOD AND EXERCISE - PROMEDICA PHYSICIANS EXPANDED CARE TO BETTER COVER LOCAL AND RURAL COMMUNITIES, ADDING MORE THAN 95 NEW PRIMARY CARE PHYSICIANS, SPECIALISTS AND ADVANCED PRACTICE PROVIDERS IN 2014 - PROMEDICA PARTICIPATED IN DOZENS OF COMMUNITY HEALTH FAIRS THAT INCLUDED NEARLY 8,000 FREE PUBLIC SCREENINGS FOR HIGH BLOOD PRESSURE, HIGH CHOLESTEROL, BODY MASS INDEX AND BONE DENSITY - AS PART OF ITS HUNGER-FREE INITIATIVE, PROMEDICA CONTINUED TO IMPLEMENT A FOOD RECLAMATION PROGRAM IN PARTNERSHIP WITH HOLLYWOOD CASINO (ROSFORD, OHIO), AS WELL AS THE TOLEDO AND FLOWER HOSPITALS, PROVIDING MORE THAN 160,000 POUNDS OF REPACKAGED, UN-SERVED FOOD TO COMMUNITY FEEDING SITES THE TOLEDO MUD HENS AND OWENS COMMUNITY COLLEGE ARE THE NEWEST PARTNERS TO JOIN THE INITIATIVE - MORE THAN 150 PEOPLE JOINED PROMEDICA AND THE ALLIANCE TO END HUNGER IN FEBRUARY IN WASHINGTON DC TO DISCUSS HOW HUNGER AFFECTS AMERICANS' HEALTH AND WELL-BEING AS WELL AS WAYS TO ADDRESS AND SOLVE THE HUNGER PROBLEM BASED ON PROMEDICA'S COME TO THE TABLE INITIATIVE TO ADDRESS HUNGER AS A HEALTH ISSUE, THE NATIONAL SUMMIT FEATURED AN ARRAY OF SPEAKERS ON HUNGER AND HEALTH AS THE PARTNERS CONTINUE WORKING TO END U.S. HUNGER BY ENCOURAGING JOINT EFFORTS NATIONWIDE THE SUCCESS OF THE PROGRAM PROMPTED ADDITIONAL REGIONAL HUNGER SUMMITS - IN CHICAGO IN MAY, AND ATLANTA IN NOVEMBER - FEATURING GUEST SPEAKERS AND OTHER AGENCIES ADDRESSING HUNGER THROUGHOUT THE COUNTRY - PROMEDICA CANCER INSTITUTE'S COMMUNITY OUTREACH INCLUDED SCREENINGS FOR SKIN CANCER, EDUCATION SESSIONS ON COLON CANCER, THE FIFTH ANNUAL SURVIVOR CELEBRATIONS FOR CANCER SURVIVORS, FRIENDS AND CAREGIVERS, AND SPONSORSHIP OF THE ANNUAL SUSAN G KOMEN(R) RACE FOR THE CURE IN SUPPORT OF BREAST CANCER RESEARCH - PROMEDICA RETAIL GROUP (PROMEDICA FLOWER MARKET) - A STAND-ALONE RETAIL BUSINESS LOCATED NEAR THE CAMPUS OF THE TOLEDO HOSPITAL - BEGAN HOSTING MONTHLY GARDEN GROCER "FIRST FRIDAY" EVENTS TO DISCUSS GOOD NUTRITION AND OFFER HEALTHY COOKING DEMONSTRATIONS ALONG WITH RECIPES AND OTHER HANDOUTS THE EVENTS WERE HELD THE FIRST FRIDAY OF EACH MONTH AND FEATURED TIPS AND ADVICE FROM PROMEDICA'S CLINICAL DIETITIANS - THROUGH ITS ADVOCACY FUND, PROMEDICA CONTINUED TO SUPPORT LOCAL COMMUNITY ORGANIZATIONS THAT PROVIDE ASSISTANCE TO THOSE IN NEED WITH BASIC NECESSITIES THAT DIRECTLY IMPACT INDIVIDUALS' HEALTH AND WELL-BEING THIS SUPPORT AMOUNTED TO GRANTS TOTALING NEARLY \$375,000 IN 2014 - PROMEDICA OPENED ITS 55,000 SQUARE FOOT MARY ELLEN FALZONE DIABETES CENTER IN FEBRUARY 2014 THE FACILITY IS NAMED FOR A YOUNG GIRL WHO DIED FROM JUVENILE DIABETES BEFORE HER FAMILY EVEN KNEW SHE HAD THE DISEASE LOCATED ON THE CAMPUS OF THE TOLEDO HOSPITAL, THE CENTER OFFERS DIABETES PROGRAMS, SERVICES AND PHYSICIANS TOGETHER IN ONE CONVENIENT LOCATION TO SERVE ALL COMMUNITY MEMBERS WORKING TO MANAGE THEIR DIABETES - FLOWER HOSPITAL COMPLETED EXPANSION OF ITS PSYCHIATRIC CARE UNIT IN MARCH THE ADDITION INCLUDES 18 INPATIENT ROOMS, A COMMON SPACE FOR PATIENTS AND SPECIAL SECURITY MEASURES TO PROVIDE ADDED PROTECTION FOR THIS PATIENT

Return Reference	Explanation	
	- PROMEDICA SIGNED A DEFINITIVE AGREEMENT WITH MERCY MEMORIAL HOSPITAL	NT POPULATION. PROMEDICA IS COMMITTED TO EXPANDING BEHAVIORAL HEALTH SERVICES SYSTEM-WIDE TO MEET THE NEEDS OF OUR COMMUNITIES. - THE TOLEDO AND TOLEDO CHILDREN'S HOSPITALS COMPLETED CONSTRUCTION OF NEW IMAGING AND INPATIENT PHARMACY CENTERS IN THE EXISTING RENAISSANCE TOWER. LOCATED ON THE FIRST LEVEL, THE NEW RADIOLOGY SPACE PROVIDES A CENTRALIZED LOCATION FOR ALL RADIOLOGY SERVICES, EXCLUDING BREAST CARE. THE SPACE ALSO FEATURES A LAB DRAW SITE, WHILE A NEW INPATIENT PHARMACY LOCATION PROVIDES OPERATIONAL EFFICIENCIES AND IMPROVED WORKFLOW TO BETTER SERVE OUR PATIENTS AND CAREGIVERS. - ST. LUKE'S HOSPITAL'S EMERGENCY DEPARTMENT RENOVATION WAS COMPLETED, ENHANCING PATIENT PRIVACY AND COMFORT WHILE IMPROVING DEPARTMENT WORKFLOW FOR CAREGIVERS AND PATIENTS ALIKE. - PROMEDICA HOME HEALTH CARE'S ER2HOME PROGRAM LAUNCHED AT FLOWER HOSPITAL IS DESIGNED TO AVOID HOSPITAL READMISSIONS FOR HIGH-RISK, HIGH-COST PATIENTS WHO COME TO THE EMERGENCY CENTER THROUGH ER2HOME. PATIENTS RECEIVE A 30-DAY INTENSIVE SKILLED NURSING AND TELEHEALTH MONITORING PROGRAM TO HELP THEM BETTER MANAGE THEIR HEALTH CONDITION. - PROMEDICA SIGNED A MULTI-YEAR CONTRACT TO IMPLEMENT EPIC ENTERPRISE SOLUTIONS SYSTEM-WIDE. THE NEW CONTRACT WILL MOVE PROMEDICA TO A MORE INTEGRATED ELECTRONIC HEALTH RECORD (EHR) PLATFORM THAT WILL FURTHER ENABLE ONE PATIENT, ONE RECORD, AND ONE BILL FOR PATIENTS REGARDLESS OF SERVICE PROVIDED OR THE LOCATION OF THE SERVICE. - PROMEDICA PHYSICIANS OPENED A SECOND PROMEDICA AFTERHOURS LOCATION IN OREGON, OHIO PROVIDING RESIDENTS WITH DIAGNOSIS AND TREATMENT FOR NON-EMERGENCY MEDICAL ISSUES AS WELL AS PRESCRIPTION SERVICES. PROVIDING NEW OPTIONS FOR MEDICAL CARE WHEN PHYSICIAN OFFICES NORMALLY ARE CLOSED, AFTERHOURS IS STAFFED BY PROMEDICA PHYSICIANS, CERTIFIED NURSE PRACTITIONERS AND IS OPEN NIGHTS, WEEKENDS AND HOLIDAYS - 365 DAYS A YEAR. - PROMEDICA EMPLOYEES PLEDGED MORE THAN \$400,000 TO THE UNITED WAY CAMPAIGN IN 2014, SUPPORTING NUMEROUS COMMUNITY PROGRAMS AND SERVICES ACROSS NORTHWEST OHIO AND SOUTHEAST MICHIGAN. - PROMEDICA'S CULTURE OF SAFETY PROGRAM WAS EXPANDED THROUGH IMPLEMENTATION OF ERROR PREVENTION TRAINING FOR EMPLOYEES SYSTEM-WIDE. BY YEAR END, MORE THAN 90 PERCENT OF PHYSICIANS AND MORE THAN 13,000 ACUTE CARE EMPLOYEES HAD COMPLETED ERROR PREVENTION TRAINING. THE PATH TO SAFE, PATIENT-CENTERED CARE AND SERVICE IS DESIGNED TO ENGAGE PATIENTS AND FAMILIES AND IMPROVE CARE COORDINATION TO DELIVER BETTER OUTCOMES AND SERVICES ACROSS THE SYSTEM. IN 2014, PROMEDICA CONTRIBUTED \$148,727,000 IN COMMUNITY BENEFIT THROUGH COMMUNITY BENEFIT EXPENDITURES, FINANCIAL ASSISTANCE AND GOVERNMENT-SPONSORED, MEANS-TESTED HEALTH CARE. THESE NUMBERS NOT ONLY INDICATE PROMEDICA'S LONG-STANDING COMMITMENT TO THE COMMUNITY, BUT ALSO FULFILL OUR NOT-FOR-PROFIT STATUS BY 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, AND OTHER COMMUNITY BENEFIT OPERATIONS, PROMEDICA CONTRIBUTED \$51,018,000 IN 2014. THESE PROGRAMS INCLUDED FREE COMMUNITY HEALTH SCREENINGS, SUCH AS DIABETES TESTING, BLOOD PRESSURE, BONE DENSITY, BODY MASS, AND CANCER CHECKUPS, MAMMOGRAM SCREENINGS FOR LOW-INCOME AND UNINSURED WOMEN, CHILDHOOD IMMUNIZATIONS, REDUCED-COST SCHOOL-ATHLETIC PHYSICALS, FIRST-AID COVERAGE AT COMMUNITY EVENTS, VOLUNTEER ELEMENTARY SCHOOL MENTORS, PUBLIC HEALTH EDUCATION LECTURES AND SEMINARS, A CHILDHOOD OBESITY PROGRAM, COLLEGE SCHOLARSHIPS FOR STUDENTS ENTERING HEALTHCARE CAREERS, AND MANY OTHER COMMUNITY-BASED INITIATIVES.

Return Reference	Explanation
PROMEDICA ALSO CONTRIBUTED \$20,165,000 IN FINANCIAL ASSISTANCE FOR PATIENTS	WHO DID NOT HAVE THE FINANCIAL RESOURCES TO PAY FOR HOSPITAL SERVICES. THIS AMOUNT REPRESENTS THE COST TO PROVIDE SERVICE AND DOES NOT INCLUDE THE COSTS FOR ACCOUNTS THAT ARE WRITTEN OFF TO BAD DEBT FOR PATIENTS WHO DO NOT PAY THEIR BILLS. IN ADDITION, PROMEDICA'S COST OF BAD DEBT FOR 2014 WAS \$24,864,000. THIS AMOUNT IS NOT INCLUDED IN THE COMMUNITY BENEFIT AMOUNT OF \$148,727,000 NOTED ABOVE. FURTHER, PROMEDICA CONTINUES TO BE A LEADING PARTICIPANT IN THE LUCAS COUNTY CARENET INITIATIVE - A COLLABORATIVE EFFORT AMONG PROMEDICA, MERCY HEALTH PARTNERS, THE UNIVERSITY OF TOLEDO 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 2014, PROMEDICA PROVIDED \$77,544,000 OF COMMUNITY BENEFIT THROUGH THE COST - NOT REIMBURSED BY THE GOVERNMENT - FOR TREATING MEDICAID AND OTHER MEANS-TESTED PATIENTS. PROMEDICA'S TOTAL COST - NOT REIMBURSED BY THE GOVERNMENT - FOR TREATING MEDICARE PATIENTS DURING 2014 WAS \$89,329,000 AND IS NOT REFLECTED IN THE COMMUNITY BENEFIT AMOUNT OF \$148,727,000 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.

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

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
PROMEDICA HEALTH SYSTEM INC

Employer identification number
34-1517671

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (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	No
See Additional Data Table							

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

Yes

1g

No

1h

Yes

1i

No

1j

No

1k

Yes

1l

No

1m

No

1n

No

1o

Yes

1p

Yes

1q

Yes

1r

Yes

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			

Schedule R (Form 990) 2014

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) Disproportionate 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
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Additional Data

Software ID:

Software Version:

EIN: 34-1517671

Name: PROMEDICA HEALTH SYSTEM INC

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

(a) Name, address, and EIN (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
COBRA VENTURES LLC 5901 MONCLOVA RD MAUMEE, OH 43537 20-4671613	LAND LEASING	OH	5,320	90,714	ST LUKE'S HOSPITAL FOUNDATION
MIDWEST CARDIOVASCULAR CONSULTANTS LLC 5855 MONROE ST SYLVANIA, OH 43560 61-1448753	EMPLOYS PHYSICIANS	OH	0	534,176	PROMEDICA PHYSICIAN GROUP
PROMEDICA CENTRAL PHYSICIANS LLC 5855 MONROE ST SYLVANIA, OH 43560 34-1881137	EMPLOYS PHYSICIANS	OH	183,766,608	201,173,402	PROMEDICA PHYSICIAN GROUP
PROMEDICA EAST PHYSICIANS LLC 5855 MONROE ST SYLVANIA, OH 43560 34-1881145	EMPLOYS PHYSICIANS	OH	8,548,443	-216,940	PROMEDICA PHYSICIAN GROUP
PROMEDICA ORTHOPEDIC PHYSICIANS LLC 5855 MONROE ST SYLVANIA, OH 43560 20-8050622	EMPLOYS PHYSICIANS	OH	3,005,634	-1,465,225	PROMEDICA PHYSICIAN GROUP
PROMEDICA SOUTH PHYSICIANS LLC 5855 MONROE ST SYLVANIA, OH 43560 34-1898679	EMPLOYS PHYSICIANS	OH	3,208,029	527,953	PROMEDICA PHYSICIAN GROUP
PROMEDICA WEST PHYSICIANS LLC 5855 MONROE ST SYLVANIA, OH 43560 34-1893773	EMPLOYS PHYSICIANS	OH	14,427,121	-3,018,823	PROMEDICA PHYSICIAN GROUP
PROMEDICA NORTHWEST OHIO CARDIOLOGY CONSULTANTS LLC 5855 MONROE ST SYLVANIA, OH 43560 26-3888045	EMPLOYS PHYSICIANS	OH	30,673,335	-32,259,756	PROMEDICA PHYSICIAN GROUP
PROMEDICA GI PHYSICIANS LLC 5855 MONROE ST SYLVANIA, OH 43560 26-3015991	EMPLOYS PHYSICIANS	OH	9,033,278	-10,550,415	PROMEDICA PHYSICIAN GROUP
PROMEDICA CARDIOTHORACIC PHYSICIANS LLC 5855 MONROE ST SYLVANIA, OH 43560 27-0978204	EMPLOYS PHYSICIANS	OH	4,458,099	-4,736,913	PROMEDICA PHYSICIAN GROUP
WELLCARE PHYSICIANS LLC 5901 MONCLOVA RD MAUMEE, OH 43537 61-1528443	EMPLOYS PHYSICIANS	OH	15,132,363	6,251,117	PROMEDICA PHYSICIAN GROUP
PROMEDICA HEMATOLOGY-ONCOLOGY PHYSICIANS LLC 5855 MONROE ST SYLVANIA, OH 43560 27-1401750	EMPLOYS PHYSICIANS	OH	3,977,621	-5,216,293	PROMEDICA PHYSICIAN GROUP
PROMEDICA ENT LLC 5855 MONROE ST SYLVANIA, OH 43560 27-2404505	EMPLOYS PHYSICIANS	OH	1,810,346	-1,237,123	PROMEDICA PHYSICIAN GROUP
THE PHARMACY COUNTER LLC 5855 MONROE ST SYLVANIA, OH 43560 27-1325141	MEDICAL EQUIPMENT & PHARMACY	OH	55,156,717	15,766,325	PROMEDICA PHYSICIAN GROUP
WOLF CREEK ASSOCIATES LLC 901 KIMOLE LN ADRIAN, MI 49221 38-3164818	FACILITY LEASING	MI	279,165	1,185,111	EMMA L BIXBY MEDICAL CENTER
PROMEDICA MONROE CARDIOLOGY PLLC 5855 MONROE ST SYLVANIA, OH 43560 27-2920342	EMPLOYS PHYSICIANS	MI	2,568,582	-1,082,904	PROMEDICA PHYSICIAN GROUP
ERIE WEST HOSPICE & PALLIATIVE CARE LLC 5855 MONROE ST SYLVANIA, OH 43560 20-5752995	PROVIDES HOSPICE CARE	OH	2,796,665	7,159,564	PROMEDICA PHYSICIANS AND CONTINUUM SERVICES
PROMEDICA ANESTHESIA CONSULTANTS LLC 5855 MONROE ST SYLVANIA, OH 43560 45-3251737	EMPLOYS PHYSICIANS	OH	30,289,341	-20,847,530	PROMEDICA PHYSICIAN GROUP
PROMEDICA CRITICAL CARE LLC 5855 MONROE ST SYLVANIA, OH 43560 27-5165922	EMPLOYS PHYSICIANS	OH	4,706,125	-4,923,207	PROMEDICA PHYSICIAN GROUP
PROMEDICA PHYSICIANS MANAGEMENT SERVICES LLC 5855 MONROE ST SYLVANIA, OH 43560 45-3230331	PRACTICE MANAGEMENT	OH	93,971	78,774	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
PROMEDICA SURGICAL SERVICES LLC 5855 MONROE ST SYLVANIA, OH 43560	EMPLOYS PHYSICIANS	OH	0	0	PROMEDICA PHYSICIAN GROUP
MISSION POINTE GOLF COURSE LLC 2142 NORTH COVE TOLEDO, OH 43606	GOLF COURSE	OH	0	406,069	PROMEDICA FOUNDATION
PROMEDICA INNOVATIONS LLC 1801 RICHARDS RD TOLEDO, OH 43607	INVESTMENT COMPANY	OH	-627,870	836,477	PROMEDICA HEALTH SYSTEM INC
PROMEDICA GENITO-URINARY SURGEONS LLC 5855 MONROE ST SYLVANIA, OH 43560 46-1120436	EMPLOYS PHYSICIANS	OH	12,215,066	-6,078,309	PROMEDICA PHYSICIAN GROUP
PROMEDICA MONROE PHYSICIANS PLLC 5855 MONROE ST SYLVANIA, OH 43560 46-1111822	EMPLOYS PHYSICIANS	MI	553,582	-501,343	PROMEDICA PHYSICIAN GROUP
PROMEDICA MULTI-SPECIALTY PHYSICIANS LLC 5855 MONROE ST SYLVANIA, OH 43560 45-4976786	EMPLOYS PHYSICIANS	OH	0	159,481	PROMEDICA PHYSICIAN GROUP
PROMEDICA HOSPITALISTS LLC 5855 MONROE ST SYLVANIA, OH 43560	EMPLOYS PHYSICIANS	OH	0	0	PROMEDICA PHYSICIAN GROUP
PROMEDICA HOSPITALISTS PLLC 5855 MONROE ST SYLVANIA, OH 43560	EMPLOYS PHYSICIANS	MI	0	0	PROMEDICA PHYSICIAN GROUP
MEMORIAL ANESTHESIA LTD 715 SOUTH TAFT AVE FREMONT, OH 43420 20-5763680	EMPLOYS PHYSICIANS	OH	0	0	PROMEDICA PHYSICIAN GROUP
MEMORIAL PROFESSIONAL SERVICES LTD 715 SOUTH TAFT AVE FREMONT, OH 43420 27-3763993	EMPLOYS PHYSICIANS	OH	0	0	PROMEDICA PHYSICIAN GROUP
PHS VENTURES LLC 1801 RICHARDS RD TOLEDO, OH 43607 34-1880473	HEALTH CARE MANAGEMENT SERVICES	DE	0	0	PROMEDICA HEALTH SYSTEM INC

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
(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) LENAWEЕ 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) 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	
(15) 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	
(16) PROMEDICA PHYSICIANS AND CONTINUUM SERVICES 5855 MONROE ST SYLVANIA, OH 43560 34-1880767	PHYSICIAN MANAGEMENT SERVICES	OH	501(C)(3)	11B, II	PROMEDICA HEALTH SYSTEM INC	Yes	
(17) 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	
(18) ST LUKE'S HOSPITAL 5901 MONCLOVA RD MAUMEE, OH 43537 34-4428232	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
(19) 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	

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) PROMEDICA FOUNDATION 2142 N COVE BLVD TOLEDO, OH 43606 34-1517672	FOUNDATION	OH	501(C)(3)	11B, II	PROMEDICA HEALTH SYSTEM INC	Yes	
(1) THE TOLEDO HOSPITAL 2142 N COVE BLVD TOLEDO, OH 43606 34-4428256	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
(2) 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	
(3) 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	
(4) KAITLYN'S COTTAGE INC 1260 RALSTON AVE DEFIANCE, OH 43512 45-4781053	RESPITE CARE	OH	501(C)(3)	9	DEFIANCE HOSPITAL INC	Yes	
(5) MEMORIAL HOSPITAL 715 SOUTH TAFT AVE FREMONT, OH 43420 34-4430849	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM 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) Dispropportionate 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	
BIXBY MEDICAL OFFICE LIMITED PARTNERSHIP 818 RIVERSIDE AVE ADRIAN, MI 49221 38-2972398	FACILITY LEASING	MI	EMMA L BIXBY MEDICAL CENTER	RELATED	15,825	1,196,338		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	642,865	2,632,389		No			No	65 040 %
WATERVILLE MEDICAL CENTER LLC 5901 MONCLOVA RD MAUMEE, OH 43537 32-0160784	FACILITY LEASING	OH	CARE ENTERPRISES INC	RELATED	8,237	768,144		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	149,057	524,190		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	302,421	2,977,839		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	137,982	1,227,515		No			No	57 570 %
LENAWEE PHYSICIAN HOSPITAL ORGANIZATION LLC 818 RIVERSIDE AVE ADRIAN, MI 49221 38-3605511	PHYSICIAN MANAGEMENT SERVICES	MI	EMMA L BIXBY MEDICAL CENTER	RELATED	83,151	262,824		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	874,703	934,742		No			No	51 920 %
EAST-WEST HOLDINGS LTD 715 SOUTH TAFT AVE FREMONT, OH 43420 20-4066818	REAL ESTATE	OH	MEMORIAL HOSPITAL	RELATED	4,086	310,627		No			No	50 000 %
SURGICAL INSTITUTE OF MONROE LLC 1051 S TELEGRAPH RD MONROE, MI 48161 27-0843485	AMBULATORY SURGICAL CENTER	MI	PROMEDICA PHYSICIANS AND CONTINUUM SERVICES	RELATED		4,026,218		No			No	51 000 %

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	49,679	1,056,484	100 000 %	Yes	
LHA PHYSICIAN SERVICES CORPORATION 818 RIVERSIDE AVE ADRIAN, MI 49221 61-1451576	PHYSICIAN BILLING	MI	EMMA L BIXBY MEDICAL CENTER	C	-16,737	44,878	100 000 %	Yes	
PHYSICIANS ADVANTAGE MSO 5901 MONCLOVA RD MAUMEE, OH 43537 06-1811760	PHYSICIAN MANAGEMENT SERVICES	OH	PROMEDICA HEALTH SYSTEM INC	C			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	-1,555,757	-3,682,110	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	38,468,000	425,832,000	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			100 000 %	Yes	
PROMEDICA RETAIL GROUP INC 3890 MONROE ST TOLEDO, OH 43606 34-1159928	FLORIST	OH	PROMEDICA PHYSICIANS AND CONTINUUM SERVICES	C	20,020	1,906,368	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	-70	45,040	71 800 %	Yes	
MEMORIAL MEDICAL CENTER INC 715 SOUTH TAFT AVE FREMONT, OH 43420 34-0939146	RENTAL REAL ESTATE	OH	MEMORIAL HOSPITAL	C	-211,938		100 000 %	Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
MEMORIAL HOSPITAL	B	15,000,000	FMV
PROMEDICA FOUNDATION	B	210,780	FMV
PROMEDICA INSURANCE CORP INC & SUBSIDIARIES	B	20,000,000	FMV
DEFIANCE HOSPITAL INC	C	4,969,590	FMV
FOSTORIA HOSPITAL ASSOCIATION	C	2,429,071	FMV
BAY PARK COMMUNITY HOSPITAL	C	3,828,447	FMV
EMMA L BIXBY MEDICAL CENTER	C	3,051,810	FMV
HERRICK MEMORIAL HOSPITAL INC	C	3,051,810	FMV
THE TOLEDO HOSPITAL	C	18,750,000	FMV
FLOWER HOSPITAL	C	6,250,000	FMV
PROMEDICA FOUNDATION	C	165,201	FMV
PROMEDICA INDEMNITY CORPORATION	F	11,000,000	FMV
THE TOLEDO HOSPITAL	K	1,826,388	FMV
FOSTORIA HOSPITAL ASSOCIATION	P	58,996	FMV
THE TOLEDO HOSPITAL	P	13,485,313	FMV
FLOWER HOSPITAL	P	462,463	FMV
ST LUKE'S HOSPITAL	P	584,605	FMV
PROMEDICA COURIER SERVICES INC	P	96,482	FMV
PROMEDICA PHYSICIAN GROUP	P	136,094	FMV
PROMEDICA INDEMNITY CORPORATION	P	8,237,976	FMV
DEFIANCE HOSPITAL INC	Q	9,018,422	FMV
FOSTORIA HOSPITAL ASSOCIATION	Q	6,034,421	FMV
MEMORIAL HOSPITAL	Q	658,706	FMV
BAY PARK COMMUNITY HOSPITAL	Q	11,937,505	FMV
EMMA L BIXBY MEDICAL CENTER	Q	12,276,663	FMV

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
HERRICK MEMORIAL HOSPITAL INC	Q	6,149,620	FMV
THE TOLEDO HOSPITAL	Q	96,523,107	FMV
FLOWER HOSPITAL	Q	31,367,702	FMV
ST LUKE'S HOSPITAL	Q	15,743,827	FMV
PROMEDICA CONTINUING CARE SERVICES CORPORATION	Q	10,365,599	FMV
PROMEDICA INDEMNITY CORPORATION	Q	436,087	FMV
ST LUKE'S FOUNDATION	Q	84,760	FMV
PROMEDICA FOUNDATION	Q	1,252,229	FMV
PROMEDICA PHYSICIANS AND CONTINUUM SERVICES	Q	20,610,170	FMV
PROMEDICA PHYSICIAN GROUP	Q	584,782	FMV
PROMEDICA INSURANCE CORP INC & SUBSIDIARIES	Q	19,406,863	FMV
PROMEDICA FOUNDATION	R	208,840	BV