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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

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
THE TOLEDO HOSPITAL

Doing business as
PROMEDICA TOLEDO HOSPITAL

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

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

D Employer identification number
34-4428256

E Telephone number
(419) 291-7460

G Gross receipts $ 1,275,115,824

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW PROMEDICA ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1907

M State of legal domicile OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE TOLEDO HOSPITAL IS AN ACUTE CARE FACILITY AND THE ADULT TERTIARY FACILITY OF PROMEDICA HEALTH SYSTEM, INC PROVIDING INPATIENT AND OUTPATIENT HEALTH SERVICES TO THE GENERAL PUBLIC OF NORTHWEST OHIO AND SOUTHEAST MICHIGAN

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	5,775
6	Total number of volunteers (estimate if necessary)	**6**	522
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	4,573,069
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	1,603,121

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	7,174,080	14,085,242
9	Program service revenue (Part VIII, line 2g)	715,544,906	752,995,929
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	33,108,826	42,994,579
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,600,250	18,033,864
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	780,428,062	828,109,614
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	54,712,212	27,691,529
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)	322,575,826	334,244,087
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	401,259,708	423,643,138
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	778,547,746	785,578,754
19	Revenue less expenses Subtract line 18 from line 12	1,880,316	42,530,860

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	1,426,475,465	1,430,927,975
21	Total liabilities (Part X, line 26)	686,895,146	668,390,416
22	Net assets or fund balances Subtract line 21 from line 20	739,580,319	762,537,559

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2015-11-12

ARTURO POLIZZI PRESIDENT
Type or print name and title

Paid Preparer Use Only

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

Firm's name ▶ DELOITTE TAX LLP — 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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 565,920,410 including grants of $ 27,691,529) (Revenue $ 734,033,122)

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

4b (Code) (Expenses $ 42,180,429 including grants of $) (Revenue $)

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

4c (Code) (Expenses $ 56,480,847 including grants of $) (Revenue $ 24,426,771)

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

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses $ 1,142,841 including grants of $) (Revenue $ 1,142,841)

4e **Total program service expenses** ▶ 665,724,527

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	428		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	5,775		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for 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?	8			
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?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a** 20		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**		No
6	Did the organization have members or stockholders?	**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**		No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ BRIAN HANSEN

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

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								1,416,584	7,659,548	1,930,854

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LATHROP COMPANY INC 460 WEST DUSSEL DR MAUMEE, OH 435374205	GENERAL CONTRACTING	26,990,989
MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905	LAB TESTING	5,335,417
UNIVERSITY OF TOLEDO 3000 ARLINGTON TOLEDO, OH 43614	PHYSICIAN SERVICES	3,318,941
HKS INC 1919 MCKINNEY AVE DALLAS, TX 75201	ARCHITECTURAL DESIGN	3,166,821
SIEMENS MED SOLUTIONS HEALTH 51 VALLEY STREAM PARKWAY MALVERN, PA 19355	SERVICE CONTRACTS	2,648,887

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 ▶58

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	1,302			
	d	Related organizations . . .	1d	10,712,427			
	e	Government grants (contributions)	1e	876,277			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,495,236			
	g	Noncash contributions included in lines 1a-1f $		5,930,000			
	h	**Total.** Add lines 1a-1f . . . . . ▶		14,085,242			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICES	622110	745,825,126	741,723,867	4,101,259	
	b	AFFIL ORG RENT REV	531120	5,819,146			5,819,146
	c	MEMBERSHIP REVENUE	713940	1,351,657	1,351,657		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		752,995,929			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		11,226,252			11,226,252
	4	Income from investment of tax-exempt bond proceeds . . ▶		133,710			133,710
	5	Royalties . . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents	4,115,419				
	b	Less rental expenses	3,143,584				
	c	Rental income or (loss)	971,835				
	d	Net rental income or (loss) . . . . . ▶		971,835		127,931	843,904
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	472,198,345 / 2,514,571				
	b	Less cost or other basis and sales expenses	441,092,264 / 1,986,035				
	c	Gain or (loss)	31,106,081 / 528,536				
	d	Net gain or (loss) . . . . . ▶		31,634,617			31,634,617
	8a	Gross income from fundraising events (not including $ 1,302 of contributions reported on line 1c) See Part IV, line 18 . . a	14,251				
	b	Less direct expenses . . . b	8,523				
	c	Net income or (loss) from fundraising events . . ▶		5,728			5,728
	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	961,016				
	b	Less cost of goods sold . . b	775,804				
	c	Net income or (loss) from sales of inventory . . ▶		185,212			185,212
Other Revenue		Miscellaneous Revenue	Business Code				
	11a	DIETARY AND OTHER	722514	7,034,289	6,861,957	172,332	
	b	PHARMACY	446110	6,602,335	6,601,822	513	
	c	EHR INCENTIVE	900099	3,063,431	3,063,431		
	d	All other revenue		171,034		171,034	
	e	**Total.** Add lines 11a–11d . . . . . ▶		16,871,089			
	12	**Total revenue.** See Instructions . . . . . ▶		828,109,614	759,602,734	4,573,069	49,848,569

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	27,691,529	27,691,529		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
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	51,000	36,000	15,000	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	260,695,286	183,268,639	77,426,647	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,265,851	12,840,893	5,424,958	
9 Other employee benefits	36,621,076	25,744,616	10,876,460	
10 Payroll taxes	18,610,874	13,083,444	5,527,430	
11 Fees for services (non-employees)				
a Management	62,681	62,681		
b Legal	1,125,918	1,125,918		
c Accounting	602,748		602,748	
d Lobbying	25,083		25,083	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	1,533,902	1,533,902		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	57,832,012	46,265,610	11,566,402	
12 Advertising and promotion	1,805,401	1,444,321	361,080	
13 Office expenses	7,256,626	7,256,626		
14 Information technology	10,034,471	10,034,471		
15 Royalties				
16 Occupancy	18,879,638	15,103,710	3,775,928	
17 Travel	1,201,925	564,569	637,356	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	16,518,021	16,518,021		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	46,085,140	46,085,140		
23 Insurance	5,546,009	4,436,807	1,109,202	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	115,091,434	115,091,434	0	0
b INTERCOMPANY SERVICES	68,013,349	67,621,820	391,529	0
c DRUGS	42,690,380	42,690,380	0	0
d LICENSES AND FEES	10,120,537	10,120,537	0	0
e All other expenses	19,217,863	17,103,459	2,114,404	
25 **Total functional expenses.** Add lines 1 through 24e	785,578,754	665,724,527	119,854,227	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		31,584,570	1	2,394,753
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		114,386,182	4	126,880,993
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		11,384,411	8	10,541,484
	9	Prepaid expenses and deferred charges		1,445,007	9	2,982,803
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 940,792,411			
	b	Less accumulated depreciation	10b 509,011,249	390,270,167	10c	431,781,162
	11	Investments—publicly traded securities		448,124,594	11	420,867,119
	12	Investments—other securities See Part IV, line 11		9,307,900	12	9,839,189
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		11,613,458	14	11,524,886
	15	Other assets See Part IV, line 11		408,359,176	15	414,115,586
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,426,475,465	16	1,430,927,975
Liabilities	17	Accounts payable and accrued expenses		71,798,673	17	74,249,623
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		519,889,896	20	501,166,956
	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		16,510,468	23	22,599,524
	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		78,696,109	25	70,374,313
	26	**Total liabilities.** Add lines 17 through 25		686,895,146	26	668,390,416
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		530,375,870	27	544,541,248
	28	Temporarily restricted net assets		198,644,254	28	207,511,496
	29	Permanently restricted net assets		10,560,195	29	10,484,815
		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		739,580,319	33	762,537,559
	34	Total liabilities and net assets/fund balances		1,426,475,465	34	1,430,927,975

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	828,109,614
2	Total expenses (must equal Part IX, column (A), line 25)	2	785,578,754
3	Revenue less expenses Subtract line 2 from line 1	3	42,530,860
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	739,580,319
5	Net unrealized gains (losses) on investments	5	-27,858,077
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	8,284,457
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	762,537,559

Part XII Financial Statements and Reporting

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

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

Additional Data

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

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

(Code	) (Expenses $	1,142,841	including grants of $	) (Revenue $	1,142,841)

OPERATES A HEALTH CLUB FACILITY

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

(A) Name and Title	(B) Average hours per week (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) CRAIG S BARROW TRUSTEE	1 00 0 00	X						0	0	0
(1) RHONDIA F BLACK TRUSTEE	1 00 0 00	X						0	0	0
(2) DAWN BUSKEY EX OFFICIO	40 00 0 00	X						0	278,396	53,576
(3) LESLIE A CHAPMAN EX OFFICIO	1 00 0 00	X						0	0	0
(4) PARISS M COLEMAN II TRUSTEE	1 00 1 00	X						0	0	0
(5) TODD J COOPERIDER MD MBA TRUSTEE	1 00 40 00	X						0	662,825	43,011
(6) JOHNNIE L EARLY II PHD RPH TRUSTEE	1 00 0 00	X						0	0	0
(7) DONALD J FINNEGAN JR TRUSTEE	1 00 0 00	X						0	0	0
(8) DEBORAH A GUNTSCH MD TRUSTEE	1 00 40 00	X						15,000	268,966	44,190
(9) LEE W HAMMERLING MD TRUSTEE	1 00 47 00	X						0	739,430	68,260
(10) NANCY P KABAT TRUSTEE	1 00 0 00	X						0	487	0
(11) WILLIAM R MCDONNELL TRUSTEE	1 00 0 00	X						0	0	0
(12) ROBERTA J MILLER TRUSTEE	1 00 0 00	X						0	0	0
(13) HARRY A SHAW IV EX OFFICIO	1 00 0 00	X						0	0	0
(14) HARVEY A TOLSON TRUSTEE	1 00 0 00	X						0	0	0
(15) JEFFREY R TWYMAN TRUSTEE	1 00 0 00	X						0	0	0
(16) J BRAD TYO TRUSTEE	1 00 0 00	X						0	0	0
(17) JAMES F WEBER TRUSTEE	1 00 0 00	X						0	0	0
(18) BETH A WILSON TRUSTEE	1 00 0 00	X						0	0	0
(19) ROBERT F WOOD MD TRUSTEE	1 00 0 00	X						0	0	0
(20) KEVIN C WEBB PHD EX OFFICIO/PRES, EX OFF (THRU 5/14)	1 00 50 00	X		X				0	575,645	49,020
(21) ARTURO POLIZZI PRESIDENT, EX OFFICIO	1 00 40 00	X		X				0	554,834	55,071
(22) SARAH A MCHUGH CHAIRPERSON	1 00 1 00	X		X				0	0	0
(23) KATHLEEN S HANLEY TREASURER (THRU 5/14)	0 50 50 50			X				0	704,046	822,147
(24) ALAN M SATTLER TREASURER	0 50 52 50			X				0	438,639	68,941

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) JEFFREY C KUHN SECRETARY	0 50 50 00			X				0	532,963	69,020
(1) KEN ARMSTRONG COO, HVI	40 00 1 50				X			0	258,291	62,856
(2) ALISON AVENDT VP OPS, TTH	40 00 0 00				X			0	154,401	24,767
(3) LORI FERGUSON VP PATIENT CARE, TCH	40 00 0 00				X			0	174,417	39,699
(4) SCOTT FOUGHT VP FINANCE	0 50 41 00				X			0	185,747	37,661
(5) KHURRAM KAMRAN VP MED AFFAIRS, TTH	40 00 1 00				X			0	485,065	38,358
(6) NEERAJ K KANWAL MD VP MED AFFAIRS, TTH	0 50 41 00				X			0	353,520	54,145
(7) JOSEPH SFERRA VP SURGICAL SERVICES, TTH	40 00 0 00				X			36,000	267,193	16,010
(8) DEANA SIEVERT VP PATIENT CARE, TTH	40 00 0 00				X			0	209,614	25,538
(9) ANTHONY COMEROTA DIR JOBST VASCULAR CTR	40 00 0 00					X		567,435	0	37,195
(10) LOUITO C EDJE MD DIR ED FAMILY PRACTICE	40 00 1 00					X		217,703	0	31,198
(11) FEDOR LURIE ASSOC DIR RESEARCH ED VASC	40 00 0 00					X		200,398	0	28,325
(12) JEFFREY LEWIS ASSOC DIR ED FAMILY PRACTICE	40 00 0 00					X		190,157	0	63,362
(13) MICHAEL BIGGIN LEAD PHYSICIAN ASSISTANT	40 00 0 00					X		189,891	0	40,257
(14) GARY AKENBERGER FORMER KEY EMPLOYEE	0 00 44 00						X	0	342,500	69,169
(15) DARRIN ARQUETTE FORMER KEY EMPLOYEE	0 00 40 00						X	0	149,715	35,777
(16) HOLLY L BRISTOLL FORMER KEY EMPLOYEE	0 00 42 00						X	0	322,854	53,301

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **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
THE TOLEDO HOSPITAL

Employer identification number
34-4428256

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

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

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

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

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

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

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

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

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

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

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

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

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

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

Section A. Public Support

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.*	1		
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).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
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.*	3b		
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.*	3c		
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.*	4a		
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. . . .*	4b		
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.*	4c		
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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.***	6		
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) .*	7		
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).*	8		
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.***	9a		
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.***	9b		
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.***	9c		
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.*	10a		
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).*	10b		
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?	11a		
b	A family member of a person described in (a) above?	11b		
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.*	11c		

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.*	1		
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.*	2		

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).*	1		

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?	1		
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).*	2		
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.*	3		

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)

			Yes	No
2	Activities Test **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	Parent of Supported Organizations **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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316065645

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		25,083
j	Total Add lines 1c through 1i			25,083
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
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
THE TOLEDO HOSPITAL

Employer identification number
34-4428256

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate 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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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

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

2a Did the organization include an amount on Form 990, Part X, line 21, 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	10,560,195	10,062,050	9,422,630	10,062,393	9,516,977
b	Contributions	4,397	558,860	93,509		1,800
c	Net investment earnings, gains, and losses	-79,777	-60,715	545,911	-639,763	543,616
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	10,484,815	10,560,195	10,062,050	9,422,630	10,062,393

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	8,830,000	68,093,426		76,923,426
b Buildings		546,623,762	320,016,782	226,606,980
c Leasehold improvements		6,965,507	6,924,489	41,018
d Equipment		232,857,029	165,293,840	67,563,189
e Other		77,422,687	16,776,138	60,646,549
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				431,781,162

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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

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

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	14,004,078
(2) BENEFICIAL INTEREST IN FOUNDATION	216,318,752
(3) OTHER SEGREGATED INVESTMENTS	8,281,868
(4) DEFERRED BOND ISSUE COSTS	3,031,459
(5) INTERCOMPANY DEBT FROM RELATED ENTITIES	167,296,258
(6) OTHER RECEIVABLES	3,505,613
(7) RESEARCH FUNDS	1,677,558
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	414,115,586

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
DUE TO AFFILIATES	22,107,532
ESTIMATED THIRD PARTY SETTLEMENTS PAYABLE	15,742,300
DEFERRED COMPENSATION	8,136,971
INTEREST RATE SWAP	15,508,578
ASBESTOS REMEDIATION	8,007,624
DEFERRED INCOME TAXES	412,192
PENSION LIABILITY	459,116
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	70,374,313

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (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 V, LINE 4	THE ENDOWMENT FUNDS ARE INVESTED TO GENERATE INCOME TO BE USED TO SUPPORT THE TOLEDO HOSPITAL CONSISTENT WITH DONOR INTENT
PART X, LINE 2	THE TOLEDO HOSPITAL IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF PROMEDICA HEALTH SYSTEM, INC AND SUBSIDIARIES (PHS) THE FOLLOWING REFLECTS PHS'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER ASC 740 EXCEPT AS NOTED BELOW, PHS DID NOT HAVE ANY MATERIAL UNCERTAIN TAX POSITIONS AT DECEMBER 31, 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 THE TOLEDO HOSPITAL DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2014 AND 2013

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule G (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
THE TOLEDO HOSPITAL

Employer identification number
34-4428256

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 GOLF OUTING (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	14,838			14,838
	2 Less Contributions	1,302			1,302
	3 Gross income (line 1 minus line 2)	13,536			13,536
Direct Expenses	4 Cash prizes	200			200
	5 Noncash prizes				
	6 Rent/facility costs	8,301			8,301
	7 Food and beverages	22			22
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(8,523)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				5,013

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activities conducted in

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
THE TOLEDO HOSPITAL

Employer identification number
34-4428256

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			10,874,971		10,874,971	1 370 %
b Medicaid (from Worksheet 3, column a)			151,093,621	119,838,221	31,255,400	3 930 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			189,462	139,404	50,058	0 010 %
d **Total** Financial Assistance and Means-Tested Government Programs			162,158,054	119,977,625	42,180,429	5 310 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			5,030,870	1,023,603	4,007,267	0 500 %
f Health professions education (from Worksheet 5)			15,359,852	6,937,442	8,422,410	1 060 %
g Subsidized health services (from Worksheet 6)			35,434,220	15,866,191	19,568,029	2 460 %
h Research (from Worksheet 7)			642,548	599,535	43,013	0 010 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			13,357		13,357	0 %
j **Total.** Other Benefits			56,480,847	24,426,771	32,054,076	4 030 %
k **Total.** Add lines 7d and 7j			218,638,901	144,404,396	74,234,505	9 340 %

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

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

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	34,813,991		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	6,002,077		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	132,197,350
6	Enter Medicare allowable costs of care relating to payments on line 5	6	143,239,212
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-11,041,862
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

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

Part IV **Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 PROMEDICA CARDIOVASCULAR CO-MANAGEMENT CO LLC	PHYSICIAN SERVICES	30 810 %		60 780 %
2 2 PROMEDICA ORTHOPEDIC CO-MANAGEMENT CO LLC	PHYSICIAN SERVICES	26 600 %		57 450 %
3 3 PROMEDICA SURGICAL SERVICES CO-MANAGEMENT CO LLC	PHYSICIAN SERVICES	32 690 %		38 460 %
4 4 REYNOLDS ROAD SURGICAL CENTER LLC	SURGICAL CENTER	60 330 %		37 490 %
5 5 NORTHWEST OHIO DEDICATED BREAST MRI LLC	MEDICAL DIAGNOSTIC	50 000 %		50 000 %
6 6 WEST CENTRAL SURGICAL CENTER LLC	SURGICAL CENTER	50 000 %		50 000 %
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 3

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**		No
7	Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW.PROMEDICA.ORG/CHNA			
b	☐ Other website (list url) _____			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**		No
a	If "Yes" (list url) _____			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**	Yes	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $_____			

Part V Facility Information *(continued)*

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group _____

			Yes	No
Financial Assistance Policy (FAP)				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000% and FPG family income limit for eligibility for discounted care of 400 000000000000%			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☑ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☐ The FAP was widely available on a website (list url) _____			
b	☑ The FAP application form was widely available on a website (list url) _____			
c	☑ A plain language summary of the FAP was widely available on a website (list url) _____			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group _____

			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☑ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☑ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

FACILITY REPORTING GROUP - B

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**		No
7	Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url) _____			
b	☐ Other website (list url) _____			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 14			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**		No
a	If "Yes" (list url) _____			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**	Yes	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $_____			

Part V Facility Information *(continued)*

FACILITY REPORTING GROUP - B

Name of hospital facility or letter of facility reporting group _____

			Yes	No
Financial Assistance Policy (FAP)				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000% and FPG family income limit for eligibility for discounted care of 500 000000000000%			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☐ The FAP was widely available on a website (list url) _____			
b	☐ The FAP application form was widely available on a website (list url) _____			
c	☐ A plain language summary of the FAP was widely available on a website (list url) _____			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

FACILITY REPORTING GROUP - B

Name of hospital facility or letter of facility reporting group _____

			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**		No
	If "No," indicate why			
a	☑ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation

Part V Facility Information *(continued)*

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

How many non-hospital health care facilities did the organization operate during the tax year? **57**

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

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

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

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

Form and Line Reference	Explanation
PART III, LINE 2	THE TOLEDO HOSPITAL'S ANALYSIS AND ASSESSMENT OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND RELATED BAD DEBT EXPENSE USES A RECEIPTS "LOOK-BACK" METHOD UTILIZING HISTORICAL PAYMENT DATA ON ACCOUNTS, INCLUDING CONTRACTUAL ADJUSTMENTS FOR PAYER DISCOUNTS, AS WELL AS PATIENT PAYMENTS, SUCH AS CO-PAYS AND DEDUCTIBLES, TO ESTABLISH ANTICIPATED COLLECTABILITY RATES FOR ACCOUNTS RECEIVABLE WITHIN EACH PAYER CATEGORY

Form and Line Reference	Explanation
PART III, LINE 3	THE TOLEDO HOSPITAL ESTIMATED THE POSSIBLE AMOUNT OF FINANCIAL ASSISTANCE WITHIN BAD DEBT EXPENSE BY REVIEWING ACCOUNTS THAT WERE INTERNALLY CODED AS HAVING BEEN PROVIDED A FINANCIAL ASSISTANCE APPLICATION, BUT THAT WAS NOT ADEQUATELY COMPLETED BY THE PATIENT OR GUARANTOR, IN WHICH THE ACCOUNT WAS SUBSEQUENTLY WRITTEN OFF TO BAD DEBT

Form and Line Reference	Explanation
PART III, LINE 4	PROVISION FOR BAD DEBTS AND ALLOWANCE FOR ESTIMATED UNCOLLECTIBLE ACCOUNTS ARE DISCUSSED ON PAGES 16 AND 17 OF THE ATTACHED PROMEDICA HEALTHCARE OBLIGATED GROUP COMBINED FINANCIAL STATEMENTS

Form and Line Reference	Explanation
PART III, LINE 8	MEDICARE SHORTFALL, WHICH IS THE EXCESS OF COSTS TO TREAT MEDICARE PATIENTS OVER THE REIMBURSEMENT RECEIVED FROM THE FEDERAL GOVERNMENT, SHOULD BE TREATED AS COMMUNITY BENEFIT FOR THE FOLLOWING REASONS - THE MEDICARE SHORTFALL REPRESENTS THE RELIEF OF A FINANCIAL BURDEN THAT WOULD OTHERWISE BE BORNE BY A GOVERNMENT PROGRAM - THE MEDICARE SHORTFALL REPRESENTS A SOCIETAL BENEFIT INSOFAR AS MANY OF THE PROGRAMS AND SERVICES WOULD NOT BE PROVIDED TO THE COMMUNITY, IF THE DECISION TO PROVIDE SUCH SERVICES WAS MADE ON A FINANCIAL BASIS - MEDICARE IS A SOCIETAL BENEFIT, MANDATED BY THE FEDERAL GOVERNMENT, FOR THOSE WHO WOULD OTHERWISE BE UNINSURED AFTER AGING OUT OF TRADITIONAL MEANS OF HEALTH INSURANCE, SUCH AS THAT PROVIDED BY AN EMPLOYER - MEDICARE IS NOT A TRUE MARKET PAYER, AS COMPARED TO COMMERCIAL PAYERS, WHEREBY REIMBURSEMENT RATES CAN BE NEGOTIATED AND ADJUSTED IN ORDER TO REDUCE INCURRED LOSSES THE TOLEDO HOSPITAL USED THE MEDICARE ALLOWABLE COSTS PER ITS 2014 AS-FILED MEDICARE COST REPORTS, LESS ANY ADJUSTMENTS FOR SUBSIDIZED HEALTH SERVICES AND HEALTH PROFESSIONS EDUCATION, IF APPLICABLE ALLOWABLE COSTS ARE CALCULATED BY ALLOCATING TOTAL FACILITY COSTS TO REVENUE GENERATING UNITS WITHIN THE HOSPITAL THE MEDICARE COST REPORT DOES NOT REFLECT ALL OF THE COSTS ASSOCIATED WITH MEDICARE PROGRAMS, SUCH AS SERVICES AND CLINICS

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

Form and Line Reference	Explanation
PART VI, LINE 2	PROMEDICA HEALTH SYSTEM AND HOSPITALS DEMONSTRATE A COMMITMENT TO THE COMMUNITIES IT SERVES AND THEREFORE, BELIEVES IT IS CRITICAL TO UNDERSTAND THE HEALTH CARE NEEDS OF ITS PRIMARY SERVICE AREA TO THAT END, PROMEDICA HOSPITALS CONDUCT NEEDS ASSESSMENTS IN ITS PRIMARY SERVICE AREAS USING A VARIETY OF METHODOLOGIES TO ASSESS EACH COUNTY'S HEALTH CARE DATA, IDENTIFY GAPS IN HEALTH CARE INITIATIVES, AND MAKE RECOMMENDATIONS FOR THE BETTERMENT OF THE GENERAL COMMUNITY HEALTH ANALYSIS OF PUBLISHED COUNTY HEALTH DATA, INTERVIEWS WITH KEY STAKEHOLDERS, AND REVIEW OF HISTORICAL AND EXISTING PROMEDICA COMMUNITY ASSESSMENTS ARE ALL MEANS BY WHICH RECOMMENDATIONS FOR THE PROMEDICA COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLANS ARE DEVELOPED INFORMATION IS REVIEWED AND APPROVED BY HOSPITAL GOVERNANCE LEADERSHIP TO ASSURE THAT PLANS ARE DEVELOPED TO MEET THE NEEDS OF THE COMMUNITY PUBLISHED COUNTY HEALTH DATACOUNTY HEALTH DATA WERE OBTAINED FROM SEVERAL SOURCES, INCLUDING THE OHIO DEPARTMENT OF HEALTH DATA WAREHOUSE, THE MICHIGAN DEPARTMENT OF HEALTH, AND FORMAL COUNTY ASSESSMENTS CONDUCTED WITHIN THE INDIVIDUAL COUNTIES ALTHOUGH MOST COUNTIES CONDUCTING A FORMAL ASSESSMENT UTILIZE THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) QUESTIONNAIRE DEVELOPED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) AS THE BASIS OF THE COUNTY QUESTIONNAIRE, COUNTY COMMITTEES TYPICALLY ADD AND/OR CHANGE QUESTIONS TO MEET THE COUNTY'S PERCEIVED NEEDS PROMEDICA'S COMMUNITY GOALS ARE SET BASED ON THESE DATA PROMEDICA COMMUNITY HEALTH PLANOVERALL, EMPHASIS IS PLACED ON CLINICAL PROGRAMS FOCUSED ON LEADING CAUSES OF DEATH HEART DISEASE, CANCERS, AND STROKE, DUE TO THE LARGE NUMBERS OF INDIVIDUALS AFFECTED BY THESE DISEASES THE PRIMARY FOCUS FOR COMMUNITY HEALTH ACTIVITIES ARE RELATED TO EDUCATION, SCREENING, AND PREVENTION OF CARDIOVASCULAR DISEASE, CANCERS AND OBESITY, AND IMPROVING RELATED CONDITIONS THAT RESULT IN HIGH MORBIDITY AND MORTALITY IN OUR COMMUNITIES, WITH SPECIAL EMPHASIS PLACED ON SERVING UNDERSERVED POPULATIONS IN ADDITION, PROMEDICA STRATEGIC PLANNING CONTINUES TO DEVELOP PATIENT-CENTERED, INTEGRATED CLINICAL SERVICE LINES INCLUDING CANCER, CARDIOVASCULAR, ORTHOPAEDICS AND MATERNAL FETAL MEDICINE

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

Form and Line Reference	Explanation
PART VI, LINE 4	THE TOLEDO HOSPITAL, LOCATED IN TOLEDO, OHIO, SERVES AN AREA PRIMARILY AROUND LUCAS COUNTY WITH A POPULATION OF APPROXIMATELY 839,000 APPROXIMATELY 15% OF THE SERVICE AREA IS AGE 65 OR OVER, 39% IS BETWEEN AGE 35 AND 64, MEDIAN HOUSEHOLD INCOME IS APPROXIMATELY $44,000, 46% OF THE ADULT POPULATION AGED 25+ HAS A HIGH SCHOOL DEGREE OR LOWER, 57% OF HOUSEHOLDS HAVE AN INCOME OF $50,000 OR LESS LUCAS COUNTY HAS A POPULATION OF APPROXIMATELY 438,000 WITH APPROXIMATELY 11% OF FAMILIES BELOW THE POVERTY LEVEL AND AN APPROXIMATE 31% MEDICAID ELIGIBLE RATE APPROXIMATELY 18% OF LUCAS COUNTY IS UNINSURED THE AVERAGE UNEMPLOYMENT RATE FOR LUCAS COUNTY IN 2014 WAS 8 0% THE LEADING CAUSES OF DEATH IN THE SERVICE AREA, BASED ON AGE ADJUSTED MORTALITY RATES ARE HEART DISEASE, LUNG DISEASE, STROKE, DIABETES, CANCER, ALZHEIMER'S AND UNINTENTIONAL INJURIES/ACCIDENTS ACCORDING TO 2014 COUNTY HEALTH RANKINGS, LUCAS COUNTY RANKED 68 OF 88 COUNTIES FOR HEALTH OUTCOMES, 59 OF 88 FOR MORTALITY, AND 71 OF 88 FOR MORBIDITY THERE ARE FOURTEEN HOSPITALS WITHIN A SIX COUNTY AREA AROUND TOLEDO, HERRICK MEMORIAL HOSPITAL, INC , EMMA L BIXBY MEDICAL CENTER, FULTON COUNTY HEALTH CENTER, COMMUNITY HOSPITALS AND WELLNESS CENTERS - ARCHBOLD, FLOWER HOSPITAL, ST ANNE MERCY HOSPITAL, ST VINCENT MERCY MEDICAL CENTER, ST CHARLES MERCY HOSPITAL, BAY PARK COMMUNITY HOSPITAL, UNIVERSITY OF TOLEDO MEDICAL CENTER, ST LUKE'S HOSPITAL, MERCY MEMORIAL-MONROE, WOOD COUNTY HOSPITAL, AND HENRY COUNTY HOSPITAL

Form and Line Reference	Explanation
PART VI, LINE 5	IN 2014, THERE WERE 515 BOARD MEMBERS FOR PROMEDICA HEALTH SYSTEM, INC (PROMEDICA) OF THESE, 100% LIVED WITHIN PROMEDICA'S 27-COUNTY SERVICE AREA, WITH THE MAJORITY RESIDING WITHIN METRO TOLEDO WHERE PROMEDICA'S ADULT AND PEDIATRIC TERTIARY HOSPITALS (THE TOLEDO HOSPITAL AND TOLEDO CHILDREN'S HOSPITAL) ARE LOCATED TRUSTEE REPRESENTATION IS COMPRISED OF DIVERSE MEMBERS, INCLUDING 82 PHYSICIANS, FROM NORTHWEST OHIO AND SOUTHEAST MICHIGAN, ALL TRUSTEES RESIDE WITHIN PROMEDICA'S SERVICE REGION IN NORTHWEST OHIO AND SOUTHEAST MICHIGAN - BOARD MEMBERS ARE NOT COMPENSATED BY PROMEDICA FOR THEIR SERVICE TO OUR HOSPITALS AND OTHER BUSINESS UNITS, THEIR DONATION OF TIME AND EXPERTISE, INCLUDING ATTENDING BOARD MEETINGS, RETREATS AND OTHER ACTIVITIES, ARE PERFORMED ON A VOLUNTEER BASIS IN 2014, PROMEDICA BOARD MEMBERS GAVE APPROXIMATELY 27,090 HOURS IN SERVICE TO THE ORGANIZATION, WHICH EQUATES TO AN ESTIMATED CONTRIBUTION OF APPROXIMATELY $3 MILLION TO OUR COMMUNITIES - PROMEDICA'S MEDICAL STAFF PRIVILEGES ARE EXTENDED TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITIES WHICH PROMEDICA SERVES QUALIFICATION MAY VARY BY HOSPITAL, BUT ANY PHYSICIAN WHO MEETS THOSE QUALIFICATIONS MAY BE GRANTED PRIVILEGES - THE PROMEDICA BIOREPOSITORY HAS COLLECTED MORE THAN 200 BLOOD AND TISSUE SAMPLES DONATED BY PATIENTS TO ADVANCE RESEARCH IN AREAS OF NEW TREATMENTS, PREVENTION AND CURES FOR CANCER AND OTHER MEDICAL CONDITIONS - THE PROMEDICA ADVOCACY FUND PROVIDED GRANTS TOTALING NEARLY $375,000 TO MORE THAN A DOZEN NONPROFIT ORGANIZATIONS, HELPING THEM PROVIDE FOOD, CLOTHING AND SHELTER TO AT-RISK INDIVIDUALS IN NORTHWEST OHIO AND SOUTHEAST MICHIGAN - 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 - PROMEDICA CONTINUED TO IMPLEMENT ITS FOOD RECLAMATION PROGRAM IN PARTNERSHIP WITH HOLLYWOOD CASINO (ROSSFORD, 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 - PROMEDICA OPENED ITS 55,000 SQUARE FOOT MARY ELLEN FALZONE DIABETES CENTER IN FEBRUARY 2014 THE FACILITY BRINGS DIABETES PROGRAMS, SERVICES AND PHYSICIANS TOGETHER, PROVIDING COORDINATED CARE IN ONE CONVENIENT LOCATION TO SERVE COMMUNITY MEMBERS LEARNING TO MANAGE THEIR DIABETES - PROMEDICA ALSO OFFERED FREE VASCULAR SCREENINGS FOR OLDER ADULTS THROUGH JOBST VASCULAR CENTER TO AID IN THE DETECTION OF VASCULAR DISEASE, WHICH MAY LEAD TO STROKE OR PERIPHERAL ARTERIAL DISEASE NEARLY 8,000 ADDITIONAL HEALTH SCREENINGS WERE PROVIDED TO COMMUNITY MEMBERS THROUGHOUT 2014, INCLUDING BLOOD PRESSURE, BLOOD GLUCOSE AND BODY MASS INDEX SCREENINGS AT NUMEROUS HEALTH FAIRS AND SPORTING EVENTS ADDITIONALLY, THE PROMEDICA CANCER INSTITUTE OFFERED FREE SKIN CANCER AND PROSTATE CANCER SCREENINGS FOR THE GENERAL PUBLIC AT PROMEDICA HOSPITALS

Form and Line Reference	Explanation
PART VI, LINE 6	PROMEDICA HEALTH SYSTEM, INC (PROMEDICA) IS A MISSION-BASED, LOCALLY OWNED, NOT-FOR-PROFIT HEALTHCARE ORGANIZATION THAT WAS FORMED IN TOLEDO, OHIO IN 1986 IN 2014, PROMEDICA WAS COMPRISED OF 17,000 EMPLOYEES, APPROXIMATELY 2,700 VOLUNTEERS AND MORE THAN 2,300 HEALTHCARE PROVIDERS, INCLUDING MORE THAN 800 PROVIDERS EMPLOYED BY PROMEDICA PHYSICIANS, WHO HAVE JOINED TOGETHER TO FORM A NETWORK ACROSS 27 COUNTIES IN NORTHWEST OHIO AND SOUTHEAST MICHIGAN AS AN INTEGRATED DELIVERY SYSTEM, PROMEDICA PROVIDERS SHARE RESOURCES SUCH AS ADVANCED TECHNOLOGY, QUALITY STANDARDS, SAFETY PRACTICES, MEDICAL EXPERTISE, AND SPECIALTY SERVICES TO HELP ENSURE AREA RESIDENTS HAVE READY ACCESS TO HIGH-QUALITY CARE IN THE MOST APPROPRIATE SETTING IN ORDER TO PROVIDE COST-EFFICIENT SERVICES - PROMEDICA MEMBERS INCLUDE THE TOLEDO HOSPITAL D/B/A PROMEDICA TOLEDO HOSPITAL, TOLEDO CHILDREN'S HOSPITAL (OPERATING AS PART OF PROMEDICA TOLEDO HOSPITAL), FLOWER HOSPITAL D/B/A PROMEDICA FLOWER HOSPITAL, BAY PARK COMMUNITY HOSPITAL D/B/A PROMEDICA BAY PARK HOSPITAL, EMMA L BIXBY MEDICAL CENTER D/B/A PROMEDICA BIXBY HOSPITAL, HERRICK MEMORIAL HOSPITAL, INC D/B/A PROMEDICA HERRICK HOSPITAL, FOSTORIA HOSPITAL ASSOCIATION D/B/A PROMEDICA FOSTORIA COMMUNITY HOSPITAL, DEFIANCE HOSPITAL, INC D/B/A PROMEDICA DEFIANCE REGIONAL HOSPITAL, ST LUKE'S HOSPITAL D/B/A PROMEDICA ST LUKE'S HOSPITAL, PROMEDICA WILDWOOD ORTHOPAEDIC AND SPINE HOSPITAL, A DIVISION OF PROMEDICA TOLEDO HOSPITAL, MEMORIAL HOSPITAL D/B/A PROMEDICA MEMORIAL HOSPITAL, PROMEDICA INSURANCE CORPORATION, PROMEDICA PHYSICIANS, A NETWORK OF SYSTEM-EMPLOYED PHYSICIANS AND MIDLEVEL PROVIDERS, AND PROMEDICA CONTINUING SERVICES, WITH SERVICES SUCH AS SENIOR CARE, HOSPICE, REHABILITATION, AND HOME CARE - IN 2014, PROMEDICA MANAGED MORE THAN 4 5 MILLION PATIENT ENCOUNTERS AND CONTRIBUTED A TOTAL COMMUNITY BENEFIT OF NEARLY $149 MILLION, WHICH INCLUDED FREE HEALTH SCREENINGS AND PUBLIC HEALTH FAIRS TO MEDICAL LECTURES AT AREA SENIOR CENTERS AND IN ELEMENTARY SCHOOLS, PLUS MUCH MORE - IN ADDITION, THE PROMEDICA ADVOCACY FUND ASSISTED LOCAL NONPROFIT AGENCIES WITH SIMILAR MISSIONS THROUGH DONATIONS TOTALING NEARLY $375,000 AS IN PRIOR YEARS, EMPHASIS WAS PLACED ON ORGANIZATIONS WORKING TO ENSURE BASIC NEEDS SUCH AS CLOTHING, SHELTER AND FOOD AS THESE ARE TIED CLOSELY TO PROMEDICA'S MISSION OF IMPROVING THE HEALTH AND WELL-BEING OF THE COMMUNITIES IT SERVES - WITH REGARD TO HEALTH PROFESSIONS EDUCATION, MONTHLY, BIWEEKLY AND ANNUAL PROGRAMS WERE OFFERED THROUGHOUT 2014 FOR CONTINUING MEDICAL EDUCATION CREDIT MORE THAN 1,570 CREDIT HOURS OF PHYSICIAN EDUCATION WERE OFFERED THERE WERE APPROXIMATELY 8,000 PHYSICIANS WHO PARTICIPATED IN EDUCATIONAL PROGRAMS, AND APPROXIMATELY 7,800 NON-PHYSICIANS (I E , ALLIED HEALTH PROFESSIONALS) - PROMEDICA'S FOUNDATIONS RAISED NEARLY $10 MILLION FOR PHILANTHROPY IN SUPPORT OF THE SYSTEM'S MISSION TO IMPROVE HEALTH AND WELL-BEING ALL OF PROMEDICA'S FOUNDATIONS ARE SEPARATE ORGANIZATIONS, AND ANNUAL DONOR PROGRAMS, CAPITAL CAMPAIGNS, PLANNED GIVING, AND EVENT FUNDRAISING ACTIVITIES ARE CONDUCTED TO RAISE FUNDS THAT SUPPORT THEIR RESPECTIVE PATIENTS AND FAMILIES, AS WELL AS THE LOCAL COMMUNITY, THROUGH HEALTH-RELATED PROGRAMS, SERVICES, EQUIPMENT, AND FACILITY CONSTRUCTION/RENOVATION THAT HAVE BEEN IDENTIFIED, IN PART, THROUGH A COMMUNITY NEEDS ASSESSMENT

Additional Data

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

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
PART V, SECTION B	FACILITY REPORTING GROUP A

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP A CONSISTS OF	- FACILITY 1 THE TOLEDO HOSPITAL, - FACILITY 2 WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- THE TOLEDO HOSPITAL PART V, SECTION B, LINE 5	THE TOLEDO HOSPITAL (THE "HOSPITAL FACILITY") TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY, INCLUDING THOSE WITH SPECIAL KNOWLEDGE OR EXPERTISE IN PUBLIC HEALTH THESE PERSONS INCLUDED STAFF OF LUCAS COUNTY, AND VARIOUS LOCAL HOSPITAL STAFF INVOLVED IN COMMUNITY HEALTH PROGRAMMING THE HOSPITAL FACILITY CONSULTED WITH THESE PERSONS THROUGH MEETINGS AND ALSO VIA EMAIL CORRESPONDENCE ADDITIONALLY, THE HOSPITAL FACILITY CONSULTED WITH OTHER ORGANIZATIONS AND OTHER GROUPS IN CONDUCTING ITS MOST RECENT CHNA THESE CONSULTING INDIVIDUALS REPRESENTED THE FOLLOWING ORGANIZATIONS - UNIVERSITY OF TOLEDO- YMCA LIVE WELL TOLEDO- TOLEDO PUBLIC SCHOOL NURSES- MERCY HEALTH PARTNERS- LUCAS COUNTY EDUCATIONAL SERVICE CENTER- TOLEDO-LUCAS COUNTY HEALTH DEPARTMENT- HELP ME GROW PROJECT, LUCAS COUNTY FAMILY COUNCIL- NORTHWEST OHIO CONGREGATIONAL NURSE ASSOCIATION- FAMILY & CHILDREN FIRST COUNCIL- MENTAL HEALTH RECOVERY AND SERVICES BOARD OF LUCAS COUNTY- LUCAS COUNTY TOBACCO COALITION- TOLEDO COMMUNITY FOUNDATION- MERCY CHILDREN'S HOSPITAL- AMERICAN CANCER SOCIETY- YWCA - OHIO DEPARTMENT OF HEALTH- HOME VISITING & TRAINING, LUCAS COUNTY- ST VINCENT MERCY MEDICAL CENTER- GRACE COMMUNITY CENTER - JUVENILE COURT, LUCAS COUNTY - JOB & FAMILY SERVICES, LUCAS COUNTY - TOLEDO-LUCAS COUNTY CARENET - PROMEDICA TOBACCO TREATMENT CENTERS- UNITED WAY OF GREATER TOLEDO- EXCHANGE CLUB- TOLEDO PUBLIC SCHOOLS BOARD - BOWLING GREEN STATE UNIVERSITY

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- THE TOLEDO HOSPITAL PART V, SECTION B, LINE 16I	A COPY OF THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE BY MAIL UPON REQUEST

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- THE TOLEDO HOSPITAL PART V, SECTION B, LINE 20E	IF A PATIENT DOES NOT HAVE INSURANCE, A PRESUMPTIVE CHARITY DETERMINATION (WHICH USES PUBLICLY AVAILABLE DATA SUCH AS DEMOGRAPHIC INFORMATION, CREDIT HISTORY, ETC) MAY BE MADE IN ORDER TO ASSIST WITH QUALIFYING FOR FINANCIAL ASSISTANCE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL PART V, SECTION B, LINE 5	WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL ("THE HOSPITAL FACILITY") TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY, INCLUDING THOSE WITH SPECIAL KNOWLEDGE OR EXPERTISE IN PUBLIC HEALTH THESE PERSONS INCLUDED STAFF OF LUCAS COUNTY, AND VARIOUS LOCAL HOSPITAL STAFF INVOLVED IN COMMUNITY HEALTH PROGRAMMING THE HOSPITAL FACILITY CONSULTED WITH THESE PERSONS THROUGH MEETINGS AND ALSO VIA EMAIL CORRESPONDENCE ADDITIONALLY, THE HOSPITAL FACILITY CONSULTED WITH OTHER ORGANIZATIONS AND OTHER GROUPS IN CONDUCTING ITS MOST RECENT CHNA THESE CONSULTING INDIVIDUALS REPRESENTED THE FOLLOWING ORGANIZATIONS - AMERICAN CANCER SOCIETY - EXCHANGE CLUB - FAMILY & CHILDREN FIRST COUNCIL - LOCAL PEDIATRICIANS - LUCAS COUNTY EDUCATIONAL SERVICE CENTER - LUCAS COUNTY HELP ME GROW- LUCAS COUNTY JUVENILE COURT - MENTAL HEALTH AND RECOVERY SERVICES BOARD OF LUCAS COUNTY- MERCY HEALTH PARTNERS - PARISH NURSE ASSOCIATION - SUSAN G KOMEN BREAST CANCER FOUNDATION - TOLEDO COMMUNITY FOUNDATION - TOLEDO-LUCAS COUNTY HEALTH DEPARTMENT - SYLVANIA SCHOOLS - UNITED WAY OF GREATER TOLEDO- UNIVERSITY OF TOLEDO/UNIVERSITY OF TOLEDO MEDICAL CENTER- YMCA

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL PART V, SECTION B, LINE 16I	A COPY OF THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE BY MAIL UPON REQUEST

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL PART V, SECTION B, LINE 20E	IF A PATIENT DOES NOT HAVE INSURANCE, A PRESUMPTIVE CHARITY DETERMINATION (WHICH USES PUBLICLY AVAILABLE DATA SUCH AS DEMOGRAPHIC INFORMATION, CREDIT HISTORY, ETC) MAY BE MADE IN ORDER TO ASSIST WITH QUALIFYING FOR FINANCIAL ASSISTANCE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP - A PART V, SECTION B, LINE 16B WEBSITE	SEE PART V, SECTION C

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP - A PART V, SECTION B, LINE 16C WEBSITE	SEE PART V, SECTION C

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
PART V, SECTION B	FACILITY REPORTING GROUP B

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP B CONSISTS OF	- FACILITY 3 ARROWHEAD BEHAVIORAL HEALTH

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
GROUP B-FACILITY 3 -- ARROWHEAD BEHAVIORAL HEALTH PART V, SECTION B, LINE 5	ARROWHEAD BEHAVIORAL HEALTH FORMALLY ADOPTED THE CHNA CONDUCTED IN 2013 BY PROMEDICA FLOWER HOSPITAL PROMEDICA FLOWER HOSPITAL (THE "HOSPITAL FACILITY") TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY, INCLUDING THOSE WITH SPECIAL KNOWLEDGE OR EXPERTISE IN PUBLIC HEALTH THESE PERSONS INCLUDED STAFF OF LUCAS COUNTY, AND VARIOUS LOCAL HOSPITAL STAFF INVOLVED IN COMMUNITY HEALTH PROGRAMMING THE HOSPITAL FACILITY CONSULTED WITH THESE PERSONS THROUGH MEETINGS AND ALSO VIA EMAIL CORRESPONDENCE ADDITIONALLY, THE HOSPITAL FACILITY CONSULTED WITH OTHER ORGANIZATIONS AND OTHER GROUPS IN CONDUCTING ITS MOST RECENT CHNA THESE CONSULTING INDIVIDUALS REPRESENTED THE FOLLOWING ORGANIZATIONS - AMERICAN CANCER SOCIETY - EXCHANGE CLUB - FAMILY & CHILDREN FIRST COUNCIL - LUCAS COUNTY EDUCATIONAL SERVICE CENTER - LUCAS COUNTY HELP ME GROW- LUCAS COUNTY JUVENILE COURT - MENTAL HEALTH AND RECOVERY SERVICES BOARD OF LUCAS COUNTY- MERCY HEALTH PARTNERS - PARISH NURSE ASSOCIATION - SUSAN G KOMEN BREAST CANCER FOUNDATION - TOLEDO COMMUNITY FOUNDATION - TOLEDO-LUCAS COUNTY HEALTH DEPARTMENT - SYLVANIA SCHOOLS - UNITED WAY OF GREATER TOLEDO- UNIVERSITY OF TOLEDO - UNIVERSITY OF TOLEDO MEDICAL CENTER- YMCA

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
GROUP B-FACILITY 3 -- ARROWHEAD BEHAVIORAL HEALTH PART V, SECTION B, LINE 6A	IN 2014, ARROWHEAD BEHAVIORAL HEALTH GOVERNING BOARD FORMALLY ADOPTED THE COMMUNITY HEALTH NEEDS ASSESSMENT PREVIOUSLY CONDUCTED IN 2013 BY PROMEDICA FLOWER HOSPITAL

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
GROUP B-FACILITY 3 -- ARROWHEAD BEHAVIORAL HEALTH PART V, SECTION B, LINE 22D	THE FACILITY USES THE AVERAGE OF ALL CURRENT ACTIVE COMMERCIAL AND GOVERNMENT INSURANCE CONTRACT RATES WHEN CALCULATING THE MAXIMUM AMOUNTS THAT CAN BE CHARGED

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- THE TOLEDO HOSPITAL	PART V, SECTION B, LINE 11 THE TOLEDO HOSPITAL WILL SPECIFICALLY IMPLEMENT PROGRAMS TO AD DRESS THE FOLLOWING HEALTH NEEDS, LISTED IN ORDER OF PRIORITY - ACCESS TO CARE- TOBACCO C ESSATION- CANCER SCREENING- CARDIOVASCULAR DISEASE - STROKEACTIONS TAKEN DURING 2014 TO AD DRESS THE ABOVE IDENTIFIED NEEDS ARE INCLUDED BELOW HEALTH NEED IDENTIFIED ACCESS TO CARE STRATEGY #1 - ANNUALLY MAINTAIN SAFETY NET CLINIC ACCESS FOR ADULT PATIENTS WITHOUT INSURA NCE, INCLUDING THE FOLLOWING AREAS OB-GYN CLINIC (CHS) INCLUDING OUTREACH CLINIC IN OBSTE TRICS, INTERNAL MEDICINE (CHS), TOLEDO HOSPITAL FAMILY MEDICINE RESIDENCY (WW KNIGHT), ADU LT SPECIALTY CLINICS, HAND CLINIC, VASCULAR CLINIC, STROKE CLINIC, TRAUMA CLINIC, HEPATITI S C CLINIC, GASTROENTEROLOGY CLINIC, SURGERY CLINIC, ORTHOPEDIC CLINIC, NEUROLOGY/NEUROSUR GERY CLINIC ACTIONS TAKEN - BOTH CARENET AND UNINSURED VISITS MADE AT THE FOLLOWING AREAS 518 PATIENT VISITS SEEN IN ADULT SPECIALTY CLINICS, 140 PATIENT VISITS SEEN IN AMBULATOR Y SURGICAL CLINIC, 100 PATIENT VISITS TO COMPREHENSIVE CLINIC, 452 PATIENT VISITS TO STROK E CLINIC STRATEGY #2 - DEVELOP MATERIALS FOR DISTRIBUTION TO EMERGENCY DEPARTMENT, PRIMARY CARE, AND RELATED COMMUNITY CARE PROGRAMS ABOUT AVAILABILITY OF CARENET AND OTHER SAFETY NET CLINICS ACTIONS TAKEN - MATERIAL WAS DISTRIBUTED ON CARENET APPLICATION PROCESS, CARE NAVIGATION PROGRAM, COMMUNITY HEALTH AND MEDICAID PROGRAMS TO CENTER FOR HEALTH SERVICE (CHS), TOLEDO HOSPITAL FAMILY RESIDENCY (WW KNIGHT) AND FLOWER HOSPITAL FAMILY RESIDENCY FO R DISTRIBUTION TO PATIENTS AT THOSE SITES HEALTH NEED IDENTIFIED TOBACCO CESSATIONSTRATEG Y #1 - PROVIDE AND ENCOURAGE ATTENDANCE AT COMMUNITY PROGRAMS THAT ENCOURAGE SMOKING CESSA TION ACTIONS TAKEN - 44 PARTICIPANTS IN TOBACCO CESSATION PROGRAMS, IN COLLABORATION WIT H OTHER PROMEDICA HOSPITALS THE FOLLOWING PUBLIC EDUCATION ACTIVITIES WERE PROVIDED 20 OU TREACH EVENTS AND 5 TOBACCO PRESENTATIONS STRATEGY #2 - EVALUATE LUNG CANCER SCREENING PRO TOCOL ACTIONS TAKEN - THORACIC MULTI-DISCIPLINARY TEAM EVALUATED THE PROTOCOL AND ROLLED OUT A FORMAL LUNG SCREENING PILOT AT TOLEDO HOSPITAL AND FLOWER HOSPITAL IN OCTOBER 2014 SPECIFIC CRITERIA FOR SCREENING WERE DEVELOPED BASED ON THE INITIAL HALLMARK STUDY PUBLISH ED IN 2012 STRATEGY #3 - IMPLEMENT LUNG CANCER SCREENING PROGRAM AND INCLUDE HIGH RISK, VU LNERABLE POPULATIONS INTO PROGRAM ACTIONS TAKEN - THE LUNG SCREENING PROGRAM WAS INITIATED AT A $99 RATE IN OCTOBER 2014 FIFTEEN PATIENTS WERE SCREENED BASED ON SPECIFIC EVIDENCE BASED CRITERIA ANY PATIENT THAT DID NOT MEET CRITERIA WAS EVALUATED BY THE MEDICAL DIRECT OR OF THE LUNG CLINIC A LUNG NAVIGATOR ROLE WAS IMPLEMENTED IN MAY 2015 THE SCREENING CO NTINUES TODAY PROCESSES ARE BEING PUT IN PLACE TO MEET THE CMS REQUIREMENTS FOR REIMBURSE MENT STRATEGY #4 - PARTNER WITH PHILANTHROPIC AND COMMUNITY PARTNERS TO FUND OTC (OVER TH E COUNTER) NICOTINE CONTROL PRODUCTS FOR CARENET AND OTHER UNDERSERVED PROGRAMS ACTIONS T AKEN - FUNDING FOR OTC NICOTINE PRODUCTS WAS NOT OBTAINED, BUT PROMEDICA, THROUGH A LOCAL HOSPITAL COLLABORATION CALLED FOSTERING HEALTHIER COMMUNITIES, PROVIDED $7,500 IN THE COMM UNITY TOWARD TOBACCO CESSATION PROGRAMS FOR THE UNDERSERVED - UNDER INSURED AND UNINSURED HEALTH NEED IDENTIFIED CANCER SCREENINGSTRATEGY #1 - ANNUALLY EDUCATE PUBLIC ABOUT THE IM PORTANCE, AND ACCESS TO, FREE PAP SMEARS, MAMMOGRAPHY AND COLONOSCOPIES AVAILABLE THROUGH CARENET ACTION TAKEN - IN COLLABORATION WITH OTHER PROMEDICA HOSPITALS THE FOLLOWING EDUC ATION ACTIVITIES WERE PROVIDED COLORECTAL CANCER PREVENTION EDUCATION AND PREVENTION FIV E (5) CHURCH COMMUNITIES, AFRICAN AMERICAN MALE WELLNESS WALK, COLORECTAL CANCER EDUCATION AT FIFTH THIRD FIELD, OPAL'S WALK, MAMMOGRAPHY PREVENTION AND EDUCATION LAMBIE'S LEGACY FREE SCREENING, PINK IN THE RINK, RACE FOR THE CURE - IN ADDITION TO COMMUNITY EDUCATION ACTIVITIES THE FOLLOWING SERVICES WERE PROVIDED 1,128 PAP SMEARS FOR CARENET PATIENTS, 1 98 MAMMOGRAMS FOR CARENET PATIENTS, 38 COLONOSCOPIES FOR CARENET PATIENTS STRATEGY #2 - ES TABLISH LUNG CANCER SCREENING PROTOCOL FOR IDENTIFICATION OF HIGH RISK PATIENTS PROVIDE O UTREACH TO UNDERSERVED PATIENTS, PARTICULARLY THOSE WITH MENTAL ILLNESS AND LONG SMOKING H ISTORY INVESTIGATE CT SCREENING WITH FOLLOW-UP OF HIGH RISK PATIENTS ACTIONS TAKEN - DEVE LOPED A PROGRAM DURING 2014 TO PROVIDE ASSESSMENT AND EDUCATION ON ALL PATIENTS WHO SMOKE ON AN INPATIENT BASIS, BEGINNING JANUARY 1, 2015 - 15 LUNG CANCER SCREENINGS PERFORMED IN 2014 HEALTH NEED IDENTIFIED CARDIOVASCULAR DISEASE - STROKESTRATEGY #1 - ANNUALLY PROVIDE AT LEAST FOUR COMMUNITY EVENTS TO INCREASE STROKE AWARENESS ACTIONS TAKEN - ON BEHALF O F ALL PROMEDICA HOSPITALS THE FOLLOWING COMMUNITY EVENTS TO INCREASE STROKE AWARENESS WERE PROVIDED STROKE AWARENESS, STRIKE OUT STROKE AT THE MUD HENS, J FRANK TROY SENIOR CENTE R, FRIENDSHIP PARK SENIOR CENTER, SPENCER TOWNSHIP COMMUNITY CENTER, MAYORES SENIOR CENTER , FULTON COUNTY SENIOR CENTER, SYLVANIA SENIOR CEN

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- THE TOLEDO HOSPITAL	TER, NORTHEAST AREA SENIOR CENTER, ELEANOR KAHLE SENIOR CENTER, ELMORE GOLDEN OLDIES SENIO R CENTER, GENOA NUTRITION SITE, ROSSFORD AREA SENIOR CENTER, KINGSTON HEALTH FAIR, CAREGIV ER EXPO, ST PAUL MISSIONARY CHURCH HEALTH FAIR STRATEGY #2 - ANNUALLY PLACE AT LEAST TWO ARTICLES/PUBLIC SERVICE ANNOUNCEMENTS IN COMMUNITY PUBLICATIONS ON SIGNS, SYMPTOMS AND PRE VENTIONS ACTIONS TAKEN - TWO STROKE EDUCATION ARTICLES WERE PLACED IN THE PROMEDICA ONLIN ENEWSLETTER, HEALTHCONNECT, TO EDUCATE ABOUT VARIOUS ASPECTS OF STROKE, INCLUDING "FAST" S IGNS AND SYMPTOMS OF STROKE STRATEGY #3 - ANNUALLY PROVIDE AT LEAST FOUR STROKE EDUCATION PROGRAMS TO EMERGENCY MEDICAL SERVICES PROVIDERS ACTIONS TAKEN - IN COLLABORATION WITH P ROMEDICA HOSPITALS, FOUR CONTINUING EDUCATION PROGRAMS, "STROKE CARE IN THE PRE-HOSPITAL S ETTING" WERE PROVIDED TO EMS PROVIDERS BY THE PROMEDICA TRANSPORTATION NETWORK IN FOSTORIA , DEFIANCE, OREGON AND MAUMEE, OHIO STRATEGY #4 - EVALUATE COMMUNITY EDUCATION TO DETERMIN E IF IT CORRELATES WITH INCREASED USE OF TPA - AN INDICATOR THAT STROKE PATIENTS ARRIVED A T THE EMERGENCY DEPARTMENT IN A TIMELY FASHION TO REDUCE STROKE IMPACT ACTIONS TAKEN - TP A HAS INCREASED FROM 30 IN 2013 TO 31 IN 2014 AVERAGE TIME FOR PATIENTS ARRIVING TO THE E MERGENCY DEPARTMENT HAS DECREASED FROM 88 AVERAGE MINUTES TO 78 AVERAGE MINUTES ALTHOUGH A SCIENTIFIC CORRELATION WAS NOT MEASURED, THE INTENDED END RESULT OF INCREASED USE OF TPA AND ARRIVAL TIME TO THE EMERGENCY DEPARTMENT WAS ACHIEVED STRATEGY #5 - ANNUALLY PROVIDE PREVENTION FOCUSED ACTIVITIES WITH CARDIOVASCULAR AND NUTRITION OUTREACH ACTIONS TAKEN - IN COLLABORATION WITH OTHER PROMEDICA HOSPITALS AND DEPARTMENTS PREVENTION FOCUSED ACTIVIT IES WITH CARDIOVASCULAR AND NUTRITION OUTREACH WERE PROVIDED AT EIGHT EVENTS IN THE GREATE R TOLEDO COMMUNITY, INCLUDING THE ASIAN RESOURCE CENTER, HARBOR YOUTH CLIENT HEALTH FAIR, AFRICAN AMERICAN MALE WELLNESS WALK, FLOWER MARKET GARDEN GROCER WALK WITH A DOC HEALTH F AIRS, E-BUS EVENT WITH FIFTH THIRD BANK, THIRD BAPTIST CHURCH BACK TO SCHOOL HEALTH FAIR, AND WALLEYE WINTERFEST COOKING DEMONSTRATION IN ADDITION, 92 HEALTHY CONVERSATION MAP SES SIONS WERE PROVIDED TO 1,061 ELEMENTARY SCHOOL AGE CHILDREN IN NORTHWEST OHIO

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

Form and Line Reference	Explanation
TOLEDO CHILDREN'S HOSPITAL (OPERATING WITHIN AND AS PART OF THE TOLEDO	HOSPITAL) WILL SPECIFICALLY IMPLEMENT PROGRAMS TO ADDRESS THE FOLLOWING HEALTH NEEDS, LIST ED IN ORDER OF PRIORITY - SAFE NEIGHBORHOODS AND SCHOOLS (YOUTH 12-18 YEARS) - SAFETY/BUL LYING (CHILD 0-11 YEARS)- HEALTH AND DENTAL CARE UTILIZATION (CHILD 0-11 YEARS)- OBESITY/H UNGER INITIATIVE (CHILD 0-11 YEARS)- EARLY CHILDHOOD DEVELOPMENT (CHILD 0-11 YEARS) ACTION S TAKEN DURING 2014 TO ADDRESS THE ABOVE IDENTIFIED NEEDS ARE INCLUDED BELOW HEALTH NEED I DENTIFIED SAFE NEIGHBORHOODS AND SCHOOLS (YOUTH 12-18 YEARS)STRATEGY #1 - EACH SCHOOL YEA R THE TEEN PEERS EDUCATING PEERS (PEP) PROGRAM WILL BE OFFERED TO 10 SCHOOLS IN LUCAS COUN TY THE PROGRAM ADDRESSES TEEN DATING VIOLENCE AND BULLYING ACTIONS TAKEN - IMPLEMENTED TE EN PEERS EDUCATING PEERS (TEEN PEP) PROGRAM IN 14 SCHOOLS INCLUDING ALTERNATE LEARNING CE NTER, POLLY FOX ACADEMY, TOLEDO ISLAMIC ACADEMY, ROGERS HIGH SCHOOL, SCOTT HIGH SCHOOL, ST ART HIGH SCHOOL, WAITE HIGH SCHOOL, SPRINGFIELD HIGH SCHOOL, SOUTHVIEW HIGH SCHOOL, NORTHV IEW HIGH SCHOOL, SWANTON HIGH SCHOOL, CARDINAL STRITCH, CLAY HIGH SCHOOL AND NORTHWOOD HIG H SCHOOL WITH 162 TEEN PEERS AND 4,254 PARTICIPANTS IN 2014 THREE ADDITIONAL SCHOOLS, CAR DINAL STRITCH, CLAY HIGH SCHOOL AND NORTHWOOD HIGH SCHOOL, WERE ADDED IN 2014, PER GRANT F UNDING - PROGRAM LEAD, AS CO-CHAIR, COLLABORATED WITH THE LUCAS COUNTY SUICIDE PREVENTION COALITION TO DESIGN A COMPREHENSIVE COMMUNITY STRATEGIC PLAN THAT WILL SERVE AS A GUIDELIN E AND RECOMMENDATION FOR NOT ONLY RESPONDING EFFECTIVELY TO TEEN SUICIDES IN AREA SCHOOLS BUT ALSO IN THE PREVENTION OF SUICIDE BY WAY OF DECREASING BULLYING IN OUR SCHOOLS - TEN (10) SCHOOLS PARTICIPATED IN THE TEEN PEP RAPE PREVENTION EDUCATION, INCLUDING ALTERNATE L EARNING CENTER, POLLY FOX ACADEMY, ROGERS HIGH SCHOOL, SCOTT HIGH SCHOOL, START HIGH SCHOO L, SPRINGFIELD HIGH SCHOOL, SOUTHVIEW HIGH SCHOOL, NORTHVIEW HIGH SCHOOL, SWANTON HIGH SCH OOL, AND WAITE HIGH SCHOOL, A TPS SCHOOL WITH A HIGHER RATION OF HISPANIC AND UNDERSERVED YOUTH STRATEGY #2 - SAFE ROUTES TO SCHOOL PROGRAM WILL EDUCATE STUDENTS AND THE COMMUNITY ON THE BENEFITS OF WALKING AND BICYCLING TO SCHOOL IN GROUPS AS A WAY TO HAVE A SAFER NEIG HBORHOOD ACTIONS TAKEN - OFFERED TO WORK WITH SEVEN (7) NEW TOLEDO PUBLIC SCHOOL(S), LON GFELLOW, OTTAWA RIVER, WOODROW PRESCHOOL, JACKMAN, MARTIN LUTHER KING JR, SHERMAN AND KING , WITHIN LUCAS COUNTY TO PROMOTE WALKING AND BIKING TO SCHOOL IN GROUPS - PROMOTED AND FA CILITATED WALKING WEDNESDAYS AT FOUR (4) PARTICIPATING SCHOOLS IN THE CITY OF SYLVANIA, IN CLUDING SYLVAN, MAPLEWOOD, HIGHLAND AND MCCORD JUNIOR HIGH OREGON GRANT EXPIRED AT END O F 2013 - PROMOTED INTERNATIONAL WALK TO SCHOOL AND BIKE TO SCHOOL DAY AT 4 SCHOOLS IN THE CITY OF SYLVANIA, INCLUDING SYLVAN, MAPLEWOOD, HIGHLAND AND MCCORD JUNIOR HIGH OREGON GR ANT EXPIRED AT END OF 2013 - PRESENTED 25 CLASSROOM PRESENTATIONS AND 19 COMMUNITY EVENTS ON PEDESTRIAN AND BICYCLE SAFETY THE TOTAL NUMBER OF CHILDREN RECEIVING EDUCATION FOR ALL OF THE ABOVE PROJECTS WAS 8,730 STRATEGY #3 - THE CULLEN CENTER WILL PROVIDE TRAUMA FOCUS ED BEHAVIORAL THERAPY TO CHILDREN WITNESSING OR EXPERIENCING VIOLENCE (AGES 6-18) IN LUCAS COUNTY AND SURROUNDING AREA ON AN ONGOING BASIS ACTIONS TAKEN - COLLABORATED WITH JUVENIL E JUSTICE COURTS TO PROVIDE FOUR (4) TRAININGS TO COMMUNITY PARTNERS INCLUDING SCHOOLS, CH ILD WELFARE AND COURT SYSTEMS (INCLUDING DETENTION CENTERS) THIS IMPROVED PROFESSIONALS' RESPONSES TO TRAUMATIZED YOUTH SUCH THAT THE ADULTS RESPOND IN A CALMER MANNER, REDUCING T HE LIKELIHOOD THAT THE YOUTH REACTS WITH AGGRESSION, AND REDUCES THE LIKELIHOOD OF VIOLENC E IN THE OVERALL SYSTEMS - PROMOTED TO, AND EDUCATED, THREE (3) COMMUNITY AGENCIES ABOUT S CREENING FOR ABUSE AND VIOLENCE PROVIDED TRAINING TO UNIVERSITY OF TOLEDO MEDICAL CENTER STAFF ON THE EFFECTS OF TRAUMA ON CHILDREN AND ADOLESCENTS, HOW TO IDENTIFY THE EFFECTS, A ND TIPS FOR MEDICAL AND THERAPY PROFESSIONALS PROVIDED TWO DAY TRAINING TO GROUP HOME STA FF AND SCHOOL EDUCATORS ON HOW TO IDENTIFY TRAUMA SYMPTOMS AND HOW TO BEST HELP THEIR YOUN G CHARGES DEAL WITH AND COPE WITH TRAUMA HEALTH NEED IDENTIFIED SAFETY/BULLYING (CHILD 0- 11 YEARS)STRATEGY #1 - EACH SCHOOL YEAR THE TEEN PEERS EDUCATING PEERS (PEP) PROGRAM WILL BE OFFERED TO TEN (10) SCHOOLS IN LUCAS COUNTY THE PROGRAM ADDRESSES TEEN DATING VIOLENCE AND BULLYING ACTIONS TAKEN - IMPLEMENTED TEEN PEERS EDUCATING PEERS (TEEN PEP) PROGRAM IN TWO (2) SCHOOLS INCLUDING TOTH ELEMENTARY AND NORTHWOOD MIDDLE SCHOOL WITH 360 PARTICIPA NTS IN 2014 TEEN PEER TEAMS FROM NORTHWOOD MIDDLE HIGH SCHOOL PRESENTED TO YOUNGER STUDEN TS, THOSE LEADERS WERE COUNTED IN THE UPPER ADOLESCENT REPORT ALREADY SUBMITTED - THE TEEN PEP PROGRAM LEAD COLLABORATED WITH THE LUCAS COUNTY SUICIDE PREVENTION COALITION TO DESIG N A COMPREHENSIVE COMMUNITY STRATEGIC PLAN THAT WILL SERVE AS A GUIDELINE AND RECOMMENDATI ON FOR NOT ONLY RESPONDING EFFECTIVELY TO TEEN SUICIDES IN AREA SCHOOLS BUT ALSO IN THE PR EVENTION OF SUICIDE BY WAY OF DECREASING BULLYING

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

Form and Line Reference	Explanation
TOLEDO CHILDREN'S HOSPITAL (OPERATING WITHIN AND AS PART OF THE TOLEDO	IN OUR SCHOOLS IN PROGRESS, 2015 IS THE PROJECTED COMPLETION DATE FOR THE PLAN - THE TEN (10) SCHOOLS IN LUCAS COUNTY THAT WERE OFFERED THE TEEN PEP PROGRAM INCLUDE CLAY, CARDINA L STRITCH, BOWSHER, WAITE, START, SCOTT, ROGERS, SPRINGFIELD, ALTERNATE LEARNING CENTER, P OLLY FOX ACADEMY, SYLVANIA NORTHVIEW AND SOUTHVIEW HEALTH NEED IDENTIFIED HEALTH AND DENT AL CARE UTILIZATION (CHILD 0-11 YEARS)STRATEGY #1 IMPROVE ACCESS TO PEDIATRIC PRIMARY CAR E PHYSICIANS AT THE TOLEDO CHILDREN'S HOSPITAL CLINIC ACTIONS TAKEN - OFFERED SAME DAY APP OINTMENTS FOR SICK NEW PATIENTS - MONITORED ACCESS TO CARE REPORT TO DETERMINE LENGTH OF T IME NEW PATIENTS MUST WAIT FOR APPOINTMENT AND ADD AVAILABLE PHYSICIAN HOURS AS NEEDED - N UMBER OF NEW PATIENTS ATTENDING THE TOLEDO CHILDREN'S HOSPITAL PRIMARY CARE CLINIC WAS 1,5 15 - ACCESS TO CARE REPORT WAS COMPLIED QUARTERLY STRATEGY #2 IMPROVE ACCESS FOR CHILDREN TO BE SEEN BY A DENTIST ACTIONS TAKEN - PROVIDED $1,000 FUNDING SUPPORT FOR THE SMILE EXP RESS MOBILE DENTAL CENTER THROUGH COLLABORATION WITH THE DENTAL CENTER OF NORTHWEST OHIO - WE WERE UNABLE TO OBTAIN THE EXACT NUMBER OF DENTAL VISITS THROUGH THIS PROGRAM IN 2014 S TRATEGY #3 IMPROVE ASTHMA MANAGEMENT FOR CHILDREN ACTIONS TAKEN - TOLEDO CHILDREN'S HOSP ITAL HAS BEEN ACCREDITED BY THE JOINT COMMISSION FOR ASTHMA DISEASE MANAGEMENT AND IS THE ONLY HOSPITAL IN OHIO WITH THIS DISTINCTION THIS IS AN EVIDENCED BASED PROGRAM USING QUAL ITY MEASURES TO DETERMINE SUCCESS THIS TEAM MEETS REGULARLY TO EVALUATE PROGRESS USING SE T TARGET GOALS - UTILIZED EVIDENCED BASED ASTHMA ORDER SETS DESIGNED FOR BOTH THE CHILDREN 'S EMERGENCY DEPARTMENT AND TOLEDO CHILDREN'S HOSPITAL - PROVIDED ASTHMA EDUCATION TO ALL PARENTS OF CHILDREN ADMITTED TO TOLEDO CHILDREN'S HOSPITAL THAT MEET THE DIAGNOSIS CRITERI A FOR ASTHMA - PROVIDED THE NEWLY DESIGNED ASTHMA INSTRUCTION BOOKLET TO THOSE PARENTS REC EIVING EDUCATION - PROVIDED AN ASTHMA ACTION PLAN TO ALL PARENTS OF CHILDREN DISCHARGED W ITH AN ASTHMA DIAGNOSIS FROM PROMEDICA TOLEDO CHILDREN'S HOSPITAL - PROVIDED AN ASTHMA ACT ION PLAN TO ALL PARENTS OF CHILDREN DISCHARGED WITH AN ASTHMA DIAGNOSIS FROM PROMEDICA TOL EDO CHILDREN'S HOSPITAL PEDIATRIC EMERGENCY DEPARTMENT - CORE ASTHMA MEASURES WERE COLLECT ED - OTHER QUALITY MEASURES WERE COLLECTED

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

Form and Line Reference	Explanation
STRATEGY #4 INCREASE CHILDHOOD IMMUNIZATION RATES	ACTIONS TAKEN - TOLEDO CHILDREN'S HOSPITAL PROVIDED NURSE COVERAGE IN COLLABORATION WITH T HE LUCAS COUNTY HEALTH DEPARTMENT "SHOTS FOR TOTS" PROGRAM TO PROVIDE IMMUNIZATIONS TO CHI LDREN - THE TOLEDO CHILDREN'S HOSPITAL PRIMARY CARE CLINIC CONTINUED TOOFFER FREE "VACCINE S FOR KIDS" PER THE STATE GUIDELINES TO ALL ELIGIBLE CHILDREN THE STATE REGISTRY WAS UPDA TED AT EACH VISIT WHERE SHOTS WERE GIVEN - THE TOLEDO CHILDREN'S HOSPITAL PRIMARY CARE CLI NIC CONTINUED TO TAKE EVERY OPPORTUNITY AT VISITS TO UPDATE CHILDREN'S IMMUNIZATIONS - THE NUMBER OF NURSING HOURS PROVIDED TO THE COLLABORATIVE SHOTS FOR TOTS PROGRAM WAS 183 HOUR S - THE PERCENTAGE OF CHILDREN IMMUNIZED BY AGE TWO (2) IN THE TOLEDO CHILDREN'S HOSPITAL PRIMARY CARE CLINIC WAS 76% HEALTH NEED IDENTIFIED OBESITY/HUNGER INITIATIVES (CHILD 0-11 YEARS)STRATEGY #1 PROVIDE FREE NUTRITION EDUCATION TO ELEMENTARY SCHOOL CHILDREN AND ADU LTS IN LUCAS COUNTY ACTIONS TAKEN - CONVERSATION MAPS OFFERED IN 3 CITY OF SYLVANIA SCHOOL S FOR PART OF THE YEAR THEN THE PROGRAM DISCONTINUED THERE 1,061 CHILDREN WERE PROVIDED H EALTHY KIDS CONVERSATION MAP PROGRAMMING IN 2014, ON BEHALF OF ALL PROMEDICA HOSPITALS - C ONVERSATION MAP KITS WERE GIVEN TO SCHOOLS WITH EDUCATION TO STAFF THAT WERE THEN TO PRESE NT TO THEIR STUDENTS IN 2014, A HEALTHY LIVING GAME, NUTREXITY, WAS DEVELOPED TO BE DONAT ED TO SCHOOLS TO CONTINUE THIS EDUCATION HEALTH NEED IDENTIFIED EARLY CHILDHOOD DEVELOPM ENT (CHILD 0-11 YEARS) STRATEGY #1 PROMOTE READING TO YOUNG CHILDREN THROUGH THE TOLEDO H EALTHY TOMORROWS/HELP ME GROW (HMG) PROGRAM ON AN ONGOING BASIS ACTIONS TAKEN - EDUCATED Y OUNG LOW INCOME PARENTS ABOUT PARENTING AND THE BENEFITS OF READING TO THEIR CHILDREN DURI NG HOME VISITS - PROVIDED FREE CHILDREN'S BOOKS AT EACH VISIT - THE NUMBER OF PARENTS EDUC ATED ANNUALLY WAS 290, AND THE NUMBER OF BOOKS PROVIDED WAS 1,130 - A POSITIVE CHANGE FOR OUR HMG PROGRAM IS THAT BEGINNING IN JULY 2014 HMG (ODH COLUMBUS HMG) IS PROVIDING 5 BOOK S PER YEAR TO EACH CHILD ENROLLED IN HMG WE ALSO CONTINUE TO HAVE OPPORTUNITIES TO APPLY FOR LOW COST BOOKS THROUGH FIRST BOOKS STRATEGY #2 PROVIDE THE SAFE SLEEP PROGRAM TO THE COMMUNITY ACTIONS TAKEN - 14 CLASSES ON "SAFETY FOR YOUR BABY" WERE PRESENTED APPROXIMATE LY 131 TOTAL PARTICIPANTS ATTENDED OHIO WAS RANKED WITH ONE OF THE HIGHEST INFANT MORTALI TY RATES IN THE NATION THE TOLEDO HOSPITAL AND TOLEDO CHILDREN'S HOSPITAL ARE COLLABORATI NG WITH NORTHWEST OHIO HOSPITAL COUNCIL AND THE COMMUNITY TO IMPACT THESE NUMBERS AND ONE OF THE MAJOR INITIATIVES IS EDUCATING ABOUT SAFE SLEEP PRINTED MATERIAL IS PROVIDED AT AL L OF OUR COMMUNITY EVENTS THE STEERING COMMITTEE WAS CREATED IN 2014 ONE EARLY INITIATIV E WAS TO PURCHASE SLEEP SACKS FOR ALL THE PEDIATRIC, NICU AND NURSERY INFANTS DURING THEIR STAY IN THE HOSPITAL TO MODEL THE EDUCATION OF SAFE SLEEP ADDING THIS TO THE EDUCATION PR OGRAM THAT ALREADY EXISTS OTHER ACTION PLANS ARE UNDER DEVELOPMENT GRANT FUNDING DID NOT ALLOW US TO CONTINUE TO PROVIDE SAFE SLEEP KITS TO ALL CLASS PARTICIPANTS THE TOLEDO HOSP ITAL AND TOLEDO CHILDREN'S HOSPITAL DID NOT ADDRESS ALL OF THE SPECIFIC NEEDS IDENTIFIED I N ITS MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT AS THESE AREAS EITHER ARE ADDRESSED DURING PHYSICIAN VISITS, GO BEYOND THE SCOPE OF THE HOSPITAL, OR ARE BEING ADDRE SSED BY, OR WITH, OTHER ORGANIZATIONS IN THE COMMUNITY ALTHOUGH PROMEDICA PHYSICIANS AND OTHER PROGRAMS ADDRESS THE HEALTH NEEDS OF PATIENTS, AS NEEDED, THE NEEDS SPECIFICALLY NOT ADDRESSED BY THE HOSPITAL IN ITS PLAN, INCLUDE (*INDICATES PROMEDICA HAS, OR PARTICIPATES IN, COMMUNITY OUTREACH PROGRAMS ADDRESSING THESE ISSUES) - HEALTH STATUS - ADDRESSED AT P HYSICIAN VISITS, TOLEDO LUCAS COUNTY MINORITY HEALTH COALITION*, HEALTHY LUCAS COUNTY*- HE ALTH CARE COVERAGE - TOLEDO LUCAS COUNTY CARENET*, PARAMOUNT HEALTH CARE*, MEDICAID EXPANS ION*- HEALTH CARE ACCESS - PARAMOUNT HEALTH CARE*, TOLEDO LUCAS COUNTY HEALTH DEPARTMENT*, NEIGHBORHOOD HEALTH ASSOCIATION- ASTHMA - ADDRESSED AT PHYSICIAN VISITS, PROMEDICA TOLEDO CHILDREN'S HOSPITAL ASTHMA PROGRAM, TOLEDO LUCAS COUNTY HEALTH DEPARTMENT, AMERICAN LUNG ASSOCIATION- ALCOHOL USE - ADDRESSED AT PHYSICIAN VISITS, MENTAL HEALTH AND RECOVERY SERVI CES BOARD- CANCER - ADDRESSED AT PHYSICIAN VISITS, AMERICAN CANCER SOCIETY*, NORTHWEST OHI O KOMEN*, LUCAS COUNTY COLORECTAL CANCER COALITION*- CARDIOVASCULAR HEALTH - PROMEDICA HEA RT & VASCULAR INSTITUTE, PROMEDICA WELLNESS - HEALTH SCREENINGS AND EDUCATION, AMERICAN HE ART ASSOCIATION*, SYLVANIA EXPO*, BEDFORD BUSINESS ASSOCIATION*, COMMUNITY STROKE WORKSHOP *, WESTGATE CHAPEL WORKSHOP*, SENIOR SAFETY DAY AT TOLEDO POLICE DEPARTMENT*- DIABETES - P ROMEDICA DIABETES CENTER, DIABETES YOUTH SERVICES*, JUVENILE DIABETES RESEARCH FOUNDATION, AMERICAN DIABETES ASSOCIATION- MEN'S HEALTH - ADDRESSED AT PHYSICIAN VISITS, AFRICAN AMER ICAN MALEWELLNESS WALK*- MENTAL HEALTH - ADDRESSED AT PHYSICIAN VISITS, HOSPITALS, NATIONA L ALLIANCE ON MENTAL ILLNESS (NAMI), MENTAL HEALTH

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

Form and Line Reference	Explanation
STRATEGY #4 INCREASE CHILDHOOD IMMUNIZATION RATES	AND RECOVERY SERVICES BOARD*, UNISON, ZEPF CENTER, HARBOR*, PROMEDICA FLOWER HOSPITAL DEP RESSION SCREENINGS, UNIVERSITY CHURCH HEALTH FAIR*, ELEANOR KAHLE SENIOR CENTER*, SUICIDE COALITION WORKSHOP*, RADIO PROGRAM ON SENIOR SENSE*, CHRYSLER EMPLOYEE HEALTH FAIR*, EPWOR TH UNITED METHODIST CHURCH PRESENTATION*- PREVENTIVE SCREENINGS AND IMMUNIZATIONS - ADDRES SED AT PHYSICIAN VISITS, PROMEDICA WELLNESS*, NORTHWEST OHIO KOMEN*, TOLEDO LUCAS COUNTY H EALTH DEPARTMENT, SCHOOLS- PERCEIVED QUALITY OF LIFE- SEXUAL BEHAVIOR - ADDRESSED AT PHYSI CIAN VISITS, TOLEDO LUCAS COUNTY HEALTH DEPARTMENT, AIDS RESOURCE CENTER, RYAN WHITE PROGR AM, PARTNERS FOR SUCCESSFUL YOUTH- SUBSTANCE ABUSE - ADDRESSED AT PHYSICIAN VISITS, ARROWH EAD BEHAVIORAL HEALTH*, HARBOR*, UNISON, ZEPF CENTER, LUCAS COUNTY MENTAL HEALTH & RECOVER Y SERVICES BOARD - TOBACCO USE - PROMEDICA TOBACCO TREATMENT CENTERS, AMERICAN CANCER SOCI ETY*, AMERICAN LUNG ASSOCIATION, FOSTERING HEALTHY COMMUNITIES*, LUCAS COUNTY TOBACCO COAL ITION- WEIGHT STATUS - ADDRESSED AT PHYSICIAN VISITS, PROMEDICA WELLNESS HEALTH SCREENINGS AND EDUCATION, AMERICAN HEART ASSOCIATION*, YMCA OF GREATER TOLEDO, LIVE WELL TOLEDO*, TO LEDO LUCAS COUNTY HEALTH DEPARTMENT HEALTHY YOUTH AND FAMILIES COALITION*- WOMEN'S HEALTH - ADDRESSED AT PHYSICIAN VISITS, NORTHWEST OHIO KOMEN*, BREAST AND CERVICAL CANCER PROGRAM *, LUCAS COUNTY FAMILY COUNCIL MATERNAL HEALTH COMMITTEE, HADDASAH- YOUTH SAFETY - PROMEDI CA SAFE KIDS, PREVENTING BULLYING = CREATING SAFETY COALITION*, FOSTERING HEALTHIER COMMUN ITIES*, SCHOOLS, LAW ENFORCEMENT- YOUTH VIOLENCE - PROMEDICA TEEN PEP, SCHOOLS, LAW ENFORC EMENT- YOUTH PERCEPTIONS - HARBOR*, UNISON, ZEPF CENTER- ORAL HEALTH - DENTAL CENTER OF NO RTHWEST OHIO*, TOLEDO LUCAS COUNTYHEALTH DEPARTMENT- EARLY CHILDHOOD (0-5 YEARS) ISSUES - LUCAS COUNTY EARLY CHILDHOODCOORDINATING COMMITTEE, PATHWAYS*, HELP ME GROW*, TOLEDO LUCAS COUNTY HEALTH DEPARTMENT*, ADELANTE NOSOTROS, HEARTBEAT OF TOLEDO, EARLY HEADSTART, POLLY FOX ACADEMY, READ FOR LITERACY*, LUCAS COUNTY CHILDREN'S SERVICES, FAMILY AND CHILD ABUSE PREVENTION CENTER- MIDDLE CHILDHOOD (6-11 YEARS) ISSUES - SCHOOLS, SAFE ROUTES TO SCHOOL* , TOLEDO LUCAS COUNTY HEALTH DEPARTMENT, AFTERSCHOOL ALLIANCE*, PROMEDICA SAFE KIDS*, PREV ENTING BULLYING = CREATING SAFETY COALITION*, PARTNERS IN EDUCATION*, YMCA/JCC OF GREATER TOLEDO, WEEKEND BACKPACK PROGRAMS*, LUCAS COUNTY CHILDREN'S SERVICES, FAMILY AND CHILD ABU SE PREVENTION CENTER- FAMILY FUNCTIONING/NEIGHBORHOODS - TPS HUB SCHOOLS*, FAMILY AND CHIL D ABUSE PREVENTION CENTER*, LIVE WELL TOLEDO, WSOS COMMUNITY ACTION- NEIGHBORHOOD AND COMM UNITY CHARACTERISTICS - LIVE WELL TOLEDO*- PARENTAL HEALTH - BABY UNIVERSITY, PATHWAYS*TO SOME EXTENT, RESOURCE RESTRICTIONS DO NOT ALLOW THE HOSPITAL TO ADDRESS ALL OF THE NEEDS I DENTIFIED THROUGH THE HEALTH NEEDS ASSESSMENT, BUT MOST IMPORTANTLY TO PREVENT DUPLICATION OF EFFORTS AND INEFFICIENT USE OF RESOURCES, MANY OF THESE ISSUES ARE ADDRESSED BY, AND W ITH, OTHER COMMUNITY ORGANIZATIONS AND COALITIONS THE TOLEDO HOSPITAL PART V, SECTION B, L INE 16B THE FAP APPLICATION FORM WAS WIDELY AVAILABLE AT THE FOLLOWING URL WWW PROMEDICA ORG/FINANCIALASSISTANCETHE TOLEDO HOSPITAL PART V, SECTION B, LINE 16C A PLAIN LANGUAGE SUMMARY OF THE FAP WAS WIDELY AVAILABLE AT THE FOLLOWING URL WWW PROMEDICA ORG/FINANCIALA SSISTANCETHE TOLEDO HOSPITAL PART V, SECTION B, LINE 20B A PATIENT FINANCIAL ADVOCATE (PF A) IS ASSIGNED TO EACH PATIENT WHO HAS BEEN ADMITTED TO THE HOSPITAL FACILITY TO NOTIFY TH E INDIVIDUAL OF THE FINANCIAL ASSISTANCE POLICY PRIOR TO DISCHARGE

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

Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL	PART V, SECTION B, LINE 11 WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL WILL SPECIFICALLY IMPLEM ENT PROGRAMS TO ADDRESS THE FOLLOWING HEALTH NEEDS, LISTED IN ORDER OF PRIORITY - OBESITY /HUNGER INITIATIVES- TOBACCO USE - ARTHRITIS ACTIONS TAKEN DURING 2014 TO ADDRESS THE ABOV E IDENTIFIED NEEDS ARE INCLUDED BELOW HEALTH NEED IDENTIFIED OBESITY/HUNGER INITIATIVESST RATEGY #1 - INCREASE EDUCATION REGARDING WEIGHT MANAGEMENT TO DECREASE OBESITY ACTIONS TAK EN - OFFERED THREE EDUCATIONAL SESSIONS WITH A TOTAL OF 185 PARTICIPANTS STRATEGY #2 - COL LECT DONATED NON-PERISHABLE FOOD ITEMS AND DELIVER TO AREA FOOD AGENCIES FOR REDISTRIBUTIO N TO UNDERSERVED POPULATIONS ACTIONS TAKEN - CONDUCTED BIANNUAL FOOD DRIVES WITH A TOTAL O F 375 POUNDS OF FOOD DONATED HEALTH NEED IDENTIFIED TOBACCO USESTRATEGY #1 - IN CONJUNCTI ON WITH PROMEDICA WELLNESS, WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL WILL ASSIST IN EDUCATING THE PUBLIC ON TOBACCO TREATMENT OPPORTUNITIES ACTIONS TAKEN - PROMEDICA WELLNESS (TOBACC O TREATMENT CENTER) OFFERED FIVE (5) EDUCATIONAL CESSATION PROGRAMS IN 2014 WITH A TOTAL O F 271 PARTICIPANTS HEALTH NEED IDENTIFIED ARTHRITISSTRATEGY #1 - INCREASE BONE HEALTH EDU CATION TO DECREASE RISK OF ARTHRITIS AND OSTEOPOROSIS ACTIONS TAKEN - DUE TO LICENSURE RES TRICTION, WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL DID NOT PARTICIPATE IN "OWN THE BONE" PROG RAM STRATEGY #2 - WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL STAFF WILL DESIGN AN EDUCATIONAL P ROGRAM WHICH CAN BE SHARED IN JUNIOR HIGH SCHOOLS AND HIGH SCHOOLS ABOUT BONE HEALTH START ING IN YOUNGER CHILDREN ACTIONS TAKEN - STAFF PRESENTED THREE (3) PROGRAMS IN SCHOOLS IN 2014 WITH A TOTAL OF 301 PARTICIPANTS STRATEGY #3 - FOR FALL PREVENTION, PHYSICAL THERAPY STAFF AND NURSING STAFF WILL DESIGN AND IMPLEMENT A FALL PREVENTION PROGRAM THAT CAN BE SH ARED WITH LOCAL ECF/NURSING HOMES ACTIONS TAKEN - STAFF PRESENTED AT THREE PROGRAMS AT ECF /NURSING HOMES IN 2014 WITH A TOTAL NUMBER OF 53 PARTICIPANTS PROMEDICA ORTHOPAEDIC & SPIN E HOSPITAL DID NOT ADDRESS ALL OF THE SPECIFIC NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDU CTED COMMUNITY HEALTH NEEDS ASSESSMENT AS THESE AREAS EITHER ARE ADDRESSED DURING PHYSICIA N VISITS, GO BEYOND THE SCOPE OF THE HOSPITAL, OR ARE BEING ADDRESSED BY, OR WITH, OTHER O RGANIZATIONS IN THE COMMUNITY ALTHOUGH PROMEDICA PHYSICIANS AND OTHER PROGRAMS ADDRESS TH E HEALTH NEEDS OF PATIENTS AS NEEDED, THE NEEDS SPECIFICALLY NOT ADDRESSED BY THE HOSPITAL IN ITS PLAN, INCLUDE (*INDICATES PROMEDICA HAS, OR PARTICIPATES IN, COMMUNITY OUTREACH PR OGRAMS ADDRESSING THESE ISSUES) - HEALTH STATUS - ADDRESSED AT PHYSICIAN VISITS, TOLEDO LU CAS COUNTY MINORITY HEALTH COALITION*, HEALTHY LUCAS COUNTY*- HEALTH CARE COVERAGE - TOLED O LUCAS COUNTY CARENET*, PARAMOUNT HEALTH CARE*, MEDICAID EXPANSION*- HEALTH CARE ACCESS - PARAMOUNT HEALTH CARE*, TOLEDO LUCAS COUNTY HEALTH DEPARTMENT*, NEIGHBORHOOD HEALTH ASSOC IATION- ASTHMA - ADDRESSED AT PHYSICIAN VISITS, PROMEDICA TOLEDO CHILDREN'S HOSPITAL ASTHM A PROGRAM, TOLEDO LUCAS COUNTY HEALTH DEPARTMENT, AMERICAN LUNG ASSOCIATION- ALCOHOL USE - ADDRESSED AT PHYSICIAN VISITS, MENTAL HEALTH AND RECOVERY SERVICES BOARD- CANCER - ADDRES SED AT PHYSICIAN VISITS, AMERICAN CANCER SOCIETY*, NORTHWEST OHIO KOMEN*, LUCAS COUNTY COL ORECTAL CANCER COALITION*- CARDIOVASCULAR HEALTH - PROMEDICA HEART & VASCULAR INSTITUTE, P ROMEDICA WELLNESS - HEALTH SCREENINGS AND EDUCATION, AMERICAN HEART ASSOCIATION*, SYLVANIA EXPO*, BEDFORD BUSINESS ASSOCIATION*, COMMUNITY STROKE WORKSHOP*, WESTGATE CHAPEL WORKSHO P*, SENIOR SAFETY DAY AT TOLEDO POLICE DEPARTMENT*- DIABETES - PROMEDICA DIABETES CENTER, DIABETES YOUTH SERVICES*, JUVENILE DIABETES RESEARCH FOUNDATION, AMERICAN DIABETES ASSOCIA TION- MEN'S HEALTH - ADDRESSED AT PHYSICIAN VISITS, AFRICAN AMERICAN MALE WELLNESS WALK*- MENTAL HEALTH - ADDRESSED AT PHYSICIAN VISITS, HOSPITALS, NATIONAL ALLIANCE ON MENTAL ILLN ESS (NAMI), MENTAL HEALTH AND RECOVERY SERVICES BOARD*, UNISON, ZEPF CENTER, HARBOR*, PROM EDICA FLOWER HOSPITAL DEPRESSION SCREENINGS, UNIVERSITY CHURCH HEALTH FAIR*, ELEANOR KAHLE SENIOR CENTER*, SUICIDE COALITION WORKSHOP*, RADIO PROGRAM ON SENIOR SENSE*, CHRYSLER EMP LOYEE HEALTH FAIR*, EPWORTH UNITED METHODIST CHURCH PRESENTATION*- PREVENTIVE SCREENINGS A ND IMMUNIZATIONS - ADDRESSED AT PHYSICIAN VISITS, PROMEDICA WELLNESS*, NORTHWEST OHIO KOME N*, TOLEDO LUCAS COUNTY HEALTH DEPARTMENT, SCHOOLS- PERCEIVED QUALITY OF LIFE- SEXUAL BEHA VIOR - ADDRESSED AT PHYSICIAN VISITS, TOLEDO LUCAS COUNTY HEALTH DEPARTMENT, AIDS RESOURCE CENTER, RYAN WHITE PROGRAM, PARTNERS FOR SUCCESSFUL YOUTH- SUBSTANCE ABUSE - ADDRESSED AT PHYSICIAN VISITS, ARROWHEAD BEHAVIORAL HEALTH*, HARBOR*, UNISON, ZEPF CENTER, LUCAS COUNT Y MENTAL HEALTH & RECOVERY SERVICES BOARD, SYLVANIA COMMUNITY ACTION DAY - COMMUNITY DRUG TAKE BACK DAY, RED RIBBON WEEK- TOBACCO USE - PROMEDICA TOBACCO TREATMENT CENTERS, AMERICA N CANCER SOCIETY*, AMERICAN LUNG ASSOCIATION, FOSTERING HEALTHY COMMUNITIES*, LUCAS COUNTY TOBACCO COALITION- WEIGHT STATUS - ADDRESSED AT P

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

Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL	HYSICIAN VISITS, PROMEDICA WELLNESS HEALTH SCREENINGS AND EDUCATION, AMERICAN HEART ASSOCI ATION*, YMCA OF GREATER TOLEDO, LIVE WELL TOLEDO*, TOLEDO LUCAS COUNTY HEALTH DEPARTMENT H EALTHY YOUTH AND FAMILIES COALITION*- WOMEN'S HEALTH - ADDRESSED AT PHYSICIAN VISITS, NORT HWEST OHIO KOMEN*, BREAST AND CERVICAL CANCER PROGRAM*, LUCAS COUNTY FAMILY COUNCIL MATERN AL HEALTH COMMITTEE, HADDASAH- YOUTH SAFETY - PROMEDICA SAFE KIDS, PREVENTING BULLYING = C REATING SAFETY COALITION*, FOSTERING HEALTHIER COMMUNITIES*, SCHOOLS, LAW ENFORCEMENT- YOU TH VIOLENCE - PROMEDICA TEEN PEP, SCHOOLS, LAW ENFORCEMENT- YOUTH PERCEPTIONS - HARBOR*, U NISON, ZEPF CENTER- ORAL HEALTH - DENTAL CENTER OF NORTHWEST OHIO*, TOLEDO LUCAS COUNTY HE ALTH DEPARTMENT- EARLY CHILDHOOD (0-5 YEARS) ISSUES - LUCAS COUNTY EARLY CHILDHOOD COORDIN ATING COMMITTEE, PATHWAYS*, HELP ME GROW*, TOLEDO LUCAS COUNTY HEALTH DEPARTMENT*, ADELANT E NOSOTROS, HEARTBEAT OF TOLEDO, EARLY HEADSTART, POLLY FOX ACADEMY, READ FOR LITERACY*, L UCAS COUNTY CHILDREN'S SERVICES, FAMILY AND CHILD ABUSE PREVENTION CENTER- MIDDLE CHILDHOO D (6-11 YEARS) ISSUES - SCHOOLS, SAFE ROUTES TO SCHOOL*, TOLEDO LUCAS COUNTY HEALTH DEPART MENT, AFTERSCHOOL ALLIANCE*, PROMEDICA SAFE KIDS*, PREVENTING BULLYING = CREATING SAFETY C OALITION*, PARTNERS IN EDUCATION*, YMCA/JCC OF GREATER TOLEDO, WEEKEND BACKPACK PROGRAMS*, LUCAS COUNTY CHILDREN'S SERVICES, FAMILY AND CHILD ABUSE PREVENTION CENTER- FAMILY FUNCTI ONING/NEIGHBORHOODS - TPS HUB SCHOOLS*, FAMILY AND CHILD ABUSE PREVENTION CENTER*, LIVE WE LL TOLEDO, WSOS COMMUNITY ACTION- NEIGHBORHOOD AND COMMUNITY CHARACTERISTICS - LIVE WELL T OLEDO*- PARENTAL HEALTH - BABY UNIVERSITY, PATHWAYS*TO SOME EXTENT, RESOURCE RESTRICTIONS DO NOT ALLOW THE HOSPITAL TO ADDRESS ALL OF THE NEEDS IDENTIFIED THROUGH THE HEALTH NEEDS ASSESSMENT, BUT MOST IMPORTANTLY TO PREVENT DUPLICATION OF EFFORTS AND INEFFICIENT USE OF RESOURCES, MANY OF THESE ISSUES ARE ADDRESSED BY, AND WITH, OTHER COMMUNITY ORGANIZATIONS AND COALITIONS WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL PART V, SECTION B, LINE 16B THE FAP APPLICATION FORM WAS WIDELY AVAILABLE AT THE FOLLOWING URL WWW PROMEDICA ORG/FINANCIALASS ISTANCEWILDWOOD ORTHOPAEDIC & SPINE HOSPITAL PART V, SECTION B, LINE 16C A PLAIN LANGUAGE SUMMARY OF THE FAP WAS WIDELY AVAILABLE AT THE FOLLOWING URL WWW PROMEDICA ORG/FINANCIAL ASSISTANCEWILDWOOD ORTHOPAEDIC & SPINE HOSPITAL PART V, SECTION B, LINE 20B A PATIENT FIN ANCIAL ADVOCATE (PFA) IS ASSIGNED TO EACH PATIENT WHO HAS BEEN ADMITTED TO THE HOSPITAL FA CILITY TO NOTIFY THE INDIVIDUAL OF THE FINANCIAL ASSISTANCE POLICY PRIOR TO DISCHARGE

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

Form and Line Reference	Explanation
GROUP B-FACILITY 3 -- ARROWHEAD BEHAVIORAL HEALTH	PART V, SECTION B, LINE 11 ARROWHEAD BEHAVIORAL HEALTH WILL SPECIFICALLY IMPLEMENT PROGRA MS TO ADDRESS THE FOLLOWING HEALTH NEEDS, LISTED IN ORDER OF PRIORITY - MENTAL HEALTH - S UBSTANCE ABUSEACTIONS TAKEN DURING 2014 TO ADDRESS THE ABOVE IDENTIFIED NEEDS ARE INCLUDED BELOW HEALTH NEED IDENTIFIED MENTAL HEALTHSTRATEGY #1 - INCREASE MENTAL HEALTH (DEPRESSI ON, ANXIETY, STIGMA REDUCTION) SCREENINGS, PREVENTION EDUCATION AND RESOURCE INFORMATION I N COMMUNITY ACTIONS TAKEN - ATTENDED TWO NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) TOWN H ALL MEETINGS THAT FOCUSED ON MENTAL HEALTH EDUCATION EACH EVENT AVERAGED 30 - 40 PARTICIP ANTS - ATTENDED NAMI OF TOLEDO HEALTH FAIR - ATTENDED NAMI OF TOLEDO WALK 2014 PROVIDED $2,500 AS A SILVER SPONSOR AND PROVIDED INFORMATION AT A VENDOR BOOTH - ARROWHEAD HOSTED N AMI FAMILY TO FAMILY MEETINGS - A 12 WEEK PROGRAM/12 SESSIONS WHERE 10 FAMILIES PARTICIPAT ED IN THE FAMILY SESSIONS HEALTH NEED IDENTIFIED SUBSTANCE ABUSESTRATEGY #1 - INCREASE FR EE DRUG AND ALCOHOL SCREENINGS, EDUCATION AND RESOURCE INFORMATION IN THE COMMUNITY ACTION S TAKEN - ATTENDED TWO NAMI TOWN HALL MEETINGS THAT FOCUSED ON SUBSTANCE ABUSE EDUCATION EACH EVENT AVERAGED 20 - 25 PARTICIPANTS - CONTINUING TO WORK WITH SYLVANIA COMMUNITY ACT ION TEAM (SCAT) AND AWAKE TO A SAFE AND HEALTHY COMMUNITY COALITION (AWAKE) TO PROVIDE "TO OL KITS" FULL OF RESOURCE INFORMATION FOR SUBSTANCE ABUSE TREATMENT ARROWHEAD BEHAVIORAL HEALTH DID NOT ADDRESS ALL OF THE SPECIFIC NEEDS IDENTIFIED IN THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT AS THESE AREAS GO BEYOND THE SCOPE OF ARROWHEAD BEHAVIO RAL HEALTH, OR ARE BEING ADDRESSED BY, OR WITH, OTHER ORGANIZATIONS IN THE COMMUNITY ALTH OUGH PHYSICIANS AND OTHER PROGRAMS ADDRESS THE HEALTH NEEDS OF PATIENTS AS NEEDED, THE NEE DS SPECIFICALLY NOT ADDRESSED BY ARROWHEAD BEHAVIORAL HEALTH IN ITS PLAN, INCLUDE (*INDICA TES PROMEDICA HAS, OR PARTICIPATES IN, COMMUNITY OUTREACH PROGRAMS ADDRESSING THESE ISSUES) - HEALTH STATUS - ADDRESSED AT PHYSICIAN VISITS, TOLEDO LUCAS COUNTY MINORITY HEALTH COA LITION*, HEALTHY LUCAS COUNTY*- HEALTH CARE COVERAGE - TOLEDO LUCAS COUNTY CARENET*, PARAM OUNT HEALTH CARE*, MEDICAID EXPANSION*- HEALTH CARE ACCESS - PARAMOUNT HEALTH CARE*, TOLED O LUCAS COUNTY HEALTH DEPARTMENT*, NEIGHBORHOOD HEALTH ASSOCIATION- ASTHMA - ADDRESSED AT PHYSICIAN VISITS, PROMEDICA TOLEDO CHILDREN'S HOSPITAL ASTHMA PROGRAM, TOLEDO LUCAS COUNTY HEALTH DEPARTMENT, AMERICAN LUNG ASSOCIATION- ALCOHOL USE - ADDRESSED AT PHYSICIAN VISITS , MENTAL HEALTH AND RECOVERY SERVICES BOARD- CANCER - ADDRESSED AT PHYSICIAN VISITS, AMERI CAN CANCER SOCIETY*, NORTHWEST OHIO KOMEN*, LUCAS COUNTY COLORECTAL CANCER COALITION*- CAR DIOVASCULAR HEALTH - PROMEDICA HEART & VASCULAR INSTITUTE, PROMEDICA WELLNESS - HEALTH SCR EENINGS AND EDUCATION, AMERICAN HEART ASSOCIATION*, SYLVANIA EXPO*, BEDFORD BUSINESS ASSOC IATION*, COMMUNITY STROKE WORKSHOP*, WESTGATE CHAPEL WORKSHOP*, SENIOR SAFETY DAY AT TOLED O POLICE DEPARTMENT*- DIABETES - PROMEDICA DIABETES CENTER, DIABETES YOUTH SERVICES*, JUVE NILE DIABETES RESEARCH FOUNDATION, AMERICAN DIABETES ASSOCIATION- MEN'S HEALTH - ADDRESSED AT PHYSICIAN VISITS, AFRICAN AMERICAN MALE WELLNESS WALK*- MENTAL HEALTH - ADDRESSED AT P HYSICIAN VISITS, HOSPITALS, NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI), MENTAL HEALTH AND RECOVERY SERVICES BOARD*, UNISON, ZEPF CENTER, HARBOR*, PROMEDICA FLOWER HOSPITAL DEPRESSI ON SCREENINGS, UNIVERSITY CHURCH HEALTH FAIR*, ELEANOR KAHLE SENIOR CENTER*, SUICIDE COALI TION WORKSHOP*, RADIO PROGRAM ON SENIOR SENSE*, CHRYSLER EMPLOYEE HEALTH FAIR*, EPWORTH UN ITED METHODIST CHURCH PRESENTATION*- PREVENTIVE SCREENINGS AND IMMUNIZATIONS - ADDRESSED A T PHYSICIAN VISITS, PROMEDICA WELLNESS*, NORTHWEST OHIO KOMEN*, TOLEDO LUCAS COUNTY HEALTH DEPARTMENT, SCHOOLS- PERCEIVED QUALITY OF LIFE- SEXUAL BEHAVIOR - ADDRESSED AT PHYSICIAN VISITS, TOLEDO LUCAS COUNTY HEALTH DEPARTMENT, AIDS RESOURCE CENTER, RYAN WHITE PROGRAM, P ARTNERS FOR SUCCESSFUL YOUTH- SUBSTANCE ABUSE - ADDRESSED AT PHYSICIAN VISITS, ARROWHEAD B EHAVIORAL HEALTH*, HARBOR*, UNISON, ZEPF CENTER, LUCAS COUNTY MENTAL HEALTH & RECOVERY SER VICES BOARD, SYLVANIA COMMUNITY ACTION DAY - COMMUNITY DRUG TAKE BACK DAY, RED RIBBON WEEK - TOBACCO USE - PROMEDICA TOBACCO TREATMENT CENTERS, AMERICAN CANCER SOCIETY*, AMERICAN LU NG ASSOCIATION, FOSTERING HEALTHY COMMUNITIES*, LUCAS COUNTY TOBACCO COALITION- WEIGHT STA TUS - ADDRESSED AT PHYSICIAN VISITS, PROMEDICA WELLNESS HEALTH SCREENINGS AND EDUCATION, A MERICAN HEART ASSOCIATION*, YMCA OF GREATER TOLEDO, LIVE WELL TOLEDO*, TOLEDO LUCAS COUNTY HEALTH DEPARTMENT HEALTHY YOUTH AND FAMILIES COALITION*- WOMEN'S HEALTH - ADDRESSED AT PH YSICIAN VISITS, NORTHWEST OHIO KOMEN*, BREAST AND CERVICAL CANCER PROGRAM*, LUCAS COUNTY F AMILY COUNCIL MATERNAL HEALTH COMMITTEE, HADDASAH- YOUTH SAFETY - PROMEDICA SAFE KIDS, PRE VENTING BULLYING = CREATING SAFETY COALITION*, FOSTERING HEALTHIER COMMUNITIES*, SCHOOLS, LAW ENFORCEMENT- YOUTH VIOLENCE - PROMEDICA TEEN P

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

Form and Line Reference	Explanation
GROUP B-FACILITY 3 -- ARROWHEAD BEHAVIORAL HEALTH	EP, SCHOOLS, LAW ENFORCEMENT- YOUTH PERCEPTIONS - HARBOR*, UNISON, ZEPF CENTER- ORAL HEALT H - DENTAL CENTER OF NORTHWEST OHIO*, TOLEDO LUCAS COUNTY HEALTH DEPARTMENT- EARLY CHILDHO OD (0-5 YEARS) ISSUES - LUCAS COUNTY EARLY CHILDHOOD COORDINATING COMMITTEE, PATHWAYS*, HE LP ME GROW*, TOLEDO LUCAS COUNTY HEALTH DEPARTMENT*, ADELANTE NOSOTROS, HEARTBEAT OF TOLED O, EARLY HEADSTART, POLLY FOX ACADEMY, READ FOR LITERACY*, LUCAS COUNTY CHILDREN'S SERVICE S, FAMILY AND CHILD ABUSE PREVENTION CENTER- MIDDLE CHILDHOOD (6-11 YEARS) ISSUES - SCHOOL S, SAFE ROUTES TO SCHOOL*, TOLEDO LUCAS COUNTY HEALTH DEPARTMENT, AFTERSCHOOL ALLIANCE*, P ROMEDICA SAFE KIDS*, PREVENTING BULLYING = CREATING SAFETY COALITION*, PARTNERS IN EDUCATI ON*, YMCA/JCC OF GREATER TOLEDO, WEEKEND BACKPACK PROGRAMS*, LUCAS COUNTY CHILDREN'S SERVI CES, FAMILY AND CHILD ABUSE PREVENTION CENTER- FAMILY FUNCTIONING/NEIGHBORHOODS - TPS HUB SCHOOLS*, FAMILY AND CHILD ABUSE PREVENTION CENTER*, LIVE WELL TOLEDO, WSOS COMMUNITY ACTI ON- NEIGHBORHOOD AND COMMUNITY CHARACTERISTICS - LIVE WELL TOLEDO*- PARENTAL HEALTH - BABY UNIVERSITY, PATHWAYS*TO SOME EXTENT, RESOURCE RESTRICTIONS DO NOT ALLOW THE HOSPITAL TO A DDRESS ALL OF THE NEEDS IDENTIFIED THROUGH THE HEALTH NEEDS ASSESSMENT, BUT MOST IMPORTANT LY TO PREVENT DUPLICATION OF EFFORTS AND INEFFICIENT USE OF RESOURCES, MANY OF THESE ISSUE S ARE ADDRESSED BY, AND WITH, OTHER COMMUNITY ORGANIZATIONS AND COALITIONS ARROWHEAD BEHAV IORAL HEALTH PART V, SECTION B, LINE 20B A PATIENT FINANCIAL ADVOCATE (PFA) IS ASSIGNED T O EACH PATIENT WHO HAS BEEN ADMITTED TO THE HOSPITAL FACILITY TO NOTIFY THE INDIVIDUAL OF THE FINANCIAL ASSISTANCE POLICY PRIOR TO DISCHARGE

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

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

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
PARKWAY SURGERY CENTER 3500 EXECUTIVE PARKWAY TOLEDO,OH 43606	SURGICAL CENTER/LAB
REYNOLDS ROAD SURGICAL CENTER 2865 N REYNOLDS RD TOLEDO,OH 43615	SURGICAL CENTER/LAB
WEST CENTRAL SURGICAL CENTER 7055 W CENTRAL AVE TOLEDO,OH 43617	SURGICAL CENTER/LAB
NWO BREAST MRI 2121 HUGHES DR SUITE 300 TOLEDO,OH 43606	SURGICAL CENTER/LAB
PROMEDICA TRANSPORTATION NETWORK 2142 NORTH COVE BLVD TOLEDO,OH 43606	SURGICAL CENTER/LAB
PROMEDICA LABS 2141 GIANT ST TOLEDO,OH 43606	SURGICAL CENTER/LAB
NORTHWEST OHIO CARDIOLOGY 2940 N MCCORD RD TOLEDO,OH 43615	SURGICAL CENTER/LAB
ENDOSCOPY CENTER 3439 GRANITE CIRCLE TOLEDO,OH 43617	SURGICAL CENTER/LAB
HARRIS MCINTOSH RADIOLOGY 2121 HUGHES DR TOLEDO,OH 43623	SURGICAL CENTER/LAB
TOLEDO HOSPITAL TOTAL REHAB AT CTR 2150 W CENTRAL AVE TOLEDO,OH 43606	SURGICAL CENTER/LAB
CHS WOMENS 2150 W CENTRAL TOLEDO,OH 43606	SURGICAL CENTER/LAB
SPORTSCARE AT WILDWOOD MEDICAL CENTER 2865 N REYNOLDS RD SUITE 110 TOLEDO,OH 43615	SURGICAL CENTER/LAB
MONROE CARDIOLOGY TESTING CENTER 730 N MACOMB ST MONROE,MI 48162	SURGICAL CENTER/LAB
PROMEDICA HEALTH CENTER WOODLEY 3909 WOODLEY RD SUITE 450 TOLEDO,OH 43606	SURGICAL CENTER/LAB
PROMEDICA HEALTH CENTER WEST 3740 W SYLVANIA AVE TOLEDO,OH 43623	SURGICAL CENTER/LAB

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

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

How many non-hospital health care facilities did the organization operate during the tax year?
_____

Name and address	Type of Facility (describe)
PROMEDICA HEALTH CENTER ARROWHEAD 660 BEAVER CREEK CIRCLE SUITE 120 MAUMEE,OH 43537	SURGICAL CENTER/LAB
PROMEDICA HEALTH CENTER ARROWHEAD 660 BEAVER CREEK CIRCLE SUITE 120 MAUMEE,OH 43537	SURGICAL CENTER/LAB
CENTER FOR HEALTH SVCS 2150 W CENTRAL AVE TOLEDO,OH 43606	SURGICAL CENTER/LAB
TOLEDO HOSPITAL AT CONRAD JOBST TOWER 2109 HUGHES DR SUITE 130 TOLEDO,OH 43606	SURGICAL CENTER/LAB
PERRYSBURG MEDICAL CTR 1601 BRIGHAM DR SUITE 180 PERRYSBURG,OH 43551	SURGICAL CENTER/LAB
PROMEDICA WILDWOOD 2865 N REYNOLDS RD SUITE 130 TOLEDO,OH 43615	SURGICAL CENTER/LAB
CENTER FOR WOUND CARE OF NW OHIO 3110 W CENTRAL AVE SUITE A TOLEDO,OH 43606	SURGICAL CENTER/LAB
WW KNIGHT CLINIC 2051 W CENTRAL AVE TOLEDO,OH 43606	SURGICAL CENTER/LAB
PROMEDICA HEALTH CTR PORT SYLVANIA 7140 PORT SYLVANIA SUITE 550 TOLEDO,OH 43617	SURGICAL CENTER/LAB
NWO SLEEP DISORDER CTR AT TOLEDO 2121 HUGHES DR TOLEDO,OH 43623	SURGICAL CENTER/LAB
PROMEDICA PORT SYLVANIA 7140 PORT SYLVANIA SUITE 550 TOLEDO,OH 43617	SURGICAL CENTER/LAB
PROMEDICA HEALTH CTR WEST 3740 W SYLVANIA AVE TOLEDO,OH 43623	SURGICAL CENTER/LAB
PROMEDICA HEALTH CTR LAMBERTVILLE 7579 SECOR RD LAMBERTVILLE,MI 48114	SURGICAL CENTER/LAB
TOLEDO HOSPITAL AT CONRAD JOBST TOWER 2109 HUGHES DR SUITE 130 TOLEDO,OH 43606	SURGICAL CENTER/LAB
PROMEDICA HEALTH CTR WOODLEY 3909 WOODLEY RD SUITE 450 TOLEDO,OH 43606	SURGICAL CENTER/LAB

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

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

How many non-hospital health care facilities did the organization operate during the tax year?
_____

Name and address	Type of Facility (describe)
TOTAL REHAB OF MAUMEE ARROWHEAD 650 BEAVER CREEK CIRCLE SUITE 210 MAUMEE,OH 43537	SURGICAL CENTER/LAB
TOLEDO HOSPITAL CARDIAC TESTING CTR 1601 BRIGHAM DR PERRYSBURG,OH 43551	SURGICAL CENTER/LAB
TOTAL REHAB AT PERRYSBURG 1601 BRIGHAM DR SUITE 100 PERRYSBURG,OH 43551	SURGICAL CENTER/LAB
PROMEDICA PERRYSBURG 1601 BRIGHAM DR SUITE 180 PERRYSBURG,OH 43551	SURGICAL CENTER/LAB
PROMEDICA LABS MCCORD RD 3020 N MCCORD RD SUITE 101 TOLEDO,OH 43615	SURGICAL CENTER/LAB
CENTER FOR HEALTH SVCS 2150 W CENTRAL TOLEDO,OH 43606	SURGICAL CENTER/LAB
PROMEDICA ROSSFORD 1209 DIXIE HWY ROSSFORD,OH 43460	SURGICAL CENTER/LAB
PROMEDICA HEALTH CTR SWANTON 22 TURTLE CREEK CIRCLE SWANTON,OH 43558	SURGICAL CENTER/LAB
URGENT CARE CENTER 4235 SECOR RD TOLEDO,OH 43623	SURGICAL CENTER/LAB
PROMEDICA WILDWOOD 2865 N REYNOLDS RD SUITE 130 TOLEDO,OH 43615	SURGICAL CENTER/LAB
PROMEDICA LABS HARROUN RD 4848 HOLLAND-SYLVANIA RD SYLVANIA,OH 43560	SURGICAL CENTER/LAB
PROMEDICA LABS MONCLOVA 6005 MONCLOVA RD SUITE 210 MAUMEE,OH 43537	SURGICAL CENTER/LAB
PROMEDICA LABS WESTGATE MEADOW 3516 W CENTRAL AVE TOLEDO,OH 43606	SURGICAL CENTER/LAB
CHS INTERNAL MEDICINE 2150 W CENTRAL AVE TOLEDO,OH 43606	SURGICAL CENTER/LAB
PROMEDICA LAB - FINDLAY 15054 US 224 EAST FINDLAY,OH 45840	SURGICAL CENTER/LAB

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

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

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
JULIE MILLER DO 2150 W CENTRAL AVE TOLEDO,OH 43606	SURGICAL CENTER/LAB
CHS HEMOPHILIA 2150 W CENTRAL AVE TOLEDO,OH 43606	SURGICAL CENTER/LAB
PROMEDICA LABS ADRIAN 3245 N ADRIAN HWY STE E ADRIAN,MI 49221	SURGICAL CENTER/LAB
ARTHRITIS AND OSTEOPOROSIS CENTER 2109 HUGHES SUITE 160 TOLEDO,OH 43606	SURGICAL CENTER/LAB
PROMEDICA HEALTH CTR EAST 3156 DUSTIN RD SUITE 101 OREGON,OH 43616	SURGICAL CENTER/LAB
BAY PARK DIAGNOSTICS SUTTON CTR 1854 E PERRY ST PORT CLINTON,OH 43452	SURGICAL CENTER/LAB
CHARLES FAY HEALTH CTR 811 W COOMER STREET MORENCI,MI 49256	SURGICAL CENTER/LAB
PROMEDICA LABS MONROE 811 N MACOMB ST MONROE,OH 48161	SURGICAL CENTER/LAB
PROMEDICA LABS POINT PLACE 4805 SUDER RD TOLEDO,OH 43611	SURGICAL CENTER/LAB
ONSTED HEALTH CENTER 400 N MAIN ST SUITE B ONSTED,MI 49265	SURGICAL CENTER/LAB
PROMEDICA LAB - DIABETES CENTER 2100 W CENTRAL AVE TOLEDO,OH 43606	SURGICAL CENTER/LAB
PROMEDICA LAB - TECUMSEH 500 E CUMMINS TECUMSEH,MI 49186	SURGICAL CENTER/LAB

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
THE TOLEDO HOSPITAL

Employer identification number
34-4428256

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to 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
(1) PROMEDICA PHYSICIAN GROUP 5855 MONROE STREET SYLVANIA,OH 43560	34-1899439	501(C)(3)	3,750,000				OPERATING GRANT
(2) PROMEDICA HEALTH SYSTEM INC 1801 RICHARDS ROAD TOLEDO,OH 43607	34-1517671	501(C)(3)	18,750,000				OPERATING GRANT
(3) PROMEDICA FOUNDATION 2142 N COVE BLVD TOLEDO,OH 43606	34-1517672	501(C)(3)	1,064,975				OPERATING GRANT
(4) PROMEDICA CONTINUING CARE SERVICES CORPORATION 2142 N COVE BLVD TOLEDO,OH 43606	34-4492440	501(C)(3)	4,126,554				OPERATING GRANT

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

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

Part III **Grants and Other Assistance to 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

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **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
THE TOLEDO HOSPITAL

Employer identification number
34-4428256

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation 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 3	PROMEDICA HEALTH SYSTEM, INC , A RELATED TAX-EXEMPT ORGANIZATION OF THE TOLEDO HOSPITAL, USES THE FOLLOWING TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - COMPENSATION SURVEY OR STUDY - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
PART I, LINE 4B	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 LORI FERGUSON $6,327

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
1 DAWN BUSKEY, EX OFFICIO	(I)	0	0	0	0	0	0	0
	(II)	214,576	49,579	14,241	40,157	13,419	331,972	0
1 TODD J COOPERIDER MD MBA, TRUSTEE	(I)	0	0	0	0	0	0	0
	(II)	645,088	0	17,737	17,000	26,011	705,836	0
2 DEBORAH A GUNTSCH MD, TRUSTEE	(I)	15,000	0	0	0	0	15,000	0
	(II)	254,621	0	14,345	17,000	27,190	313,156	0
3 LEE W HAMMERLING MD, TRUSTEE	(I)	0	0	0	0	0	0	0
	(II)	516,622	180,962	41,846	52,693	15,567	807,690	0
4 KEVIN C WEBB PHD, EX OFFICIO/PRES, EX OFF (THRU 5/14)	(I)	0	0	0	0	0	0	0
	(II)	399,505	147,572	28,568	36,188	12,832	624,665	0
5 ARTURO POLIZZI, PRESIDENT, EX OFFICIO	(I)	0	0	0	0	0	0	0
	(II)	358,938	157,258	38,638	35,187	19,884	609,905	0
6 KATHLEEN S HANLEY, TREASURER (THRU 5/14)	(I)	0	0	0	0	0	0	0
	(II)	457,284	200,510	46,252	805,713	16,434	1,526,193	0
7 ALAN M SATTLER, TREASURER	(I)	0	0	0	0	0	0	0
	(II)	309,066	97,460	32,113	48,009	20,932	507,580	0
8 JEFFREY C KUHN, SECRETARY	(I)	0	0	0	0	0	0	0
	(II)	363,111	157,073	12,779	45,715	23,305	601,983	0
9 KEN ARMSTRONG, COO, HVI	(I)	0	0	0	0	0	0	0
	(II)	202,426	53,712	2,153	38,952	23,904	321,147	0
10 ALISON AVENDT, VP OPS, TTH	(I)	0	0	0	0	0	0	0
	(II)	131,689	21,006	1,706	24,003	764	179,168	0
11 LORI FERGUSON, VP PATIENT CARE, TCH	(I)	0	0	0	0	0	0	0
	(II)	136,988	35,663	1,766	26,483	13,216	214,116	6,309
12 SCOTT FOUGHT, VP FINANCE	(I)	0	0	0	0	0	0	0
	(II)	151,019	28,209	6,519	18,737	18,924	223,408	0
13 KHURRAM KAMRAN, VP MED AFFAIRS, TTH	(I)	0	0	0	0	0	0	0
	(II)	413,977	67,337	3,751	18,307	20,051	523,423	0
14 NEERAJ K KANWAL MD, VP MED AFFAIRS, TTH	(I)	0	0	0	0	0	0	0
	(II)	296,680	47,697	9,143	28,296	25,849	407,665	0
15 JOSEPH SFERRA, VP SURGICAL SERVICES, TTH	(I)	36,000	0	0	0	0	36,000	0
	(II)	227,467	38,140	1,586	16,010	0	283,203	0
16 DEANA SIEVERT, VP PATIENT CARE, TTH	(I)	0	0	0	0	0	0	0
	(II)	168,280	34,667	6,667	11,121	14,417	235,152	0
17 ANTHONY COMEROTA, DIR JOBST VASCULAR CTR	(I)	560,159	0	7,276	23,871	13,324	604,630	0
	(II)	0	0	0	0	0	0	0
18 LOUITO C EDJE MD, DIR ED FAMILY PRACTICE	(I)	216,620	0	1,083	15,115	16,083	248,901	0
	(II)	0	0	0	0	0	0	0
19 FEDOR LURIE, ASSOC DIR RESEARCH ED VASC	(I)	199,315	300	783	12,487	15,838	228,723	0
	(II)	0	0	0	0	0	0	0

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

(A) Name 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 JEFFREY LEWIS, ASSOC DIR ED FAMILY PRACTICE	(I)	184,449	0	5,708	41,466	21,896	253,519	0
	(II)	0	0	0	0	0	0	0
1 MICHAEL BIGGIN, LEAD PHYSICIAN ASSISTANT	(I)	185,123	300	4,468	19,769	20,488	230,148	0
	(II)	0	0	0	0	0	0	0
2 GARY AKENBERGER, FORMER KEY EMPLOYEE	(I)	0	0	0	0	0	0	0
	(II)	238,713	69,268	34,519	48,981	20,188	411,669	0
3 DARRIN ARQUETTE, FORMER KEY EMPLOYEE	(I)	0	0	0	0	0	0	0
	(II)	123,244	22,401	4,070	13,972	21,805	185,492	0
4 HOLLY L BRISTOLL, FORMER KEY EMPLOYEE	(I)	0	0	0	0	0	0	0
	(II)	230,778	79,392	12,684	38,317	14,984	376,155	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
THE TOLEDO HOSPITAL

Employer identification number
34-4428256

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	SERIES 2005 BONDS - SEE PART VI FOR DETAIL		549310SZ4	04-28-2005	188,935,192	SEE PART VI	X			X		X
B	SERIES 2008 BONDS - SEE PART VI FOR DETAIL		549310TT7	05-15-2008	183,217,907	SEE PART VI	X			X		X
C	SERIES 2011 A & B BONDS - SEE PART VI FOR DETAIL		549310UL2	02-09-2011	197,051,617	SEE PART VI		X		X		X
D	COUNTY OF LUCAS OHIO	34-6400806	549310TT7	03-31-2011	62,500,000	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	156,660,000	132,000,000		
2	Amount of bonds legally defeased				
3	Total proceeds of issue	197,109,556	186,791,298	199,572,288	62,500,000
4	Gross proceeds in reserve funds		32,744		
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,902,630	2,224,707	2,337,157	
8	Credit enhancement from proceeds	3,105,891	133,953		
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	129,409,278	54,105,888	127,520,671	
11	Other spent proceeds	62,691,757	130,326,750	69,714,460	62,500,000
12	Other unspent proceeds				
13	Year of substantial completion	2007	2011	2014	

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 050 %		0 010 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 050 %		0 010 %	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	X		X			X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?					X		X	
b	Exception to rebate?						X		X
c	No rebate due?						X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X			X	X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		X
b	Name of provider	UBS							
c	Term of hedge	29 600000000000							
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X		X		X
b	Name of provider	JP MORGAN							
c	Term of GIC	2 800000000000							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

Return Reference	Explanation
SCHEDULE K, SUPPLEMENTAL INFORMATION	PART I SERIES 2005 BOND DETAIL ISSUER NAME SERIES 2005 A-1 - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP# 549310SZ4 DATE ISSUED 04/28/2005 ISSUE PRICE $52,200,000 PURPOSE FINANCE THE CONSTRUCTION AND EQUIPPING OF A 279 BED PATIENT TOWER ON THE CAMPUS OF TOLEDO HOSPITAL FINANCE THE COST OF ACQUISITION, RENOVATION AND EQUIPPING OF CERTAIN OTHER OHIO HEALTHCARE FACILITIES MATURITY MATURED ISSUER NAME SERIES 2005 A-2 - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP# 549310TA8 DATE ISSUED 04/28/2005 ISSUE PRICE $37,500,000 PURPOSE FINANCE THE CONSTRUCTION AND EQUIPPING OF A 279 BED PATIENT TOWER ON THE CAMPUS OF TOLEDO HOSPITAL FINANCE THE COST OF ACQUISITION, RENOVATION AND EQUIPPING OF CERTAIN OTHER OHIO HEALTHCARE FACILITIES MATURITY MATURED ISSUER NAME SERIES 2005 A-3 - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP# 549310TB6 DATE ISSUED 04/28/2005 ISSUE PRICE $25,000,000 PURPOSE FINANCE THE CONSTRUCTION AND EQUIPPING OF A 279 BED PATIENT TOWER ON THE CAMPUS OF TOLEDO HOSPITAL FINANCE THE COST OF ACQUISITION, RENOVATION AND EQUIPPING OF CERTAIN OTHER OHIO HEALTHCARE FACILITIES MATURITY MATURED ISSUER NAME SERIES 2005B OH - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP# 549310TS9 DATE ISSUED 04/28/2005 ISSUE PRICE $57,410,192 PURPOSE REFUND SERIES 1993 TOLEDO HOSPITAL BONDS ISSUED 07/29/1993 MATURITY 11/15/2021 ISSUER NAME SERIES 2005 MI B - COUNTY OF LENAWEE HOSPITAL FINANCE AUTHORITY ISSUER EIN 38-6005798 CUSIP# 52601PAX6 DATE ISSUED 04/28/2005 ISSUE PRICE $16,825,000 PURPOSE FINANCE A 23,550 SQUARE FOOT ADDITION AND OTHER RENOVATION ON THE CAMPUS OF HERRICK MEDICAL CENTER IN MICHIGAN REFUND THE LENAWEE LONG TERM CARE SERIES 1994A BONDS ISSUED 08/31/1994 MATURITY MATURED SERIES 2008 BOND DETAIL ISSUER NAME 2008 SERIES A - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP# 549310TT7 DATE ISSUED 05/15/2008 CONVERTED 03/31/2011 ISSUE PRICE $62,500,000 PURPOSE REFINANCE A PORTION OF THE BANK LOAN ISSUED 03/17/2008 USED TO FINANCE THE EARLY OPTIONAL REDEMPTION OF THE PROMEDICA HEALTHCARE OBLIGATED GROUP SERIES 2005A BONDS ISSUED 04/28/2005 MATURITY 11/15/2034 ISSUER NAME 2008 SERIES B - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP# 549310TU4 DATE ISSUED 05/15/2008 ISSUE PRICE $52,855,000 PURPOSE REFINANCE A PORTION OF THE BANK LOAN ISSUED 03/17/2008 USED TO FINANCE THE EARLY OPTIONAL REDEMPTION OF THE PROMEDICA HEALTHCARE OBLIGATED GROUP SERIES 2005A BONDS ISSUED 04/28/2005 FINANCE THE CONSTRUCTION AND EQUIPPING OF A 36 BED ORTHOPEDIC HOSPITAL MATURITY MATURED ISSUER NAME 2008 SERIES C - COUNTY OF LENAWEE HOSPITAL FINANCE AUTHORITY ISSUER EIN 38-6005798 CUSIP # 52601PAY4 DATE ISSUED 05/15/2008 ISSUE PRICE $16,645,000 PURPOSE REFINANCE A PORTION OF THE BANK LOAN ISSUED 03/17/2008 USED TO FINANCE THE EARLY OPTIONAL REDEMPTION OF THE PROMEDICA HEALTHCARE OBLIGATED GROUP SERIES 2005B BONDS ISSUED 04/28/2005 MATURITY MATURED ISSUER NAME 2008 SERIES D - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP # 549310YV2 DATE ISSUED 05/15/2008 ISSUE PRICE $33,803,818 PURPOSE REFINANCE A PORTION OF THE BANK LOAN ISSUED 03/17/2008 USED TO FINANCE THE EARLY OPTIONAL REDEMPTION OF THE PROMEDICA HEALTHCARE OBLIGATED GROUP SERIES 2005A BONDS ISSUED 04/28/2005 FINANCE THE ACQUISITION OF A CT, MRI AND CERTAIN OTHER EQUIPMENT ON THE CAMPUS OF FOSTORIA HOSPITAL ASSOCIATION MATURITY 11/15/2038 ISSUER NAME 2008 SERIES D - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP # 549310TW0 DATE ISSUED 05/15/2008 ISSUE PRICE $17,414,088 PURPOSE REFINANCE A PORTION OF THE BANK LOAN ISSUED 03/17/2008 USED TO FINANCE THE EARLY OPTIONAL REDEMPTION OF THE PROMEDICA HEALTHCARE OBLIGATED GROUP SERIES 2005A BONDS ISSUED 04/28/2005 FINANCE THE ACQUISITION OF A CT, MRI AND CERTAIN OTHER EQUIPMENT ON THE CAMPUS OF FOSTORIA HOSPITAL ASSOCIATION MATURITY 11/15/2040 SERIES 2011 BOND DETAIL ISSUER NAME 2011 SERIES A - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP# 549310UL2 & 549310UJ7 DATE ISSUED 02/09/2011 ISSUE PRICE $180,148,535 PURPOSE REFINANCE THE PROMEDICA HEALTHCARE 2008B BONDS ISSUED 05/15/2008 FINANCE THE COST OF ACQUISITION, CONSTRUCTION, RENOVATION AND EQUIPPING OF CERTAIN OTHER OHIO HEALTHCARE FACILITIES OF THE MEMBERS OF THE OBLIGATED GROUP MATURITY 11/15/2041 ISSUER NAME 2011 SERIES B - COUNTY OF LENAWEE HOSPITAL FINANCE AUTHORITY ISSUER EIN 38-6005798 CUSIP# 52601PBE7 DATE ISSUED 02/09/2011 ISSUE PRICE $16,903,082 PURPOSE REFINANCE THE REDEMPTION OF THE PROMEDICA HEALTH CARE OBLIGATED GROUP SERIES 2008C BONDS ISSUED 05/15/2008 MATURITY 11/15/2035 ISSUER NAME 2011 SERIES C - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP# N/A DATE ISSUED 05/25/2011 ISSUE PRICE $29,645,000 PURPOSE REFINANCE A PORTION OF THE EARLY OPTIONAL REDEMPTION OF THE PROMEDICA HEALTHCARE OBLIGATED GROUP SERIES 1999 BONDS ISSUED 07/01/1999 MATURITY 11/15/2019 ISSUER NAME 2011 SERIES D - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP# 549310VD9 DATE ISSUED 12/01/2011 ISSUE PRICE $142,575,271 PURPOSE TO FINANCE THE EARLY OPTIONAL REDEMPTION OF THE REMAINING OUTSTANDING MATURITIES OF THE PROMEDICA HEALTHCARE OBLIGATED GROUP SERIES 1999 BONDS ISSUED 04/01/1999 AND 07/26/1999 MATURITY 11/15/2030 ISSUER NAME 2011 SERIES E - COUNTY OF LENAWEE HOSPITAL FINANCE AUTHORITY ISSUER EIN 38-6005798 CUSIP# 52601PB56 DATE ISSUED 12/01/2011 ISSUE PRICE $9,429,057 PURPOSE REFINANCE THE EARLY OPTIONAL REDEMPTION OF THE LENAWEE HEALTH ALLIANCE OBLIGATED GROUP SERIES 1999A BONDS ISSUED 04/01/1999 AND 07/26/1999 MATURITY 11/15/2028 ISSUER NAME COUNTY OF LUCAS, OHIO ISSUER EIN 34-6400806 CUSIP # 549310TT7 DATE ISSUED 03/31/2011 ISSUE PRICE $62,500,000 PURPOSE DEEMED REFUNDING (REISSUANCE) OF SERIES 2008A BONDS ISSUED 05/15/2008 PART I, COLUMN (E) DIFFERENCES BETWEEN THE ISSUE PRICE SHOWN IN PART I, COLUMN (E) AND TOTAL PROCEEDS SHOWN IN PART II, LINE 3 ARE DUE TO INVESTMENT EARNINGS PART II, COLUMN (B), LINE 4, SERIES 2008 BONDS $32,744 IS IN A DEBT SERVICE FUND PART II, COLUMN (A), LINE 4, SERIES 2011 C BONDS $12,358 IS IN DEBT SERVICE FUND PART III, COLUMN (A), COUNTY OF LUCAS, OHIO BONDS PART III HAS NOT BEEN COMPLETED WITH RESPECT TO THE COUNTY OF LUCAS, OHIO BONDS, SINCE SUCH BONDS REFUNDED PRE-2003 BOND ISSUES PART III, COLUMN (B), SERIES 2011 D & E BONDS PART III HAS NOT BEEN COMPLETED WITH RESPECT TO THE SERIES 2011 D & E BONDS, SINCE SUCH BONDS REFUNDED PRE-2003 BOND ISSUES

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
THE TOLEDO HOSPITAL

Employer identification number
34-4428256

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	SERIES 2011 D & E BONDS - SEE PART VI FOR DETAIL		549310VD9	12-01-2011	152,004,328	SEE PART VI		X		X		X
B	COUNTY OF LUCAS OHIO	34-6400806		05-25-2011	29,645,000	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	2,735,000	8,900,000		
2	Amount of bonds legally defeased				
3	Total proceeds of issue	152,004,328	29,645,000		
4	Gross proceeds in reserve funds		12,358		
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,505,879	263,825		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	150,498,449	29,381,175		
12	Other unspent proceeds				
13	Year of substantial completion				

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?								
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?								
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?								
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?								
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?								

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

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

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

Employer identification number
34-4428256

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? Yes	(d) Corrected? No

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

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) SEE PART V	SEE PART V	542,864	SEE PART V		No
(2) SEE PART V	SEE PART V	36,651	SEE PART V		No
(3) SEE PART V	SEE PART V	24,769	SEE PART V		No
(4) SEE PART V	SEE PART V	7,295,524	SEE PART V		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(A) NAME OF INTERESTED PERSON TOLSON INVESTMENTS, LLC(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION GREATER THAN 35% CONTROLLED ENTITY BY HARVEY A TOLSON (TRUSTEE) (C) AMOUNT OF TRANSACTION $542,864(D) DESCRIPTION OF TRANSACTION RENTAL PROPERTY(E) SHARING OF ORGANIZATION REVENUES? = NO
SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(A) NAME OF INTERESTED PERSON CHRISTINE WEBER(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION CHRISTINE WEBER IS A FAMILY MEMBER OF JAMES F WEBER (TRUSTEE) (C) AMOUNT OF TRANSACTION $36,651(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 KATELYN AVENDT (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION KATELYN AVENDT IS A FAMILY MEMBER OF ALISON AVENDT (KEY EMPLOYEE) (C) AMOUNT OF TRANSACTION $24,769(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 SUBSTANTIAL CONTRIBUTOR(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION SUBSTANTIAL CONTRIBUTOR(C) AMOUNT OF TRANSACTION $7,295,524(D) DESCRIPTION OF TRANSACTION TEMPORARY AGENCY STAFFING, MEDICAL SUPPLIES, MEMBERSHIP DUES(E) SHARING OF ORGANIZATION REVENUES? = NO

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
THE TOLEDO HOSPITAL

Employer identification number
34-4428256

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial	X	1	5,930,000	OPINIONS OF EXPERTS
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29** 0

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B)	THE NUMBER IN COLUMN (B) REFERS TO BOTH THE NUMBER OF CONTRIBUTORS AND THE NUMBER OF CONTRIBUTIONS

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 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	Employer identification number
THE TOLEDO HOSPITAL	34-4428256

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

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

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	UNDER THE GUIDANCE OF PROMEDICA HEALTH SYSTEM, INC 'S (PHS) TAX CONSULTANTS, 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 PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	PROMEDICA HEALTH SYSTEM, INC AND AFFILIATES (PHS) HAVE STANDARDS OF CONDUCT THAT APPLY TO ALL PHS BOARD MEMBERS AND EMPLOYEES BOARD MEMBERS AND EMPLOYEES ARE EXPECTED TO CERTIFY THEIR COMPLIANCE WITH THE APPLICABLE STANDARDS PRIOR TO ELECTION/APPOINTMENT OR PRIOR TO BEGINNING EMPLOYMENT BOARD MEMBERS ANNUALLY (OR IMMEDIATELY IF NEW POTENTIAL CONFLICTS OF INTEREST ARISE), ALL BOARD MEMBERS ARE REQUIRED TO COMPLETE AND RETURN THE BOARD MEMBER CERTIFICATION STATEMENT WITHIN 30 DAYS OF DISSEMINATION BOARD MEMBER CERTIFICATION STATEMENTS ARE COMPILED AND REVIEWED BY THE V P, AUDIT & COMPLIANCE/CHIEF COMPLIANCE OFFICER (CCO) SUMMARIZED INFORMATION IS FORWARDED FOR REVIEW TO THE CHIEF FINANCIAL OFFICER, GENERAL COUNSEL, BUSINESS UNIT PRESIDENTS AND THE PRESIDENT AND CHIEF EXECUTIVE OFFICER (PRESIDENT/CEO), BASED UPON THEIR RESPECTIVE KNOWLEDGE OF THE BOARD MEMBERS THE PURPOSE OF THIS REVIEW IS TO BOTH INFORM MANAGEMENT OF THE DISCLOSED CONFLICTS AND TO ALLOW THEM TO IDENTIFY TO THE V P, AUDIT & COMPLIANCE, ANY POTENTIAL UNDISCLOSED CONFLICTS THE AUDIT & COMPLIANCE DEPARTMENT THEN CONDUCTS AN AUDIT OF ALL BOARD MEMBER CERTIFICATION STATEMENTS (ALONG WITH ANY RELATIONSHIPS NOTED THROUGH THE ABOVE REVIEW) TO IDENTIFY ANY POSITIONAL CONFLICTS OF INTEREST AND TO TEST MATERIAL TRANSACTIONS WITH BOARD MEMBERS/THEIR AFFILIATES FOR FAIR MARKET VALUE THE RESULTS OF THE AUDIT ARE REPORTED DIRECTLY TO THE CHAIR OF THE AUDIT & COMPLIANCE COMMITTEE WITH A COPY TO THE PRESIDENT/CEO THE REPORT INCLUDES A SUMMARY OF THE AUDIT PROCEDURES PERFORMED, ANY SIGNIFICANT CONCERNS IDENTIFIED AND THEIR RESOLUTION ANY UNRESOLVED CONFLICTS ARE ADDRESSED BY THE AUDIT COMMITTEE WITH RECOMMENDATIONS TO THE FULL BOARD AS NEEDED FAILURE TO FILE THE CERTIFICATION STATEMENT, OR THE FILING OF A FALSE OR INCOMPLETE CERTIFICATION STATEMENT, OR FAILURE TO DISCLOSE IMMEDIATELY ANY NEW CONFLICTS OF INTEREST THAT MAY ARISE, OR FAILURE TO COOPERATE WITHOUT CONDITION, HONESTLY AND COMPLETELY WITH ANY INVESTIGATION OR REVIEW OF THE BOARD MEMBER'S CERTIFICATION STATEMENT OR HIS/HER ACTIONS OR CIRCUMSTANCES SHALL BE GROUNDS FOR SANCTION BY THE BOARD OF TRUSTEES UP TO AND INCLUDING REMOVAL FROM THE BOARD/COMMITTEE/COUNCIL EMPLOYEES ANNUALLY (OR IMMEDIATELY IF NEW CONFLICTS OF INTEREST ARISE), ALL SALARIED EMPLOYEES ARE REQUIRED TO COMPLETE AND SUBMIT AN ELECTRONIC EMPLOYEE CERTIFICATION QUESTIONNAIRE WITHIN 30 DAYS OF NOTIFICATION THE HUMAN RESOURCES DEPARTMENT ENSURES THAT ALL QUESTIONNAIRES, WHICH ARE STORED ELECTRONICALLY, ARE COMPLETED AND PROVIDES NOTIFICATION TO THE V P, AUDIT & COMPLIANCE OF THE NUMBER OF ANNUAL EMPLOYEE CERTIFICATION QUESTIONNAIRES SENT AND RECEIVED, COPIES OF ANY QUESTIONNAIRES CONTAINING DISCLOSURES THAT WARRANT FURTHER REVIEW BY THE AUDIT & COMPLIANCE DEPARTMENT, AND A LIST OF ALL NEW EMPLOYEES HIRED DURING THE PREVIOUS 12 MONTHS IDENTIFIED CONFLICTS ARE INITIALLY REVIEWED BY THE V P, AUDIT & COMPLIANCE AND IF NECESSARY DISCUSSED WITH THE BUSINESS UNIT PRESIDENT IN WHICH THE EMPLOYEE WORKS, AND GENERAL COUNSEL IF THE CONFLICT IS CONSIDERED A SIGNIFICANT EXPOSURE RISK FOR PHS, A RECOMMENDATION WILL BE PREPARED FOR FINAL APPROVAL OF THE PHS PRESIDENT/CEO RESULTS OF THE EMPLOYEE PROCESS AUDIT ARE INCLUDED IN THE ABOVE REPORT TO THE CHAIR OF THE AUDIT & COMPLIANCE COMMITTEE FAILURE TO COMPLETE THE CERTIFICATION QUESTIONNAIRE, OR THE COMPLETION OF A FALSE OR INCOMPLETE CERTIFICATION QUESTIONNAIRE, OR FAILURE TO DISCLOSE IMMEDIATELY ANY NEW CONFLICTS OF INTEREST THAT MAY ARISE, OR FAILURE TO COOPERATE WITHOUT CONDITION, HONESTLY AND COMPLETELY WITH ANY INVESTIGATION OR REVIEW OF THE EMPLOYEE'S CERTIFICATION QUESTIONNAIRE OR HIS/HER ACTIONS OR CIRCUMSTANCES SHALL BE GROUNDS FOR SANCTION UP TO AND INCLUDING TERMINATION OF EMPLOYMENT

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE TOLEDO HOSPITAL'S TOP MANAGEMENT OFFICIAL AND OTHER OFFICERS ARE COMPENSATED BY PROMEDICA HEALTH SYSTEM, INC (PHS), A RELATED TAX-EXEMPT ORGANIZATION COMPENSATION DETERMINATIONS OF THE TOLEDO HOSPITAL'S TOP MANAGEMENT OFFICIAL AND OTHER OFFICERS ARE MADE BY A COMPENSATION COMMITTEE OF PHS EACH YEAR INDEPENDENT CONSULTANTS CONDUCT AN ANNUAL SURVEY AND RECOMMEND EXECUTIVE PAYROLL BASE SALARY RANGES BASED UPON THE MARKET THE DATA IS REVIEWED AND APPROVED BY THE PROMEDICA HEALTH SYSTEM COMPENSATION COMMITTEE EVERY OCTOBER SALARY ADJUSTMENTS ARE DETERMINED AT THE DECEMBER MEETING OF THE COMPENSATION COMMITTEE THE COMPENSATION COMMITTEE APPROVES OTHER FORMS OF COMPENSATION BASED UPON THE PRIOR YEAR PERFORMANCE AT THE JANUARY MEETING EACH YEAR

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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PENSION/POST-RETIREMENT EXPENSE ADJUSTMENT -173,353 BENEFICIAL INTEREST IN FOUNDATION 7,787,025 TRANSFER OF NET ASSETS FROM ACADEMIC HEALTH CENTER CORPORATION 932,791 TRANSFER OF ASSETS TO FLOWER HOSPITAL -90,972 SECTION 337(D) GAIN -171,034

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, PROME DICA HEALTH SYSTEM, INC (PROMEDICA) IS A MISSION-BASED, LOCALLY OWNED, NOT-FOR-PROFIT HEA LTHCARE ORGANIZATION HIGHLY FOCUSED ON ACHIEVING CORE VALUES HEADQUARTERED IN TOLEDO, OHI O, PROMEDICA SERVES 27 COUNTIES IN NORTHWEST OHIO AND SOUTHEAST MICHIGAN AND IS ONE OF THE REGION'S LEADING HEALTHCARE PROVIDERS OUR STEWARDSHIP OF RESOURCES HAS ENABLED US TO WIS ELY INVEST IN CUTTING-EDGE TECHNOLOGY, INNOVATIVE PROGRAMS AND FAMILY-CENTERED FACILITIES THAT HELP TO ENSURE PATIENTS AND AREA RESIDENTS HAVE EQUAL ACCESS TO HIGH-QUALITY, SAFE CA RE IN THE MOST APPROPRIATE SETTING, REGARDLESS OF A PATIENT'S ABILITY TO PAY BASED ON NEE DS THAT WE HAVE ASSESSED WITHIN THE COMMUNITIES WE SERVE, PROMEDICA LAUNCHED NEW SERVICES AND PROGRAMS IN 2014 TO HELP MEET THE GROWING DEMANDS OF LOCAL CONSUMERS ACROSS ALL SPECTR UMS OF LIFE, INCLUDING THOSE INDIVIDUALS WHO ARE OFTEN THE MOST VULNERABLE WHEN IT COMES T O HEALTH CARE THE ELDERLY, POOR AND UNDERSERVED PROMEDICA'S MISSION IS TO IMPROVE THE HE ALTH AND WELL-BEING OF THOSE WE SERVE THIS IS REFLECTED IN OUR FOUR CORE VALUES, INCLUDIN G COMPASSION - WE TREAT OUR PATIENTS AND EACH OTHER WITH RESPECT, INTEGRITY AND DIGNITY, INNOVATION - WE CONTINUALLY SEARCH TO FIND A BETTER WAY FORWARD, TEAMWORK - WE PARTNER WIT H OTHERS BECAUSE WE ARE BETTER TOGETHER THAN APART, AND EXCELLENCE - WE STRIVE TO BE THE B EST IN ALL WE DO PROMEDICA AND ITS AFFILIATES COMPRISE 332 SITES, MORE THAN 2,100 PHYSICI ANS AND APPROXIMATELY 17,000 EMPLOYEES AND VOLUNTEERS DURING 2014, PROMEDICA DISCHARGED 7 2,595 INPATIENTS AND SERVED MORE THAN 1,407,416 OUTPATIENTS, WHILE HANDLING 305,747 EMERGE NCY VISITS SYSTEM-WIDE AMONG THE REGION'S LARGEST EMPLOYERS, PROMEDICA PLAYS A SIGNIFICAN T ROLE IN ECONOMIC DEVELOPMENT AND STABILITY IN OUR REGION DURING 2014, FOR EVERY ONE DOL LAR OF REVENUE, ANOTHER 34 CENTS WAS CREATED IN OUR SERVICE-AREA ECONOMY, WITH A TOTAL ECO NOMIC OUTPUT OF $3 7 BILLION WE ALSO CREATE A DIRECT ECONOMIC IMPACT WITH OUR REVENUE, PA YROLL AND EMPLOYMENT ADDITIONALLY, SPENDING ON SERVICES AND MATERIALS WITH VENDORS IN OUR REGION CREATES AN INDIRECT ECONOMIC BENEFIT ADDITIONALLY, OUR PHYSICIANS, LEADERSHIP TEA M MEMBERS AND EMPLOYEES INDIVIDUALLY CONTRIBUTE PERSONAL RESOURCES TO THE COMMUNITY IN NUM EROUS WAYS - SUCH AS THROUGH TUTORING ELEMENTARY STUDENTS IN READING, PROVIDING MONTHLY HE ALTH LECTURES AT LOCAL SENIOR CENTERS, GENEROUSLY CONTRIBUTING TO COMMUNITY FUNDRAISING CA MPAIGNS SUCH AS UNITED WAY, PARTICIPATING IN MEDICAL MISSIONS, SERVING ON LOCAL NOT-FOR-PR OFIT BOARDS, AND DONATING NONPERISHABLE GOODS TO NUMEROUS LOCAL FOOD PANTRIES AND CHURCHES - UNDERSCORING A KEY BENEFIT OF PROMEDICA BEING LOCALLY OWNED AND OPERATED PROMEDICA'S M EMBER AND AFFILIATE HOSPITALS INCLUDE THE TOLEDO HOSPITAL, TOLEDO CHILDREN'S HOSPITAL (OP ERATING AS PART OF THE TOLEDO HOSPITAL), FLOWER HOSPITAL, FOSTORIA HOSPITAL ASSOCIATION, D EFIANCE HOSPITAL, INC , BAY PARK COMMUNITY HOSPITAL, HERRICK MEMORIAL HOSPITAL, INC , EMMA L BIXBY MEDICAL CENTER, PROMEDICA WILDWOOD ORTHOPAEDIC AND SPINE HOSPITAL (A DIVISION OF THE TOLEDO HOSPITAL), MEMORIAL HOSPITAL, AND ST LUKE'S HOSPITAL IN 2014, PROMEDICA ALSO PROVIDED INTEGRATED SERVICES, COMPRISED OF - PROMEDICA CONTINUING CARE SERVICES CORPORAT ION, PROVIDING REHABILITATION, HOSPICE, HOME CARE, AMBULATORY AND SENIOR SERVICES, COMMUNI TY HEALTH, MEDICAL TRANSPORTATION SERVICES, AND CARE COORDINATION - PROMEDICA PHYSICIAN G ROUP (PROMEDICA PHYSICIANS), WITH MORE THAN 800 HEALTHCARE PROVIDERS, INCLUDING PRIMARY CA RE, 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 SMAL LER, OUTLYING COMMUNITIES - PROMEDICA INSURANCE CORPORATION, THE LARGEST HEALTH MAINTENAN CE ORGANIZATION PHYSICALLY LOCATED IN NORTHWEST OHIO IN 2014, PARAMOUNT ADVANTAGE PROVIDE D MEDICAID COVERAGE TO MORE THAN 220,000 MEMBERS ACROSS ALL OF OHIO'S 88 COUNTIES - PROME DICA INDEMNITY CORPORATION, PROVIDING MEDICAL PROFESSIONAL AND COMPREHENSIVE GENERAL LIABI LITY COVERAGE FOR PROMEDICA, INCLUDING IN OUTLYING AREAS WHERE PRIMARY-CARE PHYSICIAN RECR UITMENT IS DIFFICULT - TWELVE CONTROLLED FOUNDATIONS THAT SERVE AS FUNDRAISING ENTITIES F OR THEIR RESPECTIVE HOSPITALS/BUSINESS UNITS AND FACILITIES, SUCH AS THE EBEID HOSPICE RES IDENCE ON THE FLOWER HOSPITAL CAMPUS AND THE MARY ELLEN FALZONE DIABETES CENTER ON THE CAM PUS 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 T O THE NEEDS OF OUR COMMUNITIES AND THEY ARE AVAILABLE TO EVERYONE IN OUR COMMUNITY, REGARD LESS OF THEIR ABILITY TO PAY IN ADDITION TO BEING A STRONG ADVOCATE FOR THE HEALTH AND WE LL-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 ORGANI ZATIONS 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-CH ANGING NEEDS OF ITS DIVERSE POPULATIONS IN DIRECT RESPONSE TO COMMUNITY NEEDS, A FEW EXAM PLES 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 EFF ECTIVE JAN 1, 2015 BY SHARING RESOURCES AND CLINICAL EXPERTISE, THE JOINDER HELPS BROADE N THE DEPTH AND BREADTH OF OUR SERVICES FOR RESIDENTS OF SOUTHEASTERN MICHIGAN - PROMEDIC A FORMED A JOINT OPERATING COMPANY (JOC) WITH LOCAL BEHAVIORAL HEALTH PROVIDER HARBOR TO A DDRESS 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 CAR E 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 PRO GRAMS ACROSS PROMEDICA'S SERVICE AREA - PROMEDICA'S SUMMER YOUTH EMPLOY MENT PROGRAM PARTN ERED 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) THA T 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 QUES TIONS EACH CHILD'S BMI AND RESPONSES TO A HEALTH QUESTIONNAIRE WERE COLLECTED BEFORE, DUR ING AND AFTER THE 12-MONTH PERIOD TO DETERMINE THE PROGRAM'S EFFECTIVENESS - COORDINATED THROUGH OUR ADVOCACY DEPARTMENT, PROMEDICA CONTINUED TO PROVIDE HEALTH AND NUTRITION EDUCA TION TO ELEMENTARY SCHOOL CHILDREN IN GRADES 1 - 6 THE HEALTHY KIDS CONVERSATION MAP(R) P ROGRAM 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 R URAL COMMUNITIES, ADDING MORE THAN 95 NEW PRIMARY CARE PHYSICIANS, SPECIALISTS AND ADVANCE D 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 CHOLESTER OL, BODY MASS INDEX AND BONE DENSITY - AS PART OF ITS HUNGER-FREE INITIATIVE, PROMEDICA C ONTINUED TO IMPLEMENT A FOOD RECLAMATION PROGRAM IN PARTNERSHIP WITH HOLLYWOOD CASINO (ROS SFORD, OHIO), AS WELL AS THE TOLEDO AND FLOWER HOSPITALS, PROVIDING MORE THAN 160,000 POUN DS 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 D C TO DISCUSS HOW HUNGER AFFECTS AMERICANS' HEALTH AND WELL-BEING AS WELL AS WAYS TO ADDRESS AND SOLVE T HE 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 SCREENI NGS FOR SKIN CANCER, EDUCATION SESSIONS ON COLON CANCER, THE FIFTH ANNUAL SURVIVOR CELEBRA TIONS 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 GOO D 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 PR OMEDICA'S CLINICAL DIETITIANS - THROUGH ITS ADVOCACY FUND, PROMEDICA CONTINUED TO SUPPORT LOCAL COMMUNITY ORGANIZATIONS THAT PROVIDE ASSISTANCE TO THOSE IN NEED WITH BASIC NECESSI TIES THAT DIRECTLY IMPACT INDIVIDUALS' HEALTH AND WELL-BEING THIS SUPPORT AMOUNTED TO GRA NTS 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 CA MPUS 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 TH E ADDITION INCLUDES 18 INPATIENT ROOMS, A COMMON SPACE FOR PATIENTS AND SPECIAL SECURITY M EASURES TO PROVIDE ADDED PROTECTION FOR THIS PATIE

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 COMPLET ED 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 SIT E, 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 DE PARTMENT RENOVATION WAS COMPLETED, ENHANCING PATIENT PRIVACY AND COMFORT WHILE IMPROVING D EPARTMENT WORKFLOW FOR CAREGIVERS AND PATIENTS ALIKE - PROMEDICA HOME HEALTH CARE'S ER2HO ME 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 RECE IVE A 30-DAY INTENSIVE SKILLED NURSING AND TELEHEALTH MONITORING PROGRAM TO HELP THEM BETT ER MANAGE THEIR HEALTH CONDITION - PROMEDICA SIGNED A MULTI-YEAR CONTRACT TO IMPLEMENT EP IC ENTERPRISE SOLUTIONS SYSTEM-WIDE THE NEW CONTRACT WILL MOVE PROMEDICA TO A MORE INTEGR ATED ELECTRONIC HEALTH RECORD (EHR) PLATFORM THAT WILL FURTHER ENABLE ONE PATIENT, ONE REC ORD, AND ONE BILL FOR PATIENTS REGARDLESS OF SERVICE PROVIDED OR THE LOCATION OF THE SERVI CE - PROMEDICA PHYSICIANS OPENED A SECOND PROMEDICA AFTERHOURS LOCATION IN OREGON, OHIO P ROVIDING RESIDENTS WITH DIAGNOSIS AND TREATMENT FOR NON-EMERGENCY MEDICAL ISSUES AS WELL A S PRESCRIPTION SERVICES PROVIDING NEW OPTIONS FOR MEDICAL CARE WHEN PHYSICIAN OFFICES NOR MALLY ARE CLOSED, AFTERHOURS IS STAFFED BY PROMEDICA PHYSICIANS CERTIFIED NURSE PRACTITION ERS AND IS OPEN NIGHTS, WEEKENDS AND HOLIDAYS - 365 DAYS A YEAR - PROMEDICA EMPLOYEES PLE DGED 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 EMP LOYEES SYSTEM-WIDE BY YEAR END, MORE THAN 90 PERCENT OF PHYSICIANS AND MORE THAN 13,000 A CUTE CARE EMPLOYEES HAD COMPLETED ERROR PREVENTION TRAINING THE PATH TO SAFE, PATIENT-CEN TERED CARE AND SERVICE IS DESIGNED TO ENGAGE PATIENTS AND FAMILIES AND IMPROVE CARE COORDI NATION TO DELIVER BETTER OUTCOMES AND SERVICES ACROSS THE SYSTEM IN 2014, PROMEDICA CONTR IBUTED $148,727,000 IN COMMUNITY BENEFIT THROUGH COMMUNITY BENEFIT EXPENDITURES, FINANCIAL ASSISTANCE AND GOVERNMENT-SPONSORED, MEANS-TESTED HEALTH CARE THESE NUMBERS NOT ONLY IND ICATE 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 SE RVE SPECIFICALLY, THROUGH COMMUNITY HEALTH IMPROVEMENT SERVICES, HEALTH PROFESSIONS EDUCA TION, SUBSIDIZED HEALTH SERVICES, RESEARCH, CASH AND IN-KIND CONTRIBUTIONS, AND OTHER COMM UNITY BENEFIT OPERATIONS, PROMEDICA CONTRIBUTED $51,018,000 IN 2014 THESE PROGRAMS INCLUD ED FREE COMMUNITY HEALTH SCREENINGS, SUCH AS DIABETES TESTING, BLOOD PRESSURE, BONE DENSIT Y, BODY MASS, AND CANCER CHECKUPS, MAMMOGRAM SCREENINGS FOR LOW-INCOME AND UNINSURED WOMEN , CHILDHOOD IMMUNIZATIONS, REDUCED-COST SCHOOL-ATHLETIC PHYSICALS, FIRST-AID COVERAGE AT C OMMUNITY EVENTS, VOLUNTEER ELEMENTARY SCHOOL MENTORS, PUBLIC HEALTH EDUCATION LECTURES AND SEMINARS, A CHILDHOOD OBESITY PROGRAM, COLLEGE SCHOLARSHIPS FOR STUDENTS ENTERING HEALTHC ARE 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	
	THE TOLEDO HOSPITAL - PROGRAM SERVICE ACCOMPLISHMENTS	THE TOLEDO HOSPITAL (D/B/A PROMEDICA TOLEDO HOSPITAL) IS THE ADULT TERTIARY HOSPITAL OF PR OMEDICA HEALTH SYSTEM, INC (PROMEDICA), A MISSION-BASED, LOCALLY OWNED, NONPROFIT HEALTHC ARE ORGANIZATION HIGHLY FOCUSED ON ACHIEVING CORE VALUES HEADQUARTERED IN TOLEDO, OHIO, P ROMEDICA SERVES 27 COUNTIES IN NORTHWEST OHIO AND SOUTHEAST MICHIGAN, AND IS ONE OF THE RE GION'S LEADING HEALTHCARE PROVIDERS OUR STEWARDSHIP OF RESOURCES HAS ENABLED US TO WISELY INVEST IN PATIENT-CENTERED CARE, ADVANCED TECHNOLOGY, INNOVATIVE PROGRAMS, AND FAMILY-ORI ENTED FACILITIES THAT HELP TO ENSURE PATIENTS AND AREA RESIDENTS HAVE EQUAL ACCESS TO HIGH -QUALITY, SAFE CARE IN THE MOST APPROPRIATE SETTING, REGARDLESS OF PATIENTS' ABILITY TO PA Y FOR MORE THAN 130 YEARS, PROMEDICA TOLEDO HOSPITAL (TH) HAS SERVED METRO TOLEDO AND SUR ROUNDING COMMUNITIES WITH STATE-OF-THE-ART EMERGENCY, MEDICAL, DIAGNOSTIC, AND SURGICAL SE RVICES THE 794-BED HOSPITAL OFFERS ACCESS TO THE AREA'S LARGEST BOARD-CERTIFIED MEDICAL S TAFF, WITH APPROXIMATELY 1,300 PRIMARY CARE AND SPECIALTY PHYSICIANS ADDITIONALLY, TH OFF ERS A NUMBER OF KEY SERVICES TO THE METRO-TOLEDO AREA, SUCH AS THE CENTER FOR WOMEN'S HEAL TH, WHICH INCLUDES MATERNAL-FETAL MEDICINE AND A LEVEL III PERINATAL UNIT, JOBST VASCULAR INSTITUTE, PROMEDICA BREAST CARE, AND A LEVEL I TRAUMA CENTER OTHER PROGRAMS AND SERVICES INCLUDE WELL-ESTABLISHED NEUROSCIENCES, CARDIOVASCULAR AND ORTHOPAEDICS DEPARTMENTS, A NA TIONALLY RECOGNIZED BARIATRIC PROGRAM, AND AN EMERGENCY CENTER THAT TREATS OVER 100,000 PA TIENTS ANNUALLY ALL SERVICES ARE FULLY BACKED BY ACCREDITED ANCILLARY SERVICES, SUCH AS L ABORATORY, RADIOLOGY, AS WELL AS PHYSICAL, SPEECH, AND OCCUPATIONAL THERAPIES PROMEDICA T OLEDO CHILDREN'S HOSPITAL (TCH), OPERATING AS PART OF TH, PROVIDES PEDIATRIC TERTIARY CARE TCH EXCLUSIVELY SERVES THE HEALTHCARE NEEDS OF CHILDREN AND ADOLESCENTS UNDER THE AGE OF 18 TCH'S MEDICAL STAFF INCLUDES BOARD-CERTIFIED PHYSICIANS, WHILE A NEWBORN INTENSIVE CA RE PHYSICIAN AND A PEDIATRIC HOSPITALIST ARE ON DUTY 24 HOURS A DAY IN 2014, HEALTHGRADES PRESENTED TH WITH ITS DISTINGUISHED HOSPITAL FOR CLINICAL EXCELLENCE AWARD THIS HONOR PL ACES TH IN THE TOP 5% OF HOSPITALS NATIONWIDE FOR PROVIDING CLINICAL EXCELLENCE ACROSS A B ROAD RANGE OF CLINICAL PROCEDURES AND CONDITIONS AS MEASURED BY HEALTHGRADES FOR BOTH RISK -ADJUSTED MORTALITY AND COMPLICATION RATES DURING AND AFTER A HOSPITAL STAY TH ALSO RECEI VED THE 2014 HEALTHGRADES PATIENT SAFETY EXCELLENCE AWARD FOR THE FIFTH CONSECUTIVE YEAR A DIVISION OF TH, PROMEDICA WILDWOOD ORTHOPAEDIC AND SPINE HOSPITAL IS AN ALL-DIGITAL, ACU TE CARE FACILITY THAT PROVIDES INPATIENT AND OUTPATIENT ORTHOPAEDIC SURGERY TO ADDRESS THE NEEDS OF AGING BABY BOOMERS THIS UNIQUE, FREE-STANDING HOSPITAL SERVES ONLY ORTHOPAEDIC AND SPINE PATIENTS, OFFERING DIAGNOSTIC, SURGICAL AND REHABILITATION SERVICES ALL UNDER ON E ROOF IN 2014, TH SERVED 34,896 INPATIENTS, 656,713 OUTPATIENTS, AND 100,034 EMERGENCY C ENTER PATIENTS TH CONTRIBUTED $74,235,000 IN COMMUNITY BENEFIT THROUGH COMMUNITY BENEFIT EXPENDITURES, FINANCIAL ASSISTANCE AND GOVERNMENT-SPONSORED, MEANS-TESTED HEALTH CARE THR OUGH COMMUNITY HEALTH IMPROVEMENT SERVICES, HEALTH PROFESSIONS EDUCATION, SUBSIDIZED HEALT H SERVICES, RESEARCH ACTIVITIES, CASH AND IN-KIND CONTRIBUTIONS, AND OTHER COMMUNITY BENEF IT OPERATIONS, TH CONTRIBUTED $32,054,000 TO THE COMMUNITY DURING 2014 INCLUDED IN THIS F IGURE ARE PROGRAMS SUCH AS - FREE HEALTH EDUCATION LECTURES ON DISEASE IDENTIFICATION AND TREATMENT OPTIONS - WITH AN EMPHASIS ON INDIVIDUAL ACCOUNTABILITY - CONDUCTED AT AREA SEN IOR CENTERS, LOCAL BUSINESSES AND IN SCHOOLS - THE AUTISM COLLABORATIVE - A COLLABORATION BETWEEN TCH AND LOCAL AUTISM ORGANIZATIONS AND UNIVERSITIES - TO PROVIDE EXPERT KNOWLEDGE AND SERVICES UNDER ONE UMBRELLA ORGANIZATION, ALLOWING THOSE WITH AUTISM AND THEIR FAMILI ES TO RESEARCH AND FIND THE BEST POSSIBLE CARE - SUPPORT GROUPS FOR PATIENTS' FAMILIES TO ASSIST WITH A VARIETY OF DISEASE ISSUES AND TO OFFER SOCIAL SERVICES INFORMATION - THE F IRST STEPS (FOR NEW PARENTS AT-RISK) AND TEEN PEP (DATING ABUSE/VIOLENCE-PREVENTION) PROGR AMS TO EXTEND CARE AND EDUCATION OUTSIDE THE HOSPITAL, IN MORE NONTRADITIONAL WAYS - FREE AND LOW-COST OUTPATIENT CLINICS THAT OFFER A WIDE ARRAY OF HEALTH SERVICES INCLUDING IMMU NIZATIONS, VASCULAR SCREENINGS AND TREATMENT OF MINOR ILLNESSES THAT MIGHT NOT REQUIRE AN EMERGENCY CENTER VISIT BUT STILL REQUIRE MEDICAL ATTENTION - PREPARATION FOR PARENTHOOD C LASSES THAT HELP PREPARE EXPECTANT PARENTS FOR A HEALTHY LABOR AND DELIVERY, AND OFFER INF ANT SAFETY TIPS, AS WELL AS NEW MOTHER CARE AND HEALTHY BABY EDUCATION - FREE SCREENING M AMMOGRAMS AND BREAST CARE EDUCATION THAT EMPHASIZE THE IMPORTANCE OF ROUTINE SELF-BREAST E XAMS FOR UNINSURED AND UNDERINSURED WOMEN IN THE TOLEDO AREA - IN-KIND DONATIONS AND GENE RAL CONTRIBUTIONS, WHICH SUPPORT LOCAL NON-PROFIT ORGANIZATIONS WITH SIMILAR VALUES TH AL SO PROVIDED A SIGNIFICANT AMOUNT OF FINANCIAL ASSI

Return Reference	Explanation	
	THE TOLEDO HOSPITAL - PROGRAM SERVICE ACCOMPLISHMENTS	STANCE TO THE COMMUNITY DURING 2014, OF WHICH $10,875,000 REPRESENTED UNCOMPENSATED AMOUNT S FOR TREATMENT TO THOSE PATIENTS WHO DID NOT HAVE THE FINANCIAL RESOURCES TO PAY FOR HOSP ITAL SERVICES FINANCIAL ASSISTANCE REPRESENTS THE COST TO PROVIDE SERVICE AND DOES NOT IN CLUDE THE COSTS FOR ACCOUNTS THAT ARE WRITTEN OFF TO BAD DEBT FOR PATIENTS WHO DID NOT PAY THEIR BILLS TH'S COST OF BAD DEBT FOR 2014 WAS $7,366,000 THIS AMOUNT IS NOT INCLUDED I N THE COMMUNITY BENEFIT TOTAL OF $74,235,000 INDICATED ABOVE. TH PROVIDED $31,306,000 OF C OMMUNITY SUPPORT WHICH REPRESENTS THE COSTS - NOT REIMBURSED BY THE GOVERNMENT - FOR TREAT ING MEDICAID AND OTHER MEANS-TESTED PATIENTS IN 2014, THE TOTAL COSTS - NOT REIMBURSED BY THE GOVERNMENT - FOR TREATING MEDICARE PATIENTS WAS $34,110,000 AND IS NOT INCLUDED IN TH E COMMUNITY BENEFIT AMOUNT OF $74,235,000 NOTED ABOVE. DURING 2014, TH EXPENDED $175,282,0 00 IN NET PAYROLL, PROVIDING 4,747 JOBS IN NORTHWEST OHIO A TOTAL OF $11,272,000 WAS WITH HELD FROM HOSPITAL EMPLOYEES IN STATE AND LOCAL TAXES IN SUMMARY, TH DEMONSTRATES PROMEDI CA'S MISSION AND CORE VALUES BY PROVIDING HIGH-QUALITY HEALTH CARE TO ALL PATIENTS, REGARD LESS OF THEIR RACE, CREED, SEX, NATIONAL ORIGIN, DISABILITY, OR AGE. AND, WE RECOGNIZE THA T NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL CARE. THEREFORE, W E PROVIDE THESE HEALTHCARE SERVICES, RECRUIT AND TRAIN HEALTHCARE PROFESSIONALS TO SERVE T HE BROADER COMMUNITY, PROVIDE APPROPRIATE FINANCIAL ASSISTANCE, OFFER SERVICES AND CONTRIB UTIONS TO OTHER NONPROFIT ORGANIZATIONS THAT ALLOW THEM TO PROVIDE KEY SERVICES TO THEIR C ONSTITUENTS, AND PRESENT FREE EDUCATIONAL CLASSES, HEALTH FAIRS AND OTHER ACTIVITIES TO OU R 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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ 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
THE TOLEDO HOSPITAL

Employer identification number
34-4428256

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

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

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

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

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

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

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

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
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) LENAWEE LONG TERM CARE 700 LAKESHIRE TR ADRIAN, MI 49221 38-2879330	LONG TERM CARE	MI	501(C)(3)	9	EMMA L BIXBY MEDICAL CENTER	Yes	
(12) PROMEDICA CONTINUING CARE SERVICES CORP 5855 MONROE ST SYLVANIA, OH 43560 34-4492440	LONG TERM AND HOME HEALTH CARE	OH	501(C)(3)	9	PROMEDICA PHYSICIANS AND CONTINUUM SERVICES	Yes	
(13) PROMEDICA COURIER SERVICES INC 3170 W CENTRAL AVE TOLEDO, OH 43606 26-0324790	COURIER SERVICE	OH	501(C)(3)	11B, II	PROMEDICA PHYSICIANS AND CONTINUUM SERVICES	Yes	
(14) PROMEDICA HEALTH SYSTEM INC 1801 RICHARDS RD TOLEDO, OH 43607 34-1517671	PARENT COMPANY OF HEALTH SYSTEM	OH	501(C)(3)	11B, II	N/A		No
(15) PHS VENTURES 1801 RICHARDS RD TOLEDO, OH 43607 34-1880473	HEALTH CARE MANAGEMENT SERVICES	OH	501(C)(3)	11C, III-FI	PROMEDICA HEALTH SYSTEM INC	Yes	
(16) 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	
(17) 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	
(18) 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	
(19) ST LUKE'S HOSPITAL 5901 MONCLOVA RD MAUMEE, OH 43537 34-4428232	HOSPITAL	OH	501(C)(3)	3	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) 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	
(1) PROMEDICA FOUNDATION 2142 N COVE BLVD TOLEDO, OH 43606 34-1517672	FOUNDATION	OH	501(C)(3)	11B, II	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) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
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
PROMEDICA CONTINUING CARE SERVICES CORPORATION	B	4,126,554	FMV
PROMEDICA HEALTH SYSTEM INC	B	18,750,000	FMV
PROMEDICA FOUNDATION	B	1,064,975	FMV
PROMEDICA PHYSICIAN GROUP	B	3,750,000	FMV
ACADEMIC HEALTH CENTER CORPORATION	C	411,538	FMV
PROMEDICA FOUNDATION	C	10,300,609	FMV
FLOWER HOSPITAL	J	105,759	FMV
PROMEDICA CONTINUING CARE SERVICES CORPORATION	J	401,622	FMV
PROMEDICA HEALTH SYSTEM INC	J	1,826,388	FMV
PROMEDICA PHYSICIANS AND CONTINUUM SERVICES	J	466,086	FMV
PROMEDICA PHYSICIAN GROUP	J	4,717,273	FMV
REYNOLDS ROAD SURGICAL CENTER LLC	J	157,500	FMV
EMMA L BIXBY MEDICAL CENTER	O	213,782	FMV
FLOWER HOSPITAL	O	268,163	FMV
ST LUKE'S HOSPITAL	O	239,759	FMV
PROMEDICA CONTINUING CARE SERVICES CORPORATION	O	111,600	FMV
PROMEDICA PHYSICIAN GROUP	O	814,606	FMV
FLOWER HOSPITAL	P	132,675	FMV
PROMEDICA HEALTH SYSTEM INC	P	96,523,107	FMV
PROMEDICA PHYSICIANS AND CONTINUUM SERVICES	P	2,215,565	FMV
PROMEDICA PHYSICIAN GROUP	P	79,647,749	FMV
PROMEDICA CONTINUING CARE SERVICES CORPORATION	P	144,784	FMV
PROMEDICA COURIER SERVICES INC	P	2,410,313	FMV
PROMEDICA INSURANCE CORP INC & SUBSIDIARIES	P	3,685,397	FMV
DEFIANCE HOSPITAL INC	Q	1,169,954	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
FOSTORIA HOSPITAL ASSOCIATION	Q	1,365,205	FMV
BAY PARK COMMUNITY HOSPITAL	Q	2,036,733	FMV
EMMA L BIXBY MEDICAL CENTER	Q	2,438,831	FMV
FLOWER HOSPITAL	Q	5,452,766	FMV
HERRICK MEMORIAL HOSPITAL INC	Q	313,169	FMV
ST LUKE'S HOSPITAL	Q	2,019,762	FMV
PROMEDICA HEALTH SYSTEM INC	Q	13,485,313	FMV
PROMEDICA PHYSICIANS AND CONTINUUM SERVICES	Q	145,788	FMV
PROMEDICA PHYSICIAN GROUP	Q	631,346	FMV
REYNOLDS ROAD SURGICAL CENTER LLC	Q	187,200	FMV
FLOWER HOSPITAL	R	90,972	BV
ACADEMIC HEALTH CENTER CORPORATION	S	932,791	BV