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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 2015 Open to Public Inspection
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A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015			
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization PROMEDICA HEALTH SYSTEM INC		D Employer identification number 34-1517671
	Doing business as		E Telephone number (419) 891-8501
	Number and street (or P O box if mail is not delivered to street address) 1801 RICHARDS ROAD	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code TOLEDO, OH 43607		G Gross receipts \$ 273,083,634
F Name and address of principal officer MICHAEL P BROWNING 1801 RICHARDS ROAD TOLEDO, OH 43607		H(a) Is this a group return for subordinates? ☐ Yes ☒ No	
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a){1} or ☐ 527		H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list (see instructions)	
J Website: ▶ WWW.PROMEDICA.ORG		H(c) Group exemption number ▶	
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1986	M State of legal domicile OH

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities PROMEDICA HEALTH SYSTEM, INC IS A NOT-FOR-PROFIT, INTEGRATED HEALTHCARE DELIVERY NETWORK WHOSE MISSION IS TO IMPROVE THE HEALTH AND WELL-BEING OF OTHERS		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	28
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	1,988	
6 Total number of volunteers (estimate if necessary)	6	30	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-373,617	
7b Total unrelated business taxable income from Form 990-T, line 34	7b	-373,617	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 42,630,026	Current Year 45,319,098
	9 Program service revenue (Part VIII, line 2g)	284,864,940	226,961,564
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	688,553	404,186
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	290,498	387,802
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	328,474,017	273,072,650
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	39,086,585
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)		109,439,270	118,315,145
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
16b Total fundraising expenses (Part IX, column (D), line 25) ☐ 0			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		81,420,709	99,786,825
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		229,946,564	238,583,064
19 Revenue less expenses Subtract line 18 from line 12		98,527,453	34,489,586
Net Assets or Fund Balances			Beginning of Current Year
	20 Total assets (Part X, line 16)	2,472,316,602	2,708,430,366
	21 Total liabilities (Part X, line 26)	128,205,697	260,813,542
	22 Net assets or fund balances Subtract line 21 from line 20	2,344,110,905	2,447,616,824

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			2016-11-11	
	MICHAEL P BROWNING TREASURER			Date	
Type or print name and title					
Paid Preparer Use Only	Prnt/Type preparer's name SHAWNA M JIMENEZ		Preparer's signature SHAWNA M JIMENEZ		Date
	Firm's name ▶ DELOITTE TAX LLP		Check ☐ if self-employed		PTIN P01222873
	Firm's address ▶ 111 MONUMENT CIRCLE STE 4200 INDIANAPOLIS, IN 462045108		Firm's EIN ▶ 86-1065772		Phone no (317) 464-8600

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

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

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 \$ 168,365,505 including grants of \$ 20,481,094) (Revenue \$ 227,100,743)

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

4b

(Code) (Expenses \$ 25,480,338 including grants of \$) (Revenue \$ 246,907)

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

4c

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

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses ▶ 193,845,843

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	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response or note to any line in this Part V ☒			
		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 324		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c Yes	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 1,988		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a Yes	
b AR, AS, AU, BE, BR, CA, CI, CH, HR, EZ, DA, OC, FI, FR, GM, GR, HK, HU, ID, IS, IT, JA, MX, NL, NZ, NI, NO, RP, PL, PO, SN, SF, KS, SP, SW, SZ, TH, TU If "Yes," enter the name of the foreign country: <u>TH, TU</u> 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 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	28	
1b	Enter the number of voting members included in line 1a, above, who are independent	22	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

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

Section C. Disclosure

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

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

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

[illegible]

Part VII

[illegible]

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	15,737,694	3,924,597	2,654,981

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 ► 156

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MCKESSON TECHNOLOGIES INC PO BOX 98347 CHICAGO, IL 606938347	SOFTWARE SUPPORT	10,462,764
CTG HEALTH SOLUTIONS 800 DELAWARE AVE BUFFALO, NY 14209	SOFTWARE SUPPORT	5,867,835
ATHENAHEALTH INC 311 ARSENAL ST WATERTOWN, MA 02472	SOFTWARE SUPPORT	3,675,603
MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 980526399	SOFTWARE SUPPORT	3,490,814
CDW GOVERNMENT LLC 300 N MILWAUKEE AVE VERNON HILLS, IL 60061	SOFTWARE SUPPORT	2,548,040

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 ► 134

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	45,155,548				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	163,550				
	g	Noncash contributions included in lines 1a-1f \$		25,202				
	h	Total. Add lines 1a-1f			45,319,098			
Program Service Revenue	2a	ADMIN SUPPORT SERV	Business Code 551114	218,892,316	218,892,316			
	b	INVEST IN AFFILIATES	551114	7,698,824	7,698,824			
	c	COMMUNITY WELLNESS	900099	246,907	246,907			
	d	CPR TRAINING CENTER	900099	122,402	122,402			
	e	NURSING EDUCATION	900099	1,115	1,115			
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			226,961,564			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		403,848		-373,617	777,465
4		Income from investment of tax-exempt bond proceeds						
5		Royalties						
6a		Gross rents	(i) Real 1,716	(ii) Personal				
b		Less rental expenses	0					
c		Rental income or (loss)	1,716					
d		Net rental income or (loss)		1,716			1,716	
7a		Gross amount from sales of assets other than inventory	(i) Securities 11,322	(ii) Other				
b		Less cost or other basis and sales expenses	10,984					
c		Gain or (loss)	338					
d		Net gain or (loss)		338			338	
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
b		Less direct expenses	b					
c		Net income or (loss) from fundraising events						
9a		Gross income from gaming activities See Part IV, line 19	a					
b		Less direct expenses	b					
c		Net income or (loss) from gaming activities						
10a		Gross sales of inventory, less returns and allowances	a					
b		Less cost of goods sold	b					
c		Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code						
11a		MEDICAL RECORDS	900099	359,731	359,731			
b								
c								
d	All other revenue		26,355	26,355				
e	Total. Add lines 11a-11d		386,086					
12	Total revenue. See Instructions		273,072,650	227,347,650	-373,617	779,519		

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	20,466,850	20,466,850		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	14,244	14,244		
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	13,010,677	13,010,677		
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	79,480,040	63,584,032	15,896,008	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,121,256	3,297,005	824,251	
9	Other employee benefits	14,888,853	11,911,082	2,977,771	
10	Payroll taxes	6,814,319	5,451,455	1,362,864	
11	Fees for services (non-employees)				
a	Management				
b	Legal	2,493,844		2,493,844	
c	Accounting	2,061,122		2,061,122	
d	Lobbying	35,000		35,000	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	58,737		58,737	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	20,577,972	16,462,378	4,115,594	
12	Advertising and promotion	2,721,315	2,177,052	544,263	
13	Office expenses	5,541,039	4,432,831	1,108,208	
14	Information technology	40,463,807	32,371,046	8,092,761	
15	Royalties				
16	Occupancy	974,403	779,522	194,881	
17	Travel	1,721,872	1,377,498	344,374	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,498,236	1,198,589	299,647	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	17,687,529	14,150,023	3,537,506	
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	MINOR EQUIPMENT	2,110,813	1,688,650	422,163	
b	EQUIPMENT RENTAL	816,954	653,563	163,391	
c	DUES & SUBSCRIPTIONS	463,277	370,622	92,655	
d	INTERCOMPANY SERVICES	280,429	224,343	56,086	
e	All other expenses	280,476	224,381	56,095	
25	Total functional expenses. Add lines 1 through 24e	238,583,064	193,845,843	44,737,221	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 SheetCheck 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		191,681	1	14,483,917	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		352,783	5	667,000	
	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	45,277,094	
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		18,826,266	9	31,166,083	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	252,594,435			
	b	Less: accumulated depreciation	10b	121,076,174	70,036,810	10c	131,518,261
	11	Investments—publicly traded securities		22,782,530	11	27,250,183	
	12	Investments—other securities. See Part IV, line 11		37,629,682	12	41,448,948	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets		450,000	14	360,000	
	15	Other assets. See Part IV, line 11		2,322,046,850	15	2,416,258,880	
16	Total assets. Add lines 1 through 15 (must equal line 34)		2,472,316,602	16	2,708,430,366		
Liabilities	17	Accounts payable and accrued expenses		58,704,428	17	62,557,596	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties			23	5,730,153	
	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		69,501,269	25	192,525,793	
	26	Total liabilities. Add lines 17 through 25		128,205,697	26	260,813,542	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		2,341,809,334	27	2,445,552,566	
	28	Temporarily restricted net assets		2,301,571	28	2,064,258	
	29	Permanently restricted net assets			29		
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
	33	Total net assets or fund balances		2,344,110,905	33	2,447,616,824	
	34	Total liabilities and net assets/fund balances		2,472,316,602	34	2,708,430,366	

Part XI **Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	273,072,650
2	Total expenses (must equal Part IX, column (A), line 25)	2	238,583,064
3	Revenue less expenses Subtract line 2 from line 1	3	34,489,586
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	2,344,110,905
5	Net unrealized gains (losses) on investments	5	-397,904
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	69,414,237
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,447,616,824

Part XII **Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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		

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANNE T RUCH MD TRUSTEE	1 00 40 00	X						0	312,470	5,018
BRIAN P KENNEDY TRUSTEE	1 00 0 00	X						0	0	0
BRUCE A BARNETT MD EX OFFICIO	1 00 40 00	X						0	568,963	9,311
CHARLES E DANA TRUSTEE	1 00 0 00	X						0	0	0
DANIEL W FARRELL JR EX OFFICIO	1 00 1 00	X						0	0	0
DAVID A SNAVELY TRUSTEE	1 00 0 00	X						0	0	0
DOUGLAS L KAPNICK TRUSTEE	1 00 0 00	X						0	0	0
ELAINE CANNING EX OFFICIO	1 00 0 00	X						0	0	0
ELIZABETH C BRADY EX OFFICIO	1 00 1 00	X						0	0	0
EMMETT T BOYLE JR MD TRUSTEE	1 00 40 00	X						0	622,276	28,503

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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
EMORY M SCHMIDT EX OFFICIO	1 00 9 00	X						0	0	0
JAMES F BINGLE MD TRUSTEE	1 00 40 00	X						0	588,700	27,373
JAMES L NORTH MD TRUSTEE	1 00 40 00	X						0	247,803	45,767
JAMES M MURRAY CHAIRPERSON (THRU 9/15)	1 00 9 00	X		X				0	0	0
JANE M MILLER EX OFFICIO	1 00 0 00	X						0	0	0
JOSEPH D NAPOLI EX OFFICIO	1 00 7 00	X						0	0	0
KAREN P DAVIS PHD TRUSTEE	1 00 0 00	X						0	0	0
KENNETH A MYERS EX OFFICIO	1 00 1 00	X						0	0	0
KEVIN J SAUDER TRUSTEE	1 00 0 00	X						0	0	0
KURT L DARROW EX OFFICIO	1 00 2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
LARRY C PETERSON EX OFFICIO	1 00 1 00	X						0	0	0
MARK A KLEIN TRUSTEE	1 00 2 00	X						0	0	0
MARNA I RAMNATH RN EX OFFICIO	1 00 0 00	X						0	0	0
PARISS M COLEMAN II EX OFFICIO	1 00 1 00	X						0	0	0
PAUL D BERLACHER MD TRUSTEE	1 00 40 00	X						0	706,220	15,060
PAUL J FENTON MD EX OFFICIO	1 00 0 00	X						0	0	0
RANDALL OOSTRA PRESIDENT, EX OFFICIO	40 00 18 00	X		X				1,855,968	0	94,665
RICHARD C HYLANT TRUSTEE	1 00 0 00	X						0	0	0
RICHARD J BRUNNER EX OFFICIO	1 00 1 00	X						0	0	0
RICHARD S TRUMBULL TRUSTEE	1 00 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
RITA N A MANSOUR EX OFFICIO	1 00 1 00	X						0	323	0
ROBERT J CHIRDON EX OFFICIO	1 00 0 00	X						0	0	0
ROBERT W LACLAIR VICE CHAIR, EX OFFICIO	1 00 1 00	X		X				0	0	0
RUSSELL J EBEID TRUSTEE	1 00 0 00	X						0	0	0
SARAH A MCHUGH EX OFFICIO	1 00 1 00	X						0	323	0
STEPHEN H STAELIN VICE CHAIR/EX OFF (THRU 9/15), CHAIR	1 00 9 00	X		X				0	0	0
SYLVESTER D HOLMES EX OFFICIO	1 00 0 00	X						0	0	0
THOMAS M HOUSTON MD TRUSTEE	1 00 41 00	X						0	159,267	29,678
ALAN M SATTLER TREASURER	40 00 12 00			X				588,758	0	120,076
JEFFREY C KUHN SECRETARY	40 00 12 00			X				592,348	0	112,234

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			
ANSHUL PANDE CHIEF TECHNOLOGY OFFICER	40 00 0 00				X			286,428	0	61,606
ARTURO POLIZZI PRESIDENT, TTH	40 00 1 00				X			643,548	0	133,680
BARBARA J PETEE CHIEF ADVOCACY/GOVT REL OFF	40 00 1 00				X			343,644	0	63,151
CHASE CANFIELD SR VP HR AND OD, PHS	40 00 0 00				X			209,076	0	61,920
DEE A BIALECKI-HAASE MD PRES , CLINICALLY INT NETWORK	40 00 2 00				X			313,244	1,815	17,586
GARY AKENBERGER SR VP FINANCE, PHS	40 00 5 50				X			415,589	0	89,075
GARY M CATES CHIEF PHILANTHROPIC OFFICER	40 00 2 00				X			354,496	0	73,638
HOLLY L BRISTOLL CIO, ACADEMIC AFFILIATE	40 00 3 00				X			384,538	0	89,558
JERED WILSON VP MANAGED CARE	40 00 0 00				X			223,287	0	12,044
KAREN L STRAUSS CHIEF MKT , STRAT , & COMM OFFICER	40 00 2 00				X			486,618	0	91,793

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KATHLEEN KRUEGER PRES , SUPPLY CHAIN & SR VP QPMS	40 00 0 00				X			306,393	0	28,907
KATHLEEN S HANLEY CHIEF INT AND DEV OFFICER	40 00 1 00				X			696,193	0	166,986
KEVIN C WEBB PHD CHIEF ACUTE CARE OFFICER	40 00 13 00				X			658,740	0	115,301
LEE W HAMMERLING MD CHIEF PHYSICIAN EXECUTIVE	40 00 10 00				X			914,202	0	176,205
ROBERT FREDRICK SR VP ACADEMIC AFFAIRS	40 00 0 00				X			358,278	0	54,355
ROSE ANN LAURETO CHIEF INFORMATION OFFICER	40 00 2 00				X			488,236	0	82,858
SCOTT FOUGHT VP FINANCE	40 00 1 50				X			217,591	0	39,866
STEPHEN SADOWSKI DEPUTY GENERAL COUNSEL	40 00 0 00				X			263,830	0	60,617
SUSAN PAYDEN VP TREASURY, PHS	40 00 0 00				X			209,946	0	80,766
WILLIAM MUELLER CHIEF PHARMACY OFFICER	40 00 0 00				X			335,345	0	37,494

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			
DANIEL K CASSAVAR MD PRESIDENT AND CMO, PPG	1 00 42 50					X		745,426	0	41,254
JOHN C RANDOLPH PRESIDENT, PARAMOUNT INSURANCE CORP	40 00 1 00					X		691,518	0	150,669
JOSEPH SFERRA VP SURGICAL SERVICES	1 00 40 00					X		30,612	716,437	62,679
KHURRAM KAMRAN VP MEDICAL OPERATIONS, PPG	1 00 41 00					X		366,974	0	78,433
NEERAJ K KANWAL MD PRESIDENT, FLOWER HOSPITAL	1 00 40 00					X		408,770	0	57,298
BARBARA STEELE FORMER KEY EMPLOYEE	0 00 0 00						X	570,003	0	17,655
DAVID SELMAN FORMER KEY EMPLOYEE	0 00 0 00						X	227,650	0	
DAWN M BUSKEY FORMER KEY EMPLOYEE	0 00 40 00						X	311,398	0	72,464
ERIC PERRON FORMER KEY EMPLOYEE	0 00 0 00						X	182,162	0	28,099
GLADEEN ROBERTS FORMER KEY EMPLOYEE	0 00 0 00						X	337,502	0	7,727

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			
KAREN VAHALIK FORMER KEY EMPLOYEE	0 00 0 00						X	179,247	0	18,346
KENNETH ARMSTRONG FORMER KEY EMPLOYEE	0 00 41 50						X	163,869	0	28,854
MARTIN DANSACK FORMER KEY EMPLOYEE	40 00 1 50						X	193,478	0	37,066
VIVIEN TOWNSEND FORMER KEY EMPLOYEE	40 00 0 00						X	182,789	0	29,346

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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.

Name of the organization

PROMEDICA HEALTH SYSTEM INC

Employer identification number

34-1517671

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

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

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))
- 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

17
- 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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total17					12,242,665	

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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 2015 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2014 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2015.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—2014.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—2015.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—2014.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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. 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—2014. 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	No
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	No
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	No
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	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	No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	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	Yes
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	Yes
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	No
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	No
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	No
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	No
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	No
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	No
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	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	No
b A family member of a person described in (a) above?	11b	No
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c	No

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		No

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) a ☐ The organization satisfied the Activities Test. Complete line 2 below. b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.	Yes	No
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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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): ☐		

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

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

Return Reference	Explanation
PART I, LINE 11G, COLUMN VI	PROMEDICA HEATHLH SYSTEM, INC PROVIDED NON-MONETARY SUPPORT INCLUDING SIGNAGE AND EQUIPMENT TO MERCY MEMORIAL HOSPITAL CORPORATION
PART IV, SECTION A, LINE 1	PROMEDICA HEALTH SYSTEM, INC (34-1517671) AFFILIATES DESIGNATED BY CLASS AND PURPOSE LISTED IN SCHEDULE R, PART II THAT ARE ORGANIZATIONS DESCRIBED IN INTERNAL REVENUE CODE SECTION 501(C)(3) THAT ARE NOT PRIVATE FOUNDATIONS BECAUSE THEY ARE DESCRIBED IN CODE SECTION 509(A)(1) OR SECTION 509(A)(2)
PART IV, SECTION A, LINE 5A	PROMEDICA HEALTH SYSTEM, INC ADDED THE FOLLOWING SUPPORTED ORGANIZATIONS DURING TAX YEAR 2015 - MERCY MEMORIAL HOSPITAL CORPORATION - 38-1984289 - MONROE COMMUNITY HEALTH SERVICES - 38-2934134 PROMEDICA HEALTH SYSTEM, INC , A NOT-FOR-PROFIT HEALTHCARE ORGANIZATION ACQUIRED MERCY MEMORIAL HOSPITAL CORPORATION AND ITS SUBSIDIARIES AND AFFILIATES AS OF JANUARY 1, 2015 THE SUPPORTED ORGANIZATIONS ADDED FALL WITHIN THE CLASS DESCRIBED WITHIN THE ORGANIZATION'S GOVERNING DOCUMENT, THEREFORE, NO AMENDMENT WAS MADE
PART IV, SECTION C, LINE 1	PROMEDICA HEALTH SYSTEM, INC (PHS) IS THE PARENT OF AN INTEGRATED HEALTH CARE DELIVERY NETWORK MADE UP OF AN AFFILIATED GROUP OF EXEMPT ORGANIZATIONS WHICH INCLUDES HOSPITALS, HEALTH CARE PROVIDERS, CONTINUING CARE SERVICES, SPECIALIZED HEALTH SERVICES, ENTITIES PROVIDING SUPPORT SERVICES, AND FOUNDATIONS PHS PROVIDES OVERALL DIRECTION, MANAGEMENT AND CONTROL TO ITS FIRST TIER SUBSIDIARIES, AND INDIRECTLY THROUGH ITS FIRST TIER SUBSIDIARIES, TO ALL AFFILIATED SECOND TIER SUBSIDIARIES OF EACH FIRST TIER SUBSIDIARY THE ACTIVITIES OF PHS SUPPORT THE EXEMPT PURPOSES OF THE AFFILIATED ORGANIZATIONS IN THE PHS NETWORK AND ENHANCE AND IMPROVE THE DELIVERY OF EFFECTIVE HEALTH CARE SERVICES TO THE COMMUNITIES SERVED BY THE PHS NETWORK CONTROL AND MANAGEMENT EFFECTIVELY IS VESTED IN THE SAME PERSONS THAT CONTROL AND MANAGE ALL SUBSIDIARY ORGANIZATIONS THROUGH RESERVED POWERS PHS HAS RESERVED POWERS IN EACH SUBSIDIARY'S CODE OF REGULATIONS OR BYLAWS ALONG WITH THE RIGHT TO APPROVE CERTAIN ACTIONS OF EACH SUBSIDIARY'S BOARD OF TRUSTEES THE FIRST TIER SUBSIDIARIES HAVE IN TURN RESERVED SIMILAR POWERS OVER THE SECOND TIER SUBSIDIARIES TO INTEGRATE OVERALL DIRECTION, MANAGEMENT, AND CONTROL THE RESERVED POWERS AND OVERALL SYSTEM CONTROL ENSURE THAT PHS WILL BE RESPONSIVE TO THE NEEDS OF EACH SUPPORTED ORGANIZATION PHS IS AN INTEGRAL PART OF THE PHS NETWORK PHS QUALIFIES AS A TYPE II SUPPORTING ORGANIZATION BECAUSE IT IS SUPERVISED AND CONTROLLED IN CONNECTION WITH ALL FIRST AND SECOND TIER SUBSIDIARY ORGANIZATIONS THAT ARE EXEMPT AFFILIATED MEMBERS OF PHS COMMON SUPERVISION AND CONTROL ARE SHARED THROUGH THE STRUCTURAL RELATIONSHIP OF PHS THERE HAS ALSO BEEN A HISTORIC AND CONTINUING RELATIONSHIP BETWEEN PHS AND ALL SUPPORTED ORGANIZATIONS AND A SUBSTANTIAL IDENTITY OF INTERESTS BETWEEN THE ORGANIZATIONS AS A RESULT OF THIS RELATIONSHIP SUPPORTING COMMON CONTROL CONSISTENT WITH TYPE II SUPPORTING ORGANIZATION CLASSIFICATION PHS HAS MAINTAINED, AND WILL CONTINUE TO MAINTAIN, A SIGNIFICANT INVOLVEMENT IN EACH SUPPORTED ORGANIZATION'S OPERATIONS

Additional Data

Software ID:

Software Version:

EIN: 34-1517671

Name: PROMEDICA HEALTH SYSTEM INC

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		Amount of monetary support (see instructions) (v)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) BAY PARK COMMUNITY HOSPITAL	341883132			No	0	0
(A) DEFIANCE HOSPITAL INC	344446484			No	0	0
EMMA L BIXBY (B) MEDICAL CENTER	382796005			No	0	0
(C) FLOWER HOSPITAL	344428794			No	0	0
(D) FOSTORIA HOSPITAL ASSOCIATION	340898745			No	0	0
(E) HERRICK MEMORIAL HOSPITAL INC	383049015			No	0	0
(F) MEMORIAL HOSPITAL	344430849			No	0	0
(G) ST LUKE'S HOSPITAL	344428232			No	0	0
(H) THE TOLEDO HOSPITAL	344428256			No	280	0
MERCY MEMORIAL HOSPITAL (I) CORPORATION	381984289			No	12,142,857	306,218
(J) MONROE COMMUNITY HEALTH SERVICES	382934134			No	0	0
(K) KAITLYN'S COTTAGE INC	454781053			No	0	0
(L) LENAWEE LONG TERM CARE	382879330			No	0	0
(M) PROMEDICA CONTINUING CARE SERVICES CORPOATION	344492440			No	0	0
PROMEDICA (N) PHYSICIAN GROUP	341899439			No	99,528	0

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(P) TOLEDO DISTRICT NURSE ASSOCIATION	344427949			No	0	0
(A) VISITING NURSE HOSPICE AND HEALTH CARE	341831624			No	0	0

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

OMB No 1545-0047

2015
Open to Public Inspection

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.

If the organization answered "Yes" on 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" on 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" on 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 PROMEDICA HEALTH SYSTEM INC	Employer identification number 34-1517671
---	--

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-
2				
3				
4				
5				
6				

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														
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
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														
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-														
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)2012	(b)2013	(c)2014	(d)2015	(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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a)		(b)
		Yes	No	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		No	
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?	Yes		35,000
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?		No	
j	Total. Add lines 1c through 1i.		No	35,000
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	PROMEDICA HEALTH SYSTEM, INC. MADE A GRANT TO OHIOANS AGAINST MARIJUANA MONOPOLIES

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

► Complete if the organization answered "Yes," on 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.

Name of the organization
PROMEDICA HEALTH SYSTEM INC

Employer identification number
34-1517671

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on 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" on 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)
☐ Protection of natural habitat
☐ Preservation of open space

☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

Amount

1c

1d

1e

1f

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

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

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

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

(ii) related organizations

Yes

No

3a(i)

3a(ii)

3b

b

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

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)	Accumulated (c) depreciation	(d) Book value
1a Land		4,123,391		4,123,391
b Buildings		11,535,604	2,249,577	9,286,027
c Leasehold improvements		3,630,475	1,220,535	2,409,940
d Equipment		148,477,006	117,606,062	30,870,944
e Other		84,827,959		84,827,959
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				131,518,261

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on 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' on Form 990, Part IV, line 12a.

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

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	PROMEDICA HEALTH SYSTEM, INC IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF PROMEDICA HEALTH SYSTEM, INC AND SUBSIDIARIES (PHS) THE FOLLOWING REFLECTS PHS'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER ASC 740 EXCEPT AS NOTED BELOW, PHS DID NOT HAVE ANY MATERIAL UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2015 AND 2014 FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014, A TAXABLE SUBSIDIARY OF PHS RECOGNIZED A LIABILITY FOR UNCERTAIN TAX POSITIONS OF \$0 AND \$9,027,000, RESPECTIVELY PROMEDICA HEALTH SYSTEM, INC DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2015 AND 2014

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
PROMEDICA HEALTH SYSTEM INC

Employer identification number
34-1517671

Part I

General Information on Activities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1

For grantmakers.

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

☐ Yes

☐ No

2

For grantmakers.

Describe in Part V the organization’s procedures for monitoring the use of its grants and other assistance outside the United States

3

Activites per Region

(The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA & THE CARIBBEAN			INVESTMENTS		123,466,025
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			123,466,025
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			123,466,025

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

Cat No 50082W

Schedule F (Form 990) 2015

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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

2

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

3

Enter total number of other organizations or entities ▶

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

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

Part IV Foreign Forms

- 1

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

☒ Yes ☐ No
- 2

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

☐ Yes ☒ No
- 3

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

☒ Yes ☐ No
- 4

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

☐ Yes ☒ No
- 5

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

☒ Yes ☐ No
- 6

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

☐ Yes ☒ No

Additional Data

Software ID:

Software Version:

EIN: 34-1517671

Name: PROMEDICA HEALTH SYSTEM INC

Part V Supplemental Information

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

2015

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

34-1517671

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?

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

☒ Yes☐ No[illegible]

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. **52**

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

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) EDUCATIONAL ASSISTANCE	7	14,244			

Part IV

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

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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
MERCY MEMORIAL HOSPITAL CORPORATION 718 N MACOMB ST MONROE,MI 48162	38-1984289	501(C)(3)	12,142,857	306,218	BOOK	SIGNAGE/EQUIP	OPERATING GRANT
ST LUKE'S HOSPITAL FOUNDATION 5901 MONCLOVA RD MAUMEE,OH 43537	34-1292849	501(C)(3)	36,500				OPERATING GRANT
PROMEDICA FOUNDATION 2142 NORTH COVE BLVD TOLEDO,OH 43606	34-1517672	501(C)(3)	140,834				OPERATING GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROMEDICA PHYSICIAN GROUP 5855 MONROE STREET SYLVANIA, OH 43560	34-1899439	501(C)(3)	99,528				OPERATING GRANT
440 BASEBALL CORPORATION 3219 BLUEBUSH RD MONROE, MI 48162	47-3786921		8,000				CHARITABLE DONATION
ADRIAN COLLEGE 110 S MADISON ST ADRIAN, MI 49221	38-1357980	501(C)(3)	9,000				CHARITABLE DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY 740 COMMERCE DR SUITE B PERRYSBURG, OH 43551	13-1788491	501(C)(3)	15,100				CHARITABLE DONATION
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 752843543	13-5613797	501(C)(3)	120,500				CHARITABLE DONATION
ARAB COMMUNITY FOR ECONOMIC & SOCIAL SERVICES 2651 SAULINO CT DEARBORN, MI 48120	23-7444497	501(C)(3)	5,625				CHARITABLE DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEDAR CREEK CHURCH 29129 LIME CITY ROAD PERRYSBURG, OH 43551	34-1789315	501(C)(3)	7,500				CHARITABLE DONATION
CROSWELL OPERA HOUSE 129 E MAUMEE ST ADRIAN, MI 49221	38-6144993	501(C)(3)	302,500				CHARITABLE DONATION
CYSTIC FIBROSIS FOUNDATION 2265 LIVERNOISE SUITE 410 TROY, MI 480831606	38-1723341	501(C)(3)	7,500				CHARITABLE DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
DIABETES YOUTH SERVICES 5871 MONCLOVA RD MAUMEE, OH 43537	34-1967194	501(C)(3)	8,950				CHARITABLE DONATION
DOWNTOWN FREMONT INC 315 GARRISON ST FREMONT, OH 43420	34-1940487	501(C)(3)	12,265				CHARITABLE DONATION
EAST TOLEDO FAMILY CENTER 1020 VARLAND AVE TOLEDO, OH 43605	34-4429426	501(C)(3)	7,500				CHARITABLE DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ERNST & YOUNG FOUNDATION 200 PLAZA DR SECAUCUS, NJ 07094	13-6094489	501(C)(3)	18,000				CHARITABLE DONATION
FOSTORIA LEARNING CENTER 121 N MAIN ST FOSTORIA, OH 44830	46-3336356	501(C)(3)	250,000				CHARITABLE DONATION
GOOD GRIEF OF NORTHWEST OHIO 6855 SPRING VALLEY DR NO 100 HOLLAND, OH 43528	46-0765319	501(C)(3)	11,500				CHARITABLE DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREENWOOD SCHOOL 14 GREENWOOD LANE PUTNEY, VT 05346	04-2642602	501(C)(3)	6,000				CHARITABLE DONATION
HOPE COMMUNITY CENTER 431 BAKER STREET ADRIAN, MI 49221	38-2177974	501(C)(3)	6,125				CHARITABLE DONATION
JDRF INTERNATIONAL 26 BROADWAY 15TH FLOOR NEW YORK, NY 10004	23-1907729	501(C)(3)	11,000				CHARITABLE DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIDS UNLIMITED 8927 ROYAL OAK DR HOLLAND, OH 43528	20-4487408	501(C)(3)	7,500				CHARITABLE DONATION
LENAWEE COMMUNITY FOUNDATION 606 N EVANS ST PO BOX 142 TECUMSEH, MI 49286	38-6095474	501(C)(3)	5,600				CHARITABLE DONATION
LIMA MEMORIAL HOSPITAL FOUNDATION 1001 BELLEFONTAINE RD LIMA, OH 45804	34-1707570	501(C)(3)	15,000				CHARITABLE DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
LUCAS COUNTY SHERIFF'S OFFICE 1622 SPIELBUSH AVENUE TOLEDO, OH 43604	34-6400806	STATE OF OHIO	16,000				CHARITABLE DONATION
MARCH OF DIMES FOUNDATION 10806 KENWOOD RD CINCINNATI, OH 45242	13-1846366	501(C)(3)	13,000				CHARITABLE DONATION
NAMI OF GREATER TOLEDO 2753 WEST CENTRAL AVENUE TOLEDO, OH 43606	34-1723306	501(C)(3)	12,500				CHARITABLE DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NOTRE DAME ACADEMY 3535 SYLVANIA AVE TOLEDO, OH 43623	34-4428228	501(C)(3)	5,500				CHARITABLE DONATION
RANCHO SANTE FE EDUCATION FOUNDATION PO BOX 809 RANCHO SANTA FE, CA 92067	33-0787566	501(C)(3)	35,250				CHARITABLE DONATION
REGIONAL GROWTH PARTNERSHIP INC 300 MADISON AVE STE 270 TOLEDO, OH 43604	34-1823833	501(C)(6)	50,000				CHARITABLE DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE CHARITIES OF NORTHWEST OHIO 3883 MONROE STREET TOLEDO, OH 43606	34-1349742	501(C)(3)	9,650				CHARITABLE DONATION
FORT LAUDERDALE ROTARY 1090 FOUNDATION INC PO BOX 266495 FORT LAUDERDALE, FL 33326	23-7247846	501(C)(3)	10,000				CHARITABLE DONATION
RUTHERFORD B HAYES PRESIDENTIAL CENTER SPIEGEL GROVE FREMONT, OH 43420	34-6502740	501(C)(3)	263,500				CHARITABLE DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEWHOPE INC 3828 BROOKSIDE RD TOLEDO, OH 43606	26-1639100	501(C)(3)	6,375				CHARITABLE DONATION
ST FRANCIS DE SALES HIGH SCHOOL INC 2323 W BANCROFT ST TOLEDO, OH 43607	34-4465715	501(C)(3)	17,000				CHARITABLE DONATION
ST JOHN'S JESUIT HIGH SCHOOL FOUNDATION 5901 AIRPORT HIGHWAY TOLEDO, OH 43615	54-2111686	501(C)(3)	6,000				CHARITABLE DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
STRANAHAN THEATER AND GREAT HALL 4645 HEATHERDOWNS BLVD TOLEDO, OH 43614	34-6560639	501(C)(3)	500,000				CHARITABLE DONATION
SUSAN G KOMEN BREAST CANCER FOUNDATION INC 3100 W CENTRAL AVE STE 206 TOLEDO, OH 43606	75-1835298	501(C)(3)	5,500				CHARITABLE DONATION
TOLEDO ORCHESTRA ASSOCIATION INC 1838 PARKWOOD AVE TOLEDO, OH 436242502	34-4005365	501(C)(3)	7,250				CHARITABLE DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOLEDO ZOOLOGICAL SOCIETY PO BOX 140130 TOLEDO, OH 436140801	34-4440256	501(C)(3)	3,535,500				CHARITABLE DONATION
THE VICTORY CENTER 5532 W CENTRAL AVE SUITE B TOLEDO, OH 43615	34-1767997	501(C)(3)	5,600				CHARITABLE DONATION
TOLEDO COMMUNITY FOUNDATION 300 MADISON AVE TOLEDO, OH 43604	23-7284004	501(C)(3)	31,250				CHARITABLE DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOLEDO CULTURAL ARTS CENTER 410 ADAMS ST TOLEDO, OH 43604	34-1385037	501(C)(3)	6,500				CHARITABLE DONATION
TOLEDO MUSEUM OF ART 2445 MONROE ST TOLEDO, OH 43620	34-4434678	501(C)(3)	28,750				CHARITABLE DONATION
TOLEDO OPERA ASSOCIATION 425 JEFFERSON AVE SUITE 601 TOLEDO, OH 436041066	34-6556139	501(C)(3)	55,500				CHARITABLE DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOLEDO PUBLIC SCHOOLS 420 E MANHATTAN BLVD TOLEDO, OH 43608	34-1558705	501(C)(3)	1,795,500				CHARITABLE DONATION
TOLEDO ROADRUNNERS CLUB PO BOX 8818 MAUMEE, OH 43537	34-1237238	501(C)(3)	15,500				CHARITABLE DONATION
UNITED WAY OF GREATER TOLEDO 424 JACKSON ST TOLEDO, OH 43604	34-4427947	501(C)(3)	85,525				CHARITABLE DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TOLEDO FOUNDATION 2801 BANCROFT ST TOLEDO, OH 43606	34-6555110	501(C)(3)	36,000				CHARITABLE DONATION
PUBLIC BROADCASTING FOUNDATION OF NW OHIO 136 HURON ST PO BOX 30 TOLEDO, OH 43697	34-6554586	501(C)(3)	13,750				CHARITABLE DONATION
WSOS COMMUNITY ACTION COMMISSION INC 109 SOUTH FRONT STREET FREMONT, OH 43420	34-0975934	501(C)(3)	5,200				CHARITABLE DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
YMCA OF GREATER TOLEDO 1500 N SUPERIOR ST 2ND FLOOR TOLEDO, OH 43604	34-4428262	501(C)(3)	17,200				CHARITABLE DONATION
YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF NW OHIO 1018 JEFFERSON AVENUE TOLEDO, OH 43604	34-4428265	501(C)(3)	20,875				CHARITABLE DONATION

Schedule J

(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
▶ Complete if the organization answered "Yes" on 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.

2015

Open to Public Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
PROMEDICA HEALTH SYSTEM INC

Employer identification number
34-1517671

Part I

Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 indemnification 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.
- 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?
- 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 on 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.
- 6** For persons listed on 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?
- b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.
- 7** For persons listed on 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.
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes

No

1b

Yes

2

Yes

4a

Yes

4b

Yes

4c

No

5a

No

5b

No

6a

No

6b

Yes

7

Yes

8

No

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 on 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 on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	TAX INDEMNIFICATION AND GROSS UP PAYMENTS 2 FORMER KEY EMPLOYEES INCLUDED IN TAXABLE COMPENSATION
PART I, LINE 4A	UNDER A VOLUNTARY TERMINATION AGREEMENT ENTERED INTO BY THE EMPLOYEE AND THE ORGANIZATION OR UPON A QUALIFYING TERMINATION DEFINED AS AN INVOLUNTARY SEPARATION FROM SERVICE OTHER THAN FOR CAUSE, THE EMPLOYEE IS ENTITLED TO SEVERANCE PAY BASED UPON YEARS OF SERVICE. THE TERMS AND CONDITIONS TO RECEIVE SEVERANCE PAYMENTS REQUIRE THE EMPLOYEE TO SIGN A RELEASE OF CLAIMS FORM THAT COVERS ALL SITUATIONS SURROUNDING THE EMPLOYEE'S EMPLOYMENT AND SEPARATION FROM PROMEDICA. SEVERANCE PAYMENTS WERE MADE DURING THE YEAR TO THE FOLLOWING LISTED PERSONS IN PART VII: ERIC PERRON \$147,125; BARBARA STEELE \$565,279; KAREN VAHALIK \$146,840.
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: RANDALL OOSTRA \$192,048; WILLIAM MUELLER \$1,955; GLADEEN ROBERTS \$337,502; DAVID SELMAN \$227,650. IN ADDITION, THE ORGANIZATION PROVIDES A SPLIT-DOLLAR LIFE INSURANCE PLAN TO ITS CHIEF EXECUTIVE OFFICER FROM WHICH NO CASH PAYMENTS WERE MADE DURING THE YEAR.
PART I, LINE 6	CERTAIN LISTED PERSONS RECEIVED INCENTIVES BASED ON INDIVIDUAL PRODUCTIVITY NET EARNINGS.
PART I, LINE 7	AN INCENTIVE BONUS IS PAID TO ALL EXECUTIVES BASED ON ATTAINMENT OF GOALS IN THE AREAS OF 1) PATIENT SATISFACTION, 2) EMPLOYEE SATISFACTION, 3) PHYSICIAN SATISFACTION, 4) QUALITY AND SAFETY, AND 5) OPERATING INCOME MARGIN.

Additional Data

Software ID:

Software Version:

EIN: 34-1517671

Name: PROMEDICA HEALTH SYSTEM INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1ANNE T RUCH MDTRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	309,415	0	3,055	0	-	-	0
						5,018	317,488	
1BRUCE A BARNETT MD EX OFFICIO	(i)	0	0	0	0	0	0	0
	(ii)	563,331	0	5,632	0	-	-	0
						9,311	578,274	
2EMMETT T BOYLE JR MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	456,780	151,406	14,090	7,950	-	-	0
						20,553	650,779	
3JAMES F BINGLE MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	480,070	85,641	22,989	7,950	-	-	0
						19,423	616,073	
4JAMES L NORTH MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	237,193	0	10,610	7,353	-	-	0
						38,414	293,570	
5PAUL D BERLACHER MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	462,098	228,372	15,750	0	-	-	0
						15,060	721,280	
6RANDALL OOSTRA PRESIDENT, EX OFFICIO	(i)	991,140	808,250	56,578	79,685	14,980	1,950,633	139,671
	(ii)	0	0	0	0	-	-	0
						0	0	
7THOMAS M HOUSTON MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	157,514	0	1,753	15,492	-	-	0
						14,186	188,945	
8ALAN M SATTLER TREASURER	(i)	405,315	154,161	29,282	97,575	22,501	708,834	0
	(ii)	0	0	0	0	-	-	0
						0	0	
9JEFFREY C KUHN SECRETARY	(i)	396,043	169,512	26,793	100,167	12,067	704,582	0
	(ii)	0	0	0	0	-	-	0
						0	0	
10ANSHUL PANDE CHIEF TECHNOLOGY OFFICER	(i)	213,517	52,038	20,873	41,168	20,438	348,034	0
	(ii)	0	0	0	0	-	-	0
						0	0	
11ARTURO POLIZZI PRESIDENT, TTH	(i)	431,159	201,789	10,600	112,342	21,338	777,228	0
	(ii)	0	0	0	0	-	-	0
						0	0	
12BARBARA J PETEE CHIEF ADVOCACY/GOVT REL OFF	(i)	242,823	85,849	14,972	61,965	1,186	406,795	0
	(ii)	0	0	0	0	-	-	0
						0	0	
13CHASE CANFIELD SR VP HR AND OD, PHS	(i)	166,463	39,100	3,513	38,206	23,714	270,996	0
	(ii)	0	0	0	0	-	-	0
						0	0	
14DEE A BIALECKI-HAASE MD PRES , CLINICALLY INT NETWORK	(i)	245,589	54,050	13,605	13,765	3,821	330,830	0
	(ii)	1,815	0	0	0	-	-	0
						0	1,815	
15GARY AKENBERGER SR VP FINANCE, PHS	(i)	291,582	84,049	39,958	67,444	21,631	504,664	0
	(ii)	0	0	0	0	-	-	0
						0	0	
16GARY M CATES CHIEF PHILANTHROPIC OFFICER	(i)	246,893	86,307	21,296	54,923	18,715	428,134	0
	(ii)	0	0	0	0	-	-	0
						0	0	
17HOLLY L BRISTOLL CIO, ACADEMIC AFFILIATE	(i)	264,499	96,238	23,801	69,800	19,758	474,096	0
	(ii)	0	0	0	0	-	-	0
						0	0	
18JERED WILSON VP MANAGED CARE	(i)	197,711	25,000	576	5,965	6,079	235,331	0
	(ii)	0	0	0	0	-	-	0
						0	0	
19KAREN L STRAUSS CHIEF MKT , STRAT , & COMM OFFICER	(i)	334,351	142,807	9,460	77,447	14,346	578,411	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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21KATHLEEN KRUEGER PRES , SUPPLY CHAIN & SR VP QPMS	(i)	223,468	70,400	12,525	15,457	13,450	335,300	0
	(ii)	0	0	0	0	- 0	- 0	0
1KATHLEEN S HANLEY CHIEF INT AND DEV OFFICER	(i)	456,423	197,040	42,730	149,277	17,709	863,179	0
	(ii)	0	0	0	0	- 0	- 0	0
2KEVIN C WEBB PHD CHIEF ACUTE CARE OFFICER	(i)	446,920	200,389	11,431	101,135	14,166	774,041	0
	(ii)	0	0	0	0	- 0	- 0	0
3LEE W HAMMERLING MD CHIEF PHYSICIAN EXECUTIVE	(i)	606,975	276,102	31,125	159,300	16,905	1,090,407	0
	(ii)	0	0	0	0	- 0	- 0	0
4ROBERT FREDRICK SR VP ACADEMIC AFFAIRS	(i)	270,116	66,700	21,462	44,682	9,673	412,633	0
	(ii)	0	0	0	0	- 0	- 0	0
5ROSE ANN LAURETO CHIEF INFORMATION OFFICER	(i)	359,209	101,176	27,851	74,132	8,726	571,094	0
	(ii)	0	0	0	0	- 0	- 0	0
6SCOTT FOUGHTVP FINANCE	(i)	174,741	35,492	7,358	20,607	19,259	257,457	0
	(ii)	0	0	0	0	- 0	- 0	0
7STEPHEN SADOWSKI DEPUTY GENERAL COUNSEL	(i)	201,747	56,003	6,080	41,296	19,321	324,447	0
	(ii)	0	0	0	0	- 0	- 0	0
8SUSAN PAYDEN VP TREASURY, PHS	(i)	168,050	39,638	2,258	51,664	29,102	290,712	0
	(ii)	0	0	0	0	- 0	- 0	0
9WILLIAM MUELLER CHIEF PHARMACY OFFICER	(i)	247,557	77,956	9,832	23,813	13,681	372,839	0
	(ii)	0	0	0	0	- 0	- 0	0
10DANIEL K CASSAVAR MD PRESIDENT AND CMO, PPG	(i)	458,089	277,275	10,062	22,058	19,196	786,680	0
	(ii)	0	0	0	0	- 0	- 0	0
11JOHN C RANDOLPH PRESIDENT, PARAMOUNT INSURANCE CORP	(i)	452,353	197,088	42,077	128,575	22,094	842,187	0
	(ii)	0	0	0	0	- 0	- 0	0
12JOSEPH SFERRA VP SURGICAL SERVICES	(i)	0	0	30,612	50,468	2,708	83,788	0
	(ii)	652,808	61,359	2,270	9,503	- 0	- 725,940	0
13KHURRAM KAMRAN VP MEDICAL OPERATIONS, PPG	(i)	296,322	67,899	2,753	53,135	25,298	445,407	0
	(ii)	0	0	0	0	- 0	- 0	0
14NEERAJ K KANWAL MD PRESIDENT, FLOWER HOSPITAL	(i)	309,612	86,003	13,155	27,790	29,508	466,068	0
	(ii)	0	0	0	0	- 0	- 0	0
15BARBARA STEELE FORMER KEY EMPLOYEE	(i)	0	0	570,003	9,152	8,503	587,658	565,279
	(ii)	0	0	0	0	- 0	- 0	0
16DAVID SELMAN FORMER KEY EMPLOYEE	(i)	0	0	227,650	0	0	227,650	0
	(ii)	0	0	0	0	- 0	- 0	0
17DAWN M BUSKEY FORMER KEY EMPLOYEE	(i)	227,762	71,176	12,460	58,323	14,141	383,862	0
	(ii)	0	0	0	0	- 0	- 0	0
18ERIC PERRON FORMER KEY EMPLOYEE	(i)	378	34,500	147,284	13,585	14,514	210,261	147,125
	(ii)	0	0	0	0	- 0	- 0	0
19GLADEEN ROBERTS FORMER KEY EMPLOYEE	(i)	0	0	337,502	7,727	0	345,229	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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
41KAREN VAHALIK FORMER KEY EMPLOYEE	(i)	0	33,773	145,474	7,689	10,657	197,593	146,840
	(ii)	0	0	0	0	- 0	- 0	0
1KENNETH ARMSTRONG FORMER KEY EMPLOYEE	(i)	81,769	66,584	15,516	21,616	7,238	192,723	0
	(ii)	0	0	0	0	- 0	- 0	0
2MARTIN DANSACK FORMER KEY EMPLOYEE	(i)	150,887	35,168	7,423	18,893	18,173	230,544	0
	(ii)	0	0	0	0	- 0	- 0	0
3VIVIEN TOWNSEND FORMER KEY EMPLOYEE	(i)	179,036	2,500	1,253	20,553	8,793	212,135	0
	(ii)	0	0	0	0	- 0	- 0	0

34-1517671

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) PART V	PART V	51,209	PART V		No
(2) PART V	PART V	51,654	PART V		No
(3)					No
(4)					No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS	(A) NAME OF INTERESTED PERSON RANDALL OOSTRA, PRESIDENT (B) RELATIONSHIP WITH ORGANIZATION RANDALL OOSTRA IS PRESIDENT AND CEO OF PROMEDICA HEALTH SYSTEM, INC (C) PURPOSE OF LOAN LIFE INSURANCE PREMIUM PAYMENTS (D) LOAN TO OR FROM THE ORGANIZATION LOAN FROM THE ORGANIZATION (E) ORIGINAL PRINCIPAL AMOUNT \$667,000 (F) BALANCE DUE \$667,000 (G) IN DEFAULT? = NO (H) APPROVED BY BOARD OR COMMITTEE? = YES (I) WRITTEN AGREEMENT? = YES
SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(A) NAME OF INTERESTED PERSON TYLER CHIRDON (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION TYLER CHIRDON IS A FAMILY MEMBER OF ROBERT J CHIRDON (EX OFFICIO) (C) AMOUNT OF TRANSACTION \$51,209 (D) DESCRIPTION OF TRANSACTION EMPLOYMENT (E) SHARING OF ORGANIZATION REVENUES? = NO
SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(A) NAME OF INTERESTED PERSON BRAD LACLAIR (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION BRAD LACLAIR IS A FAMILY MEMBER OF ROBERT W LACLAIR (VICE CHAIR, EX OFFICIO) (C) AMOUNT OF TRANSACTION \$51,654 (D) DESCRIPTION OF TRANSACTION EMPLOYMENT (E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

►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

Department of the Treasury
Internal Revenue Service

Name of the organization
PROMEDICA HEALTH SYSTEM INC

Employer identification number
34-1517671

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				
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 ► (FLOORING SYS)	X	2	25,202	FMV
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

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?

30a

Yes

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?

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

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 THE NUMBER OF CONTRIBUTIONS

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

2015**Open to Public
Inspection**Name of the organization
PROMEDICA HEALTH SYSTEM INC

Employer identification number

34-1517671

**Return
Reference****Explanation**FORM 990,
PART VI,
SECTION A,
LINE 1

THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES CONSISTS OF NOT LESS THAN THREE (3) TRUSTEES NOR MORE THAN SEVEN (7) TRUSTEES WITHIN THESE PARAMETERS, THE COMPOSITION OF THE EXECUTIVE COMMITTEE INCLUDES THE CHAIRPERSON, THE VICE CHAIRPERSON/CHAIR ELECT, THE CHIEF EXECUTIVE OFFICER AND SUCH OTHER TRUSTEES AS DESIGNATED BY THE GOVERNANCE COMMITTEE. ALL MEMBERS OF THE EXECUTIVE COMMITTEE ARE PROMEDICA HEALTH SYSTEM, INC BOARD MEMBERS. THE EXECUTIVE COMMITTEE HAS AND EXERCISES ALL OF THE POWER AND AUTHORITY OF THE BOARD OF TRUSTEES DURING THE INTERIM BETWEEN MEETINGS OF THE BOARD OF TRUSTEES.

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

Return Reference	Explanation
FORM 990, PART VI, SECTION 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 A PRINCIPAL OFFICER PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	PROMEDICA HEALTH SYSTEM, INC AND AFFILIATES (PHS) HAVE STANDARDS OF CONDUCT THAT APPLY TO ALL PHS BOARD MEMBERS AND EMPLOYEES BOARD MEMBERS AND EMPLOYEES ARE EXPECTED TO CERTIFY THEIR COMPLIANCE WITH THE APPLICABLE STANDARDS PRIOR TO ELECTION/APPOINTMENT OR PRIOR TO BEGINNING EMPLOYMENT BOARD MEMBERS ANNUALLY (OR IMMEDIATELY IF NEW POTENTIAL CONFLICTS OF INTEREST ARISE), ALL BOARD MEMBERS ARE REQUIRED TO COMPLETE AND RETURN THE BOARD MEMBER CERTIFICATION STATEMENT WITHIN 30 DAYS OF DISSEMINATION BOARD MEMBER CERTIFICATION STATEMENTS ARE COMPILED AND REVIEWED BY THE V P , AUDIT & COMPLIANCE/CHIEF COMPLIANCE OFFICER (CCO) SUMMARIZED INFORMATION IS FORWARDED FOR REVIEW TO THE CHIEF FINANCIAL OFFICER, GENERAL COUNSEL, BUSINESS UNIT PRESIDENTS AND THE PRESIDENT AND CHIEF EXECUTIVE OFFICER (PRESIDENT/CEO), BASED UPON THEIR RESPECTIVE KNOWLEDGE OF THE BOARD MEMBERS THE PURPOSE OF THIS REVIEW IS TO BOTH INFORM MANAGEMENT OF THE DISCLOSED CONFLICTS AND TO ALLOW THEM TO IDENTIFY TO THE V P , AUDIT & COMPLIANCE, ANY POTENTIAL UNDISCLOSED CONFLICTS THE AUDIT & COMPLIANCE DEPARTMENT THEN CONDUCTS AN AUDIT OF ALL BOARD MEMBER CERTIFICATION STATEMENTS (ALONG WITH ANY RELATIONSHIPS NOTED THROUGH THE ABOVE REVIEW) TO IDENTIFY ANY POSITIONAL CONFLICTS OF INTEREST AND TO TEST MATERIAL TRANSACTIONS WITH BOARD MEMBERS/THEIR AFFILIATES FOR FAIR MARKET VALUE THE RESULTS OF THE AUDIT ARE REPORTED DIRECTLY TO THE CHAIR OF THE AUDIT & COMPLIANCE COMMITTEE WITH A COPY TO THE PRESIDENT/CEO THE REPORT INCLUDES A SUMMARY OF THE AUDIT PROCEDURES PERFORMED, ANY SIGNIFICANT CONCERNS IDENTIFIED AND THEIR RESOLUTION ANY UNRESOLVED CONFLICTS ARE ADDRESSED BY THE AUDIT COMMITTEE WITH RECOMMENDATIONS TO THE FULL BOARD AS NEEDED FAILURE TO FILE THE CERTIFICATION STATEMENT, OR THE FILING OF A FALSE OR INCOMPLETE CERTIFICATION STATEMENT, OR FAILURE TO DISCLOSE IMMEDIATELY ANY NEW CONFLICTS OF INTEREST THAT MAY ARISE, OR FAILURE TO COOPERATE WITHOUT CONDITION, HONESTLY AND COMPLETELY WITH ANY INVESTIGATION OR REVIEW OF THE BOARD MEMBER'S CERTIFICATION STATEMENT OR HIS/HER ACTIONS OR CIRCUMSTANCES SHALL BE GROUNDS FOR SANCTION BY THE BOARD OF TRUSTEES UP TO AND INCLUDING REMOVAL FROM THE BOARD/COMMITTEE/COUNCIL EMPLOYEES, EXCLUDING EMPLOYED PHYSICIANS ANNUALLY (OR IMMEDIATELY IF NEW CONFLICTS OF INTEREST ARISE), ALL SALARIED EMPLOYEES AND SPECIFICALLY IDENTIFIED HOURLY EMPLOYEES, EXCLUDING EMPLOYED PHYSICIANS, ARE REQUIRED TO COMPLETE AND SUBMIT AN ELECTRONIC EMPLOYEE CERTIFICATION QUESTIONNAIRE BY AN ESTABLISHED DEADLINE THAT IS COMMUNICATED TO THE EMPLOYEE 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 AND COPIES OF ANY QUESTIONNAIRES CONTAINING DISCLOSURES THAT WARRANT FURTHER REVIEW BY THE AUDIT & COMPLIANCE DEPARTMENT ALL NEW EMPLOYEES, EXCLUDING EMPLOYED PHYSICIANS, ARE PROVIDED EITHER AN ELECTRONIC OR PAPER COPY OF THE EMPLOYEE STANDARD OF CONDUCT AND THE EMPLOYEE CERTIFICATION STATEMENT WHICH THE NEW EMPLOYEE IS REQUIRED TO COMPLETE PRIOR TO BEGINNING EMPLOYMENT THE AUDIT & COMPLIANCE DEPARTMENT HAS ACCESS TO A REPORT THAT IDENTIFIES ALL NEW HIRES A SAMPLE OF EMPLOYEES IS IDENTIFIED AND AN AUDIT IS CONDUCTED TO ENSURE THAT REQUIRED DOCUMENTATION IS ON FILE 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 EMPLOYED PHYSICIANS ANNUALLY (OR IMMEDIATELY IF NEW CONFLICTS OF INTEREST ARISE), ALL EMPLOYED PHYSICIANS ARE REQUIRED TO COMPLETE AND SUBMIT AN ELECTRONIC PHYSICIAN CERTIFICATION QUESTIONNAIRE BY THE ESTABLISHED AND COMMUNICATED DEADLINE THE OFFICE OF THE PRESIDENT/CHIEF MEDICAL OFFICER AND THE CHIEF OPERATING OFFICER FOR PROMEDICA PHYSICIAN GROUP (PPG) ENSURES THAT ALL QUESTIONNAIRES, WHICH ARE STORED ELECTRONICALLY, ARE COMPLETED AND REVIEWED AND ENSURES NOTIFICATION IS PROVIDED TO THE V P , AUDIT & COMPLIANCE OF THE NUMBER OF ANNUAL PHYSICIAN CERTIFICATION QUESTIONNAIRES SENT AND RECEIVED AND ALSO ENSURES COPIES OF ANY QUESTIONNAIRES CONTAINING DISCLOSURES THAT WARRANT FURTHER REVIEW BY THE AUDIT & COMPLIANCE DEPARTMENT ARE FORWARDED ACCORDINGLY ALL NEW EMPLOYED PHYSICIANS ARE PROVIDED EITHER AN ELECTRONIC OR PAPER COPY OF THE EMPLOYED PHYSICIAN STANDARD OF CONDUCT AND THE PHYSICIAN CERTIFICATION STATEMENT WHICH THE NEW PHYSICIAN IS REQUIRED TO COMPLETE PRIOR TO BEGINNING EMPLOYMENT IDENTIFIED CONFLICTS ARE INITIALLY REVIEWED BY THE PPG PRESIDENT/CHIEF MEDICAL OFFICER, CHIEF OPERATING OFFICER OR THEIR DESIGNEE, AND IF APPROPRIATE, ARE SUBSEQUENTLY REPORTED TO THE OFFICE OF THE V P , AUDIT & COMPLIANCE IF THE CONFLICT IS CONSIDERED A SIGNIFICANT EXPOSURE RISK FOR PHS, A RECOMMENDATION WILL BE PREPARED FOR FINAL APPROVAL BY THE PHS PRESIDENT/CHIEF EXECUTIVE OFFICER RESULTS OF THE EMPLOYED PHYSICIAN AUDIT ARE INCLUDED IN THE ABOVE REPORT TO THE CHAIR OF THE AUDIT & COMPLIANCE COMMITTEE ANY ITEMS THAT MEET CRITERIA FOR PUBLIC DISCLOSURE WILL BE COMMUNICATED TO THE APPROPRIATE PHYSICIAN BY THE PPG PRESIDENT/CHIEF MEDICAL OFFICER OR DESIGNEE IN ADVANCE OF THE POSTING THE PPG PRESIDENT/CHIEF MEDICAL OFFICER OR DESIGNEE WILL PROVIDE THE PHYSICIAN-INDUSTRY RELATIONSHIP DISCLOSURES TO THE APPLICABLE PHS MARKETING/COMMUNICATIONS REPRESENTATIVE THE PUBLIC DISCLOSURE WILL BE POSTED ON THE PPG PHYSICIAN WEBSITE (I E , WWW.PPGDOCS.ORG) DATABASE BY THE PHS MARKETING/COMMUNICATIONS REPRESENTATIVE

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	EACH YEAR INDEPENDENT CONSULTANTS CONDUCT AN ANNUAL SURVEY AND RECOMMEND EXECUTIVE PAYROLL BASE SALARY RANGES BASED UPON THE MARKET THE DATA IS REVIEWED AND APPROVED BY THE PROMEDICA HEALTH SYSTEM COMPENSATION COMMITTEE EVERY OCTOBER SALARY ADJUSTMENTS ARE DETERMINED AT THE DECEMBER MEETING OF THE COMPENSATION COMMITTEE THE COMPENSATION COMMITTEE APPROVES OTHER FORMS OF COMPENSATION BASED UPON THE PRIOR YEAR PERFORMANCE AT THE JANUARY MEETING EACH YEAR

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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PENSION/POST-RETIREMENT EXPENSE ADJUSTMENT -32,106,907 BENEFICIAL INTEREST IN FOUNDATION -309,813 INHERENT CONTRIBUTION OF ACQUIRED ASSETS 91,130,957 REVERSAL OF GRANTS 35,000,000 CAPITAL CONTRIBUTION TO WHOLLY OWNED AFFILIATE -24,300,000

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 16B	JOINT VENTURE OPERATING AGREEMENTS INVOLVING PROMEDICA HEALTH SYSTEM, INC. OR ITS SUBSIDIARIES (COLLECTIVELY, PHS) INCLUDE PROVISIONS TO PROTECT PHS'S TAX EXEMPT STATUS. EACH AGREEMENT CONTAINS SPECIFIC LANGUAGE RELATED TO THE PROVISION OF HEALTH CARE SERVICES WITH FOCUS ON COMMUNITY HEALTH BENEFIT AND MUST FOLLOW A FORMAL REVIEW PROCESS PRIOR TO CONTRACT EXECUTION. PHS CONTINUALLY ENSURES THAT ITS TAX EXEMPT STATUS IS PROTECTED BY ACTIVELY PARTICIPATING IN THE GOVERNANCE OF ALL PHS JOINT VENTURES.

Return Reference	Explanation
FORM 990, PART III, LINE 4	PROMEDICA HEALTH SYSTEM, INC - PROGRAM SERVICE ACCOMPLISHMENTS ESTABLISHED IN 1986, PROMEDICA HEALTH SYSTEM, INC (PROMEDICA) IS A MISSION-BASED, LOCALLY OWNED, NOT-FOR-PROFIT HEALTHCARE ORGANIZATION HIGHLY FOCUSED ON ACHIEVING CORE VALUES HEADQUARTERED IN TOLEDO, OHIO, PROMEDICA SERVES 27 COUNTIES IN NORTHWEST OHIO AND SOUTHEAST MICHIGAN AND IS ONE OF THE REGION'S LEADING HEALTHCARE PROVIDERS OUR STEWARDSHIP OF RESOURCES HAS ENABLED US TO WISELY INVEST IN CUTTING-EDGE TECHNOLOGY, INNOVATIVE PROGRAMS AND FAMILY-CENTERED FACILITIES THAT HELP TO ENSURE PATIENTS AND AREA RESIDENTS HAVE EQUAL ACCESS TO HIGH-QUALITY, SAFE CARE IN THE MOST APPROPRIATE SETTING, REGARDLESS OF A PATIENT'S ABILITY TO PAY BASED ON NEEDS THAT WE HAVE ASSESSED WITHIN THE COMMUNITIES WE SERVE, PROMEDICA LAUNCHED NEW SERVICES AND PROGRAMS IN 2015 TO HELP MEET THE GROWING DEMANDS OF LOCAL CONSUMERS ACROSS ALL SPECTRUMS OF LIFE, INCLUDING THOSE INDIVIDUALS WHO ARE OFTEN THE MOST VULNERABLE WHEN IT COMES TO HEALTH CARE THE ELDERLY, POOR AND UNDERSERVED PROMEDICA'S MISSION IS TO IMPROVE THE HEALTH AND WELL-BEING OF THOSE WE SERVE THIS IS REFLECTED IN OUR FOUR CORE VALUES, INCLUDING COMPASSION - WE TREAT OUR PATIENTS AND EACH OTHER WITH RESPECT, INTEGRITY AND DIGNITY, INNOVATION - WE CONTINUALLY SEARCH TO FIND A BETTER WAY FORWARD, TEAMWORK - WE PARTNER WITH OTHERS BECAUSE WE ARE BETTER TOGETHER THAN APART, AND EXCELLENCE - WE STRIVE TO BE THE BEST IN ALL WE DO PROMEDICA AND ITS AFFILIATES COMPRISE 332 SITES, MORE THAN 2,300 PHYSICIANS AND APPROXIMATELY 17,000 EMPLOYEES AND VOLUNTEERS DURING 2015, PROMEDICA DISCHARGED 82,132 INPATIENTS AND SERVED MORE THAN 1,535,310 OUTPATIENTS, WHILE HANDLING 350,316 EMERGENCY VISITS SYSTEM-WIDE AMONG THE REGION'S LARGEST EMPLOYERS, PROMEDICA PLAYS A SIGNIFICANT ROLE IN ECONOMIC DEVELOPMENT AND STABILITY IN OUR REGION DURING 2015, FOR EVERY ONE DOLLAR OF REVENUE, ANOTHER 43 CENTS WAS CREATED IN OUR SERVICE-AREA ECONOMY, WITH A TOTAL ECONOMIC OUTPUT OF \$4.5 BILLION WE ALSO CREATE A DIRECT ECONOMIC IMPACT WITH OUR REVENUE, PAYROLL AND EMPLOYMENT ADDITIONALLY, SPENDING ON SERVICES AND MATERIALS WITH VENDORS IN OUR REGION CREATES AN INDIRECT ECONOMIC BENEFIT OUR PHYSICIANS AND PROVIDERS, LEADERSHIP TEAM MEMBERS AND EMPLOYEES INDIVIDUALLY CONTRIBUTE PERSONAL RESOURCES TO THE COMMUNITY IN NUMEROUS WAYS - SUCH AS THROUGH TUTORING ELEMENTARY STUDENTS IN READING AND OTHER LIFE SKILLS, PROVIDING MONTHLY HEALTH LECTURES AT LOCAL SENIOR CENTERS, GENEROUSLY CONTRIBUTING TO COMMUNITY FUNDRAISING CAMPAIGNS SUCH AS UNITED WAY, PARTICIPATING IN MEDICAL MISSIONS, SERVING ON LOCAL NOT-FOR-PROFIT BOARDS, AND DONATING NONPERISHABLE GOODS TO NUMEROUS LOCAL FOOD PANTRIES AND CHURCHES - UNDERSCORING A KEY BENEFIT OF PROMEDICA BEING LOCALLY OWNED AND OPERATED PROMEDICA'S MEMBER AND AFFILIATE HOSPITALS INCLUDE THE TOLEDO HOSPITAL, TOLEDO CHILDREN'S HOSPITAL (OPERATING AS PART OF THE TOLEDO HOSPITAL), PROMEDICA WILDWOOD ORTHOPAEDIC AND SPINE HOSPITAL (A DIVISION OF THE TOLEDO HOSPITAL), FLOWER HOSPITAL, FOSTORIA HOSPITAL ASSOCIATION, DEFIANCE HOSPITAL, INC., BAY PARK COMMUNITY HOSPITAL, HERRICK MEMORIAL HOSPITAL, INC., EMMA L. BIXBY MEDICAL CENTER, MEMORIAL HOSPITAL, MERCY MEMORIAL HOSPITAL CORPORATION, AND ST. LUKE'S HOSPITAL IN 2015, PROMEDICA ALSO PROVIDED INTEGRATED SERVICES, COMPRISED OF - PROMEDICA CONTINUING CARE SERVICES CORPORATION, PROVIDING REHABILITATION, HOSPICE, HOME CARE, AMBULATORY AND SENIOR SERVICES, COMMUNITY HEALTH, MEDICAL TRANSPORTATION SERVICES, AND CARE COORDINATION - PROMEDICA PHYSICIAN GROUP (PROMEDICA PHYSICIANS), WITH NEARLY 900 HEALTHCARE PROVIDERS, INCLUDING PRIMARY CARE, OBSTETRICS AND SPECIALTY PHYSICIANS, AS WELL AS ADVANCED PRACTICE PROVIDERS TOGETHER, THIS GROUP HELPS PROMEDICA BROADEN THE CARE WE OFFER TO AREA RESIDENTS, INCLUDING IN SMALLER, OUTLYING COMMUNITIES - PROMEDICA INSURANCE CORPORATION, THE LARGEST HEALTH MAINTENANCE ORGANIZATION PHYSICALLY LOCATED IN NORTHWEST OHIO IN 2015, PARAMOUNT ADVANTAGE PROVIDED MEDICAID COVERAGE TO MORE THAN 227,000 MEMBERS ACROSS ALL OF OHIO'S 88 COUNTIES - PROMEDICA INDEMNITY CORPORATION, PROVIDING MEDICAL PROFESSIONAL AND COMPREHENSIVE GENERAL LIABILITY COVERAGE FOR PROMEDICA, INCLUDING IN OUTLYING AREAS WHERE PRIMARY-CARE PHYSICIAN RECRUITMENT IS DIFFICULT - TWELVE CONTROLLED FOUNDATIONS THAT SERVE AS FUNDRAISING ENTITIES FOR THEIR RESPECTIVE HOSPITALS/BUSINESS UNITS AND FACILITIES, SUCH AS THE EBED HOSPICE RESIDENCE ON THE FLOWER HOSPITAL CAMPUS AND THE MARY ELLEN FALZONE DIABETES CENTER ON THE CAMPUS OF THE TOLEDO HOSPITAL PROMEDICA'S SPECIALIZED CARE INCLUDES ONCOLOGY, ORTHOPAEDICS, HEART AND VASCULAR, NEUROLOGY, REHABILITATIVE, AND BEHAVIORAL MEDICINE, AS WELL AS WOMEN'S AND PEDIATRIC CARE A FUNDAMENTAL PART OF OUR MISSION IS THAT OUR SERVICES ARE TAILORED TO THE NEEDS OF OUR COMMUNITIES AND THEY ARE AVAILABLE TO EVERYONE IN OUR COMMUNITY, REGARDLESS OF THEIR ABILITY TO PAY IN ADDITION TO BEING A STRONG ADVOCATE FOR THE HEALTH AND WELL-BEING OF OTHERS, PROMEDICA PROVIDES AND PROMOTES COMMUNITY WELLNESS, COLLABORATING WITH MORE THAN 300 NONPROFIT AGENCIES AND ORGANIZATIONS ACROSS OUR REGION IN 2015 THAT HAD VALUES AND MISSIONS SIMILAR TO OUR OWN PROMEDICA IS CONTINUALLY IMPROVING ITS SERVICES, FACILITIES, TECHNOLOGIES, AND OUTREACH EFFORTS TO MEET THE EVER-CHANGING NEEDS OF ITS DIVERSE POPULATIONS IN DIRECT RESPONSE TO COMMUNITY NEEDS, A FEW EXAMPLES FROM 2015 INCLUDE THE FOLLOWING - MERCY MEMORIAL HOSPITAL CORPORATION, IN MONROE, MICHIGAN, BECAME A MEMBER OF PROMEDICA EFFECTIVE JAN. 1, 2015 BY SHARING RESOURCES AND CLINICAL EXPERTISE, THIS NEW PARTNERSHIP HELPS BROADEN THE DEPTH AND BREADTH OF OUR SERVICES FOR RESIDENTS OF SOUTHEASTERN MICHIGAN - PROMEDICA, ALONG WITH FIVE OTHER OHIO HOSPITALS, ESTABLISHED THE MIDWEST HEALTH COLLABORATIVE (MHC) TO IMPROVE THE VALUE OF HEALTHCARE SERVICES THROUGHOUT THE STATE WHILE REMAINING INDEPENDENT, THESE SIX HEALTHCARE ORGANIZATIONS ARE WORKING TOGETHER TO ASSESS THE FEASIBILITY OF CREATING A STATEWIDE PROVIDER NETWORK, EXCHANGE BEST PRACTICES, SHARE RESOURCES, REDUCE COSTS, DEVELOP INNOVATIVE WAYS TO DELIVER HEALTH CARE ACROSS LARGE POPULATIONS, AND REDUCE CARE VARIATION - IN 2015, PROMEDICA FINALIZED A COMPREHENSIVE AGREEMENT WITH THE UNIVERSITY OF TOLEDO COLLEGE OF MEDICINE AND LIFE SCIENCES TO FORM AN ACADEMIC AFFILIATION WITH THE PURPOSE OF ADVANCING MEDICAL EDUCATION AND CLINICAL RESEARCH IN NORTHWEST OHIO THE AFFILIATION WILL BUILD A LEGACY MODEL OF HEALTH CARE THAT WILL BENEFIT COMMUNITY MEMBERS ACROSS THE REGION FOR GENERATIONS TO COME - PROMEDICA OPENED ITS FIRST URGENT CARE CENTERS IN OREGON AND PERRYSBURG, OHIO, TO SERVE PATIENTS WHO HAVE MEDICAL CONCERNS THAT DO NOT REQUIRE AN EMERGENCY CENTER THE URGENT CARE CENTERS ARE OPEN 10 A.M. TO 10 P.M., 365 DAYS PER YEAR, AND ARE STAFFED BY HIGHLY-TRAINED CERTIFIED NURSE PRACTITIONERS - PROMEDICA'S SUMMER YOUTH EMPLOYMENT PROGRAM PARTNERED 77 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 - AS CHILDHOOD OBESITY CONTINUES TO BE AN IMPORTANT ISSUE IN OUR COMMUNITIES, BAY PARK COMMUNITY HOSPITAL BEGAN PILOTING A NEW HEALTH AND NUTRITION PROGRAM TO CHILDREN IN GRADES 2 - 5 IN ITS SERVICE AREA THE PROGRAM FEATURES A BOARD GAME DEVELOPED BY PROMEDICA CALLED NUTREXITY, WHICH OFFERS A FUN WAY FOR KIDS TO LEARN ABOUT HEALTH, INCLUDING GOOD NUTRITION, EXERCISE ESSENTIALS, AND THE IMPORTANCE OF GIVING BACK TO THE COMMUNITY - PROMEDICA PHYSICIANS EXPANDED CARE TO BETTER COVER LOCAL AND RURAL COMMUNITIES, ADDING MORE THAN 100 NEW PRIMARY CARE PHYSICIANS, SPECIALISTS AND ADVANCED PRACTICE PROVIDERS IN 2015 - PROMEDICA PARTICIPATED IN DOZENS OF COMMUNITY HEALTH FAIRS THAT INCLUDED APPROXIMATELY 7,500 FREE PUBLIC SCREENINGS FOR HIGH BLOOD PRESSURE, HIGH CHOLESTEROL, BODY MASS INDEX AND BONE DENSITY - AS PART OF ITS HUNGER-FREE INITIATIVE, PROMEDICA CONTINUED TO IMPLEMENT A FOOD RECLAMATION PROGRAM MORE THAN 160,000 POUNDS OF FOOD HAVE BEEN RECLAIMED FROM PARTNERS SUCH AS HOLLYWOOD CASINO, THE TOLEDO HOSPITAL, FLOWER HOSPITAL, FIFTH THIRD FIELD, AND OWENS COMMUNITY COLLEGE SINCE THE PROGRAM STARTED IN 2013 - PROMEDICA'S COME TO THE TABLE HUNGER SUMMIT TOOK PLACE IN ALBUQUERQUE, NEW MEXICO IN JUNE AS PART OF PROMEDICA'S EFFORTS TO RAISE AWARENESS OF HUNGER AS A HEALTH ISSUE PRESENTED BY PROMEDICA, THE ALLIANCE TO END HUNGER, AND PRESBYTERIAN HEALTHCARE SERVICES, THE SUMMIT FEATURED PERSPECTIVES FROM AN ARRAY OF EXPERTS, INCLUDING A KEYNOTE ADDRESS BY AUDREY ROWE, ADMINISTRATOR FOR THE FOOD AND NUTRITION SERVICE AT THE U.S. DEPARTMENT OF AGRICULTURE

Return Reference	Explanation
- PROMEDICA CANCER INSTITUTE'S (PCI) COMMUNITY OUTREACH INCLUDED	CANCER SCREENINGS AND EDUCATION TO THE MOST VULNERABLE IN OUR COMMUNITY FREE SCREENING MAMMOGRAMS, AS WELL AS SKIN CANCER AND LUNG CANCER SCREENINGS WERE PROVIDED FOR EARLY DETECTION PROSTATE CANCER SCREENING EDUCATION AND NUTRITIONAL PROGRAMS WERE DEVELOPED TO KEEP PEOPLE HEALTHY, AND A COLORECTAL CANCER EDUCATION EVENT TOOK PLACE AT HUNTINGTON CENTER PCI ALSO HOSTED ANNUAL CANCER SURVIVOR CELEBRATIONS FOR SURVIVORS, FRIENDS AND CAREGIVERS ACROSS THE REGION AND SPONSORED COMMUNITY EVENTS INCLUDING THE ANNUAL NW OHIO SUSAN G KOMEN, RACE FOR THE CURE AND AMERICAN CANCER SOCIETY RELAY FOR LIFE IN LUCAS COUNTY - A NEW FOOD PHARMACY PILOT LAUNCHED, SERVING PATIENTS AT THE ADULT MEDICINE CLINIC AT PROMEDICA'S CENTER FOR HEALTH SERVICES (CHS) AND THE WW KNIGHT FAMILY MEDICINE PRACTICE THE PROGRAM REFERS PATIENTS WHO SCREEN POSITIVE FOR FOOD INSECURITY TO RECEIVE FOOD FOR THEM AND THEIR FAMILY FROM THE FOOD PHARMACY LOCATED AT CHS EACH PATIENT RECEIVES TWO TO THREE DAYS OF SUPPLEMENTAL FOOD FOR THEIR FAMILY STARTING IN APRIL THROUGH DECEMBER 2015, APPROXIMATELY 1,400 REFERRALS WERE MADE TO THE FOOD PHARMACY, PROVIDING SUPPLEMENTAL FOOD TO MORE THAN 1,800 HOUSEHOLDS - THROUGH ITS ADVOCACY FUND, PROMEDICA CONTINUED TO SUPPORT LOCAL COMMUNITY ORGANIZATIONS THAT PROVIDE ASSISTANCE TO THOSE IN NEED WITH BASIC NECESSITIES THAT DIRECTLY IMPACT INDIVIDUALS' HEALTH AND WELL-BEING THIS SUPPORT AMOUNTED TO GRANTS TOTALING MORE THAN \$315,000 IN 2015 - PROMEDICA AND THE AARP FOUNDATION (AARP'S AFFILIATED CHARITY) JOINED TOGETHER AS FOUNDING MEMBERS OF THE NEW NOT-FOR-PROFIT ORGANIZATION THE ROOT CAUSE COALITION THE COALITION IS FOCUSED ON ADDRESSING HUNGER AS A PUBLIC HEALTH ISSUE AND OTHER SOCIAL DETERMINANTS OF HEALTH - TO HELP MEET THE NEED FOR ADDITIONAL SCHOOL NURSES IN THE TOLEDO PUBLIC SCHOOL SYSTEM (TPS), PROMEDICA BEGAN FUNDING NINE ADDITIONAL SCHOOL NURSES, ENABLING ALL TPS ELEMENTARY SCHOOLS TO HAVE A FULL-TIME SCHOOL NURSE STUDIES HAVE SHOWN THAT FULL-TIME NURSES IN PUBLIC SCHOOLS CAN HAVE A POSITIVE IMPACT ON HEALTH AND STRONG ACADEMIC OUTCOMES OVER THE NEXT THREE YEARS, PROMEDICA AND TPS WILL TRACK AND EVALUATE STUDENT HEALTH STATISTICS TO DEVELOP A SUSTAINABILITY PLAN AND SUPPORT ONGOING FUNDING FOR THE PROGRAM - PROMEDICA OPENED THE EBED INSTITUTE'S NEW MARKET ON THE GREEN TO PROVIDE BETTER ACCESS TO HEALTHY FOODS IN A DESIGNATED FOOD DESERT, AS WELL AS JOB TRAINING OPPORTUNITIES FOR RESIDENTS IN THE UPTOWN TOLEDO NEIGHBORHOOD THE INSTITUTE WAS MADE POSSIBLE THROUGH A GENEROUS DONATION FROM PROMEDICA BOARD MEMBER RUSSELL EBED - AFTER MORE THAN A YEAR OF PLANNING, BUILDING, TESTING AND TRAINING, PROMEDICA'S NEW ELECTRONIC HEALTH RECORD (EHR), EPIC, WENT LIVE WITH A SUCCESSFUL PILOT OF 20 PROMEDICA PHYSICIANS AND PROVIDERS FOLLOWING EPIC'S METHODOLOGY, ADDITIONAL GO-LIVES ARE SCHEDULED THROUGH 2016 AND 2017 TO BRING ALL PROVIDERS, HOSPITALS AND SERVICES ON BOARD THE NEW PLATFORM WILL FURTHER ENABLE ONE PATIENT, ONE RECORD, AND ONE BILL FOR PATIENTS REGARDLESS OF SERVICE PROVIDED OR THE LOCATION OF SERVICE ACROSS PROMEDICA - TOLEDO AND TOLEDO CHILDREN'S HOSPITALS OPENED A NEW SURGERY SUITE TO INCREASE EFFICIENCY AND PROVIDE A BETTER EXPERIENCE FOR PATIENTS AND FAMILIES IT INCLUDES 10 REPLACEMENT OPERATING ROOMS, LARGER PRE-OP AND RECOVERY AREAS, A NEW PEDIATRIC RECOVERY AREA, AND A NEW TEXT ALERT SYSTEM FOR WAITING FAMILIES - IN COLLABORATION WITH HCR MANORCARE, THE NEW HEARTLAND AT PROMEDICA SKILLED NURSING AND REHABILITATION FACILITY OPENED ON THE CAMPUS OF FLOWER HOSPITAL IT PROVIDES MEDICALLY COMPLEX AND INTENSIVE REHABILITATION SERVICES FOR SHORT-TERM PATIENTS TRANSITIONING BETWEEN HOSPITAL CARE AND HOME - FLOWER HOSPITAL RADIOLOGY INSTALLED A NEW MRI SCANNER THAT PROVIDES INCREASED IMAGE RESOLUTION, RESULTING IN EXCELLENT IMAGE QUALITY AND PROVIDING PATIENTS WITH MORE ROOM DURING THE IMAGING PROCESS ADDITIONALLY IT CAN ACCOMMODATE PATIENTS WEIGHING UP TO 550 LBS (250 KG) AND ITS SHORT, WIDE BORE DESIGN HELPS REDUCE PATIENT ANXIETY AND INCREASES PATIENT COMFORT - PROMEDICA DESIGNATED CLEVELAND CLINIC LABORATORIES (CCL) AS ITS NEW PRIMARY REFERENCE LAB, ALLOWING CCL TO PERFORM THE 1% OF HIGHLY SPECIALIZED LABORATORY TESTING THAT CANNOT BE PERFORMED BY PROMEDICA LABS CCL IS ONE OF THE TOP SIX PRIMARY REFERENCE LABORATORIES IN THE COUNTRY, PROVIDING HIGH-QUALITY, STATE-OF-THE-ART DIAGNOSTIC SERVICES TO PHYSICIANS AND HEALTHCARE FACILITIES NATIONWIDE THE NEW COLLABORATION OFFERS EFFICIENT, COST EFFECTIVE AND COORDINATED CARE ACROSS THE REGION FOR OUR PATIENTS - ST LUKE'S HOSPITAL ACHIEVED NICHE (NURSES IMPROVING CARE FOR HEALTH SYSTEM ELDER) DESIGNATION NICHE IS A NATIONAL, NURSING-DRIVEN PROGRAM DESIGNED TO HELP HOSPITALS AND HEALTHCARE ORGANIZATIONS IMPROVE THE CARE PROVIDED TO OLDER ADULTS - THE HICKMAN CANCER CENTER AT FLOWER HOSPITAL WAS EXPANDED TO A TOTAL OF 32 TREATMENT BAYS, INCLUDING FOUR BEDS TO INCREASE PATIENT COMFORT DURING TREATMENT AND TWO ADDITIONAL EXAM ROOMS TO IMPROVE PATIENT FLOW AT THE CENTER - PROMEDICA, IN PARTNERSHIP WITH HARBOR, A REGIONAL BEHAVIORAL HEALTH AGENCY, IMPLEMENTED A TELEPSYCH PROGRAM TO ASSIST IN CARING FOR INPATIENTS AT BOTH THE EMMA L BIXBY MEDICAL CENTER AND HERRICK HOSPITAL CAMPUSES AS WELL AS IN BOTH OUTPATIENT MENTAL HEALTH FACILITIES - POSITIONED TO BE A REGIONAL LEADER IN RESEARCH AND INNOVATIONS, PROMEDICA PARTICIPATED IN MORE THAN 160 INDUSTRY-SPONSORED CLINICAL RESEARCH TRIALS AS WELL AS MORE THAN 60 INTERNAL RESEARCH PROJECTS CONDUCTED BY PHYSICIANS, NURSES AND ALLIED HEALTH PROFESSIONALS ADDITIONALLY, PROMEDICA'S MEDICAL TECHNOLOGY BUSINESS INCUBATOR ALLOWS CLIENT COMPANIES IN THE HEALTHCARE FIELD TO ACCELERATE DEVELOPMENT AND COMMERCIALIZATION OF MEDICAL DEVICES AND HEALTH INFORMATION TECHNOLOGY TO IMPROVE PATIENT CARE LOCALLY AND NATIONALLY IN 2015, PROMEDICA CONTRIBUTED \$198,749,000 IN COMMUNITY BENEFIT THROUGH COMMUNITY BENEFIT EXPENDITURES, FINANCIAL ASSISTANCE AND GOVERNMENT-SPONSORED, MEANS-TESTED HEALTH CARE THESE NUMBERS NOT ONLY INDICATE PROMEDICA'S LONG-STANDING COMMITMENT TO THE COMMUNITY, BUT ALSO FULFILL OUR NOT-FOR-PROFIT STATUS BY IMPROVING THE HEALTH AND WELL-BEING OF RESIDENTS IN THE COMMUNITIES WE SERVE SPECIFICALLY, THROUGH COMMUNITY HEALTH IMPROVEMENT SERVICES, HEALTH PROFESSIONS EDUCATION, SUBSIDIZED HEALTH SERVICES, RESEARCH, CASH AND IN-KIND CONTRIBUTIONS, AND OTHER COMMUNITY BENEFIT OPERATIONS, PROMEDICA CONTRIBUTED \$60,815,000 IN 2015 THESE PROGRAMS INCLUDED FREE COMMUNITY HEALTH SCREENINGS, SUCH AS DIABETES TESTING, BLOOD PRESSURE, BONE DENSITY, BODY MASS, AND CANCER CHECKUPS, MAMMOGRAM SCREENINGS FOR LOW-INCOME AND UNINSURED WOMEN, CHILDHOOD IMMUNIZATIONS, REDUCED-COST SCHOOL-ATHLETIC PHYSICALS, FIRST-AID COVERAGE AT COMMUNITY EVENTS, VOLUNTEER ELEMENTARY SCHOOL MENTORS, PUBLIC HEALTH EDUCATION LECTURES AND SEMINARS, A CHILDHOOD OBESITY PROGRAM, AND MANY OTHER COMMUNITY-BASED INITIATIVES PROMEDICA ALSO CONTRIBUTED \$18,122,000 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 2015 WAS \$21,472,000 THIS AMOUNT IS NOT INCLUDED IN THE COMMUNITY BENEFIT AMOUNT OF \$198,749,000 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 2015, PROMEDICA PROVIDED \$119,812,000 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 2015 WAS \$111,127,000 AND IS NOT REFLECTED IN THE COMMUNITY BENEFIT AMOUNT OF \$198,749,000 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

Return Reference	Explanation
IN MANY SITUATIONS, OTHER FUNDING SOURCES ARE SECURED AND	ACCOMMODATIONS MADE. PROMEDICA'S POLICIES ARE POSTED AND AVAILABLE IN WRITING IN ALL PROMEDICA FACILITIES. ALSO, FINANCIAL ADVOCATES ARE AVAILABLE TO HELP PATIENTS BY EXPLAINING OUR FREE CARE AND DISCOUNT PROGRAMS, AND TO ASSIST WITH THE PAPERWORK NECESSARY TO QUALIFY FOR GOVERNMENT FUNDING. PATIENT BILLS PROVIDE CLEAR EXPLANATIONS, QUALIFICATIONS AND REMINDERS OF THESE PROGRAMS. IN SUMMARY, PROMEDICA DEMONSTRATES ITS MISSION AND CORE VALUES BY PROVIDING HIGH-QUALITY HEALTH CARE TO ALL PATIENTS, REGARDLESS OF THEIR RACE, CREED, SEX, NATIONAL ORIGIN, DISABILITY, OR AGE. AND, WE RECOGNIZE THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL CARE. THEREFORE, WE PROVIDE THESE HEALTHCARE SERVICES, RECRUIT AND TRAIN HEALTHCARE PROFESSIONALS TO SERVE THE BROADER COMMUNITY, PROVIDE APPROPRIATE FINANCIAL ASSISTANCE, OFFER SERVICES AND CONTRIBUTIONS TO OTHER NONPROFIT ORGANIZATIONS THAT ALLOW THEM TO PROVIDE KEY SERVICES TO THEIR CONSTITUENTS, AND PRESENT FREE EDUCATIONAL CLASSES, HEALTH FAIRS AND OTHER ACTIVITIES TO OUR LOCAL COMMUNITY TO HELP ENSURE ALL MEMBERS HAVE EQUAL ACCESS TO CARE.

Return Reference	Explanation
COMMUNITY BENEFIT DEFINITIONS	PROMEDICA HEALTH SYSTEM, INC AND ITS SUBSIDIARIES (PROMEDICA) 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 PROMEDICA RESPOND TO IDENTIFIED COMMUNITY NEEDS AND MEET AT LEAST ONE OF THE FOLLOWING CRITERIA - IMPROVE ACCESS TO HEALTHCARE SERVICE - ENHANCE THE HEALTH OF THE COMMUNITY - ADVANCE HEALTHCARE KNOWLEDGE - RELIEVE OR REDUCE THE BURDEN OF GOVERNMENT OR OTHER COMMUNITY EFFORTS FINANCIAL ASSISTANCE CONSISTENT WITH ITS MISSION, PROMEDICA 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 PROMEDICA 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 PROMEDICA'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 PROMEDICA 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 ALL EDUCATIONAL PROGRAMS PROMEDICA IS INVOLVED WITH, THE PROVISION OF A CLINICAL SETTING FOR TRAINING FOR HEALTHCARE STUDENTS OUTSIDE THE ORGANIZATION, AND FUNDING FOR HEALTHCARE EDUCATION 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 COMMUNITY NEEDS RESEARCH RESEARCH ACTIVITIES INCLUDE CLINICAL AND COMMUNITY HEALTH RESEARCH, AS WELL AS STUDIES ON HEALTHCARE DELIVERY THE AMOUNT REPORTED FOR PROMEDICA 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 THE COMMUNITY AT LARGE IN-KIND SERVICES INCLUDE HOURS DONATED BY STAFF FOR COMMUNITY NEEDS WHILE ON WORK TIME, AS WELL AS DONATIONS OF FOOD, EQUIPMENT AND SUPPLIES

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
PROMEDICA HEALTH SYSTEM INC

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.

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Open to Public
Inspection

Employer identification number

34-1517671

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

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

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

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

Part III

Identification of Related Organizations Taxable as a Partnership

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

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

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

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

	Yes	No
1a		No
1b	Yes	
1c	Yes	
1d	Yes	
1e		No
1f	Yes	
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l		No
1m		No
1n		No
1o	Yes	
1p	Yes	
1q	Yes	
1r		No
1s		No

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

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

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) COBRA VENTURES LLC 5901 MONCLOVA RD MAUMEE, OH 43537 20-4671613	LAND LEASING	OH	5,510	94,354	ST LUKE'S HOSPITAL FOUNDATION
(1) MIDWEST CARDIOVASCULAR CONSULTANTS LLC 5855 MONROE ST SYLVANIA, OH 43560 61-1448753	EMPLOYS PHYSICIANS	OH	0	535,504	PROMEDICA PHYSICIAN GROUP
(2) PROMEDICA CENTRAL PHYSICIANS LLC 5855 MONROE ST SYLVANIA, OH 43560 34-1881137	EMPLOYS PHYSICIANS	OH	231,170,716	291,204,025	PROMEDICA PHYSICIAN GROUP
(3) PROMEDICA EAST PHYSICIANS LLC 5855 MONROE ST SYLVANIA, OH 43560 34-1881145	EMPLOYS PHYSICIANS	OH	7,735,386	-1,576,704	PROMEDICA PHYSICIAN GROUP
(4) PROMEDICA WEST PHYSICIANS LLC 5855 MONROE ST SYLVANIA, OH 43560 34-1893773	EMPLOYS PHYSICIANS	OH	15,982,568	-8,068,901	PROMEDICA PHYSICIAN GROUP
(5) PROMEDICA NORTHWEST OHIO CARDIOLOGY CONSULTANTS LLC 5855 MONROE ST SYLVANIA, OH 43560 26-3888045	EMPLOYS PHYSICIANS	OH	30,141,070	-56,519,329	PROMEDICA PHYSICIAN GROUP
(6) PROMEDICA CARDIOTHORACIC PHYSICIANS LLC 5855 MONROE ST SYLVANIA, OH 43560 27-0978204	EMPLOYS PHYSICIANS	OH	5,936,506	-9,670,745	PROMEDICA PHYSICIAN GROUP
(7) WELLCARE PHYSICIANS LLC 5901 MONCLOVA RD MAUMEE, OH 43537 61-1528443	EMPLOYS PHYSICIANS	OH	16,368,856	8,878,730	PROMEDICA PHYSICIAN GROUP
(8) THE PHARMACY COUNTER LLC 5855 MONROE ST SYLVANIA, OH 43560 27-1325141	MEDICAL EQUIPMENT & PHARMACY	OH	60,641,144	17,065,865	PROMEDICA PHYSICIAN GROUP
(9) WOLF CREEK ASSOCIATES LLC 901 KIMOLE LN ADRIAN, MI 49221 38-3164818	FACILITY LEASING	MI	131,432	1,308,580	EMMA L BIXBY MEDICAL CENTER
(10) PROMEDICA MONROE CARDIOLOGY PLLC 5855 MONROE ST SYLVANIA, OH 43560 27-2920342	EMPLOYS PHYSICIANS	MI	2,425,382	-3,059,070	PROMEDICA PHYSICIAN GROUP
(11) ERIE WEST HOSPICE & PALLIATIVE CARE LLC 5855 MONROE ST SYLVANIA, OH 43560 20-5752995	PROVIDES HOSPICE CARE	OH	4,709,330	7,039,875	PROMEDICA PHYSICIANS AND CONTINUUM SERVICES
(12) PROMEDICA ANESTHESIA CONSULTANTS LLC 5855 MONROE ST SYLVANIA, OH 43560 45-3251737	EMPLOYS PHYSICIANS	OH	30,303,052	-44,305,935	PROMEDICA PHYSICIAN GROUP
(13) PROMEDICA PHYSICIANS MANAGEMENT SERVICES LLC 5855 MONROE ST SYLVANIA, OH 43560 45-3230331	PRACTICE MANAGEMENT	OH	0	-2,356,472	PROMEDICA PHYSICIAN GROUP
(14) PROMEDICA SURGICAL SERVICES LLC 5855 MONROE ST SYLVANIA, OH 43560	EMPLOYS PHYSICIANS	OH	0	0	PROMEDICA PHYSICIAN GROUP
(15) MISSION POINTE GOLF COURSE LLC 2142 NORTH COVE TOLEDO, OH 43606	GOLF COURSE	OH	0	391,382	PROMEDICA FOUNDATION
(16) PROMEDICA INNOVATIONS LLC 1801 RICHARDS RD TOLEDO, OH 43607	INVESTMENT COMPANY	OH	0	0	PROMEDICA HEALTH SYSTEM INC
(17) PROMEDICA GENITO-URINARY SURGEONS LLC 5855 MONROE ST SYLVANIA, OH 43560 46-1120436	EMPLOYS PHYSICIANS	OH	11,558,436	-14,936,580	PROMEDICA PHYSICIAN GROUP
(18) PROMEDICA MONROE PHYSICIANS PLLC 5855 MONROE ST SYLVANIA, OH 43560 46-1111822	EMPLOYS PHYSICIANS	MI	27,275	-757,452	PROMEDICA PHYSICIAN GROUP
(19) PROMEDICA MULTI-SPECIALTY PHYSICIANS LLC 5855 MONROE ST SYLVANIA, OH 43560 45-4976786	EMPLOYS PHYSICIANS	OH	0	159,481	PROMEDICA PHYSICIAN GROUP

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(21) PROMEDICA HOSPITALISTS LLC 5855 MONROE ST SYLVANIA, OH 43560	EMPLOYS PHYSICIANS	OH	0	0	PROMEDICA PHYSICIAN GROUP
(1) PROMEDICA HOSPITALISTS PLLC 5855 MONROE ST SYLVANIA, OH 43560	EMPLOYS PHYSICIANS	MI	0	0	PROMEDICA PHYSICIAN GROUP
(2) MEMORIAL ANESTHESIA LTD 715 SOUTH TAFT AVE FREMONT, OH 43420 20-5763680	EMPLOYS PHYSICIANS	OH	0	0	PROMEDICA PHYSICIAN GROUP
(3) MEMORIAL PROFESSIONAL SERVICES LTD 715 SOUTH TAFT AVE FREMONT, OH 43420 27-3763993	EMPLOYS PHYSICIANS	OH	10,132,691	-381,185	PROMEDICA PHYSICIAN GROUP
(4) 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
BAY PARK COMMUNITY HOSPITAL 2801 BAY PARK DR OREGON, OH 43616 34-1883132	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
CARE ENTERPRISES INC 5901 MONCLOVA RD MAUMEE, OH 43537 34-1366709	FACILITY LEASING	OH	501(C)(3)	11B, II	PROMEDICA HEALTH SYSTEM INC	Yes	
DEFIANCE HOSPITAL AUXILIARY 1200 RALSTON DEFIANCE, OH 43512 51-0173779	HOSPITAL / FOUNDATION SUPPORT	OH	501(C)(3)	11D, III-O	DEFIANCE HOSPITAL INC	Yes	
DEFIANCE HOSPITAL INC 1200 RALSTON DEFIANCE, OH 43512 34-4446484	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
EMMA L BIXBY MEDICAL CENTER 818 RIVERSIDE AVE ADRIAN, MI 49221 38-2796005	HOSPITAL	MI	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
EMMA L BIXBY MEDICAL CENTER AUXILIARY 818 RIVERSIDE AVE ADRIAN, MI 49221 38-2149602	HOSPITAL / FOUNDATION SUPPORT	MI	501(C)(3)	11B, II	EMMA L BIXBY MEDICAL CENTER	Yes	
FLOWER HOSPITAL 5200 HARROUN RD SYLVANIA, OH 43560 34-4428794	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
FOSTORIA HOSPITAL ASSOCIATION 501 VAN BUREN STREET FOSTORIA, OH 44830 34-0898745	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
FOSTORIA HOSPITAL AUXILIARY PO BOX 907 FOSTORIA, OH 44830 34-6517634	HOSPITAL / FOUNDATION SUPPORT	OH	501(C)(3)	11A, I	FOSTORIA HOSPITAL ASSOCIATION	Yes	
HERRICK MEDICAL CENTER AUXILIARY 500 E POTTAWATAMIE ST TECUMSEH, MI 49286 38-3076105	HOSPITAL / FOUNDATION SUPPORT	MI	501(C)(3)	11B, II	HERRICK MEMORIAL HOSPITAL INC	Yes	
HERRICK MEMORIAL HOSPITAL INC 500 E POTTAWATAMIE ST TECUMSEH, MI 49286 38-3049015	HOSPITAL	MI	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
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	
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	
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	
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	
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	
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	
ST LUKE'S HOSPITAL 5901 MONCLOVA RD MAUMEE, OH 43537 34-4428232	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
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	
PROMEDICA FOUNDATION 2142 N COVE BLVD TOLEDO, OH 43606 34-1517672	FOUNDATION	OH	501(C)(3)	11B, II	PROMEDICA HEALTH SYSTEM INC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
THE TOLEDO HOSPITAL 2142 N COVE BLVD TOLEDO, OH 43606 34-4428256	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
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	
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	
KAITLYN'S COTTAGE INC 1260 RALSTON AVE DEFIANCE, OH 43512 45-4781053	RESPIRE CARE	OH	501(C)(3)	9	DEFIANCE HOSPITAL INC	Yes	
MEMORIAL HOSPITAL 715 SOUTH TAFT AVE FREMONT, OH 43420 34-4430849	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
MONROE CANCER CENTER 800 STEWART RD MONROE, MI 48162 27-1302183	CANCER CENTER	MI	501(C)(3)	9	MERCY MEMORIAL HOSPITAL CORPORATION	Yes	
MONROE COMMUNITY HEALTH SERVICES 718 N MACOMB MONROE, MI 48162 38-2934134	LONG TERM CARE	MI	501(C)(3)	9	MERCY MEMORIAL HOSPITAL CORPORATION	Yes	
MERCY MEMORIAL HOSPITAL CORPORATION 718 N MACOMB MONROE, MI 48162 38-1984289	HOSPITAL	MI	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
PARAMOUNT ADVANTAGE 1901 INDIAN WOOD CIR MAUMEE, OH 43537 20-3376102	HEALTH INSURANCE	OH	501(C)(3)	9	PROMEDICA INSURANCE CORP INC AND SUBSIDIARIES	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispropportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
BIXBY MEDICAL OFFICE LIMITED PARTNERSHIP 818 RIVERSIDE AVE ADRIAN, MI 49221 38-2972398	FACILITY LEASING	MI	EMMA L BIXBY MEDICAL CENTER	RELATED	36,791	1,173,776		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	726,688	2,333,126		No			No	65 040 %
WATERVILLE MEDICAL CENTER LLC 5901 MONCLOVA RD MAUMEE, OH 43537 32-0160784	FACILITY LEASING	OH	CARE ENTERPRISES INC	RELATED	32,184	753,658		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	211,264	449,126		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	298,291	2,912,457		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	73,215	1,293,530		No			No	54 680 %
LENAWEE PHYSICIAN HOSPITAL ORGANIZATION LLC 818 RIVERSIDE AVE ADRIAN, MI 49221 38-3605511	PHYSICIAN MANAGEMENT SERVICES	MI	EMMA L BIXBY MEDICAL CENTER	RELATED	-23,464	253,470		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	743,257	816,423		No			No	51 920 %
EAST-WEST HOLDINGS LTD 715 SOUTH TAFT AVE FREMONT, OH 43420 20-4066818	REAL ESTATE	OH	MEMORIAL HOSPITAL	RELATED	6,016	306,259		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	4,044	3,684,750		No			No	54 000 %
PROMEDICA MASTER TENANT LLC 1801 RICHARDS RD TOLEDO, OH 43607 47-5288490	REAL ESTATE	OH	PROMEDICA MANAGER MEMBER LLC	RELATED		103,328		No		Yes		1 000 %
PROMEDICA DOWNTOWN CAMPUS LANDLORD LLC 1801 RICHARDS RD TOLEDO, OH 43607 47-3163945	REAL ESTATE	OH	PROMEDICA MANAGER MEMBER LLC	RELATED		22,771,216		No		Yes		90 000 %

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
(1) CARE HOLDINGS 5901 MONCLOVA RD MAUMEE, OH 43537 34-1796790	HOLDING COMPANY	OH	PROMEDICA HEALTH SYSTEM INC	C			100 000 %	Yes	
(1) HERRICK MEMORIAL DEVELOPMENT CORP 500 E POTTAWATAMIE TR ADRIAN, MI 49221 38-3146907	FACILITY LEASING	MI	EMMA L BIXBY MEDICAL CENTER	C	906	964,439	100 000 %	Yes	
LHA PHYSICIAN SERVICES (2) CORPORATION 818 RIVERSIDE AVE ADRIAN, MI 49221 61-1451576	PHYSICIAN BILLING	MI	EMMA L BIXBY MEDICAL CENTER	C	-44,391		100 000 %	Yes	
(3) 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 (4) CORPORATION OF MICHIGAN 5855 MONROE ST SYLVANIA, OH 43560 38-3322278	PHYSICIAN HEALTH CARE SERVICES	OH	PROMEDICA PHYSICIAN GROUP	C	-1,047,084	3,582,068	100 000 %	Yes	
(5) PROMEDICA INSURANCE CORP INC AND SUBSIDIARIES 1901 INDIAN WOOD CIR MAUMEE, OH 43537 34-1570675	HEALTH CARE INSURANCE	OH	PROMEDICA HEALTH SYSTEM INC	C	76,588,676	344,035,035	100 000 %	Yes	
PROMEDICA NORTH PHYSICIAN (6) CORPORATION 5855 MONROE ST SYLVANIA, OH 43560 38-3482148	PHYSICIAN HEALTH CARE SERVICES	OH	PROMEDICA PHYSICIAN GROUP	C		203,340	100 000 %	Yes	
(7) PROMEDICA RETAIL GROUP INC 3890 MONROE ST TOLEDO, OH 43606 34-1159928	FLORIST	OH	PROMEDICA PHYSICIANS AND CONTINUUM SERVICES	C	485	1,016,984	100 000 %	Yes	
(8) HERRICK MEMORIAL OFFICE PLAZA CONDOMINIUM ASSOCIATION 818 RIVERSIDE AVE ADRIAN, MI 49221 38-3639616	FACILITY MANAGEMENT	MI	HERRICK MEMORIAL DEVELOPMENT CORP	C	45	55,879	71 800 %	Yes	
(9) PROMEDICA HEALTH NETWORK INC 1801 RICHARDS RD TOLEDO, OH 43607 47-4006496	PHYSICIAN MANAGEMENT SERVICES	OH	PROMEDICA HEALTH SYSTEM INC	C			100 000 %	Yes	
(10) MONROE HEALTH VENTURES 718 N MACOMB MONROE, MI 48164 38-2704426	PHARMACY	MI	MERCY MEMORIAL HOSPITAL CORPORATION	C			100 000 %	Yes	
(11) PROMEDICA MANAGER MEMBER LLC 1801 RICHARDS RD TOLEDO, OH 43607 47-5168737	REAL ESTATE	OH	PROMEDICA HEALTH SYSTEM INC	C		9,536,974	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
(1)	MERCY MEMORIAL HOSPITAL CORPORATION	B	12,449,075	FMV
(1)	PROMEDICA FOUNDATION	B	140,834	FMV
(2)	PROMEDICA PHYSICIAN GROUP	B	99,528	FMV
(3)	PROMEDICA INSURANCE CORP INC & SUBSIDIARIES	B	24,300,000	FMV
(4)	DEFIANCE HOSPITAL INC	C	3,000,000	FMV
(5)	THE TOLEDO HOSPITAL	C	32,000,000	FMV
(6)	FLOWER HOSPITAL	C	8,000,000	FMV
(7)	PROMEDICA FOUNDATION	C	2,155,440	FMV
(8)	ST LUKE'S HOSPITAL	D	30,000,000	FMV
(9)	ST LUKE'S HOSPITAL FOUNDATION	D	5,000,000	FMV
(10)	PROMEDICA INDEMNITY CORPORATION	F	24,000,000	FMV
(11)	THE TOLEDO HOSPITAL	K	1,926,580	FMV
(12)	THE TOLEDO HOSPITAL	P	2,081,667	FMV
(13)	PROMEDICA COURIER SERVICES INC	P	96,641	FMV
(14)	PROMEDICA INDEMNITY CORPORATION	P	11,792,424	FMV
(15)	PROMEDICA INSURANCE CORP INC & SUBSIDIARIES	P	79,210	FMV
(16)	DEFIANCE HOSPITAL INC	Q	8,766,620	FMV
(17)	FOSTORIA HOSPITAL ASSOCIATION	Q	5,539,106	FMV
(18)	MEMORIAL HOSPITAL	Q	6,126,310	FMV
(19)	BAY PARK COMMUNITY HOSPITAL	Q	12,897,862	FMV
(20)	EMMA L BIXBY MEDICAL CENTER	Q	12,361,818	FMV
(21)	HERRICK MEMORIAL HOSPITAL INC	Q	6,498,470	FMV
(22)	THE TOLEDO HOSPITAL	Q	95,926,930	FMV
(23)	FLOWER HOSPITAL	Q	29,039,026	FMV
(24)	ST LUKE'S HOSPITAL	Q	16,283,779	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
(26) PROMEDICA CONTINUING CARE SERVICES CORPORATION	Q	11,941,355	FMV
(1) PROMEDICA INDEMNITY CORPORATION	Q	334,596	FMV
(2) ST LUKE'S HOSPITAL FOUNDATION	Q	58,720	FMV
(3) PROMEDICA FOUNDATION	Q	2,171,303	FMV
(4) PROMEDICA PHYSICIANS AND CONTINUUM SERVICES	Q	26,321,906	FMV
(5) PROMEDICA PHYSICIAN GROUP	Q	143,322	FMV
(6) PROMEDICA INSURANCE CORP INC & SUBSIDIARIES	Q	20,991,158	FMV