

POSTMARK DATE NOV 15 2016

Form 990

OMB No 1545-0047

2015

Open to Public Inspection

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](http://www.irs.gov/form990).

|  |   |   |   |  |
|--|---|---|---|--|
| <b>A For the 2015 calendar year, or tax year beginning</b> |   | <b>, 2015, and ending</b>                       |   |  |
| <b>B Check if applicable</b>                               | <b>C Name of organization</b> EMMA L. BIXBY MEDICAL CENTER AUXILIARY      |   | <b>D Employer identification number</b> 38-2149602  |  |
| <input type="checkbox"/> Address change                    | Doing business as   |   |   |  |
| <input type="checkbox"/> Name change                       | Number and street (or P O box if mail is not delivered to street address) |   | Room/suite  |  |
| <input type="checkbox"/> Initial return                    | 818 RIVERSIDE AVENUE  |   |   |  |
| <input type="checkbox"/> Final return/terminated           | City or town, state or province, country, and ZIP or foreign postal code  |   |   |  |
| <input type="checkbox"/> Amended return                    | ADRIAN MI 49221   |   |   |  |
| <input type="checkbox"/> Application pending               | F Name and address of principal officer                                   |   | <b>G Gross receipts</b> \$ 217,516.   |  |
|  | Brandon Hudson 818 Riverside Ave. Adrian MI 49221                         |   | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| I Tax-exempt status  | <input checked="" type="checkbox"/> 501(c)(3)                             | <input type="checkbox"/> 501(c) ( ) (insert no) | 4947(a)(1) or 527   | H(b) Are all subordinates included? If 'No,' attach a list (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| J Website:   | ► N/A   |   |   | H(c) Group exemption number ►  |
| K Form of organization                                     | <input checked="" type="checkbox"/> Corporation                           | Trust   | Association   | Other ►  |
| L Year of formation  | 1989  |   | M State of legal domicile   | MI   |

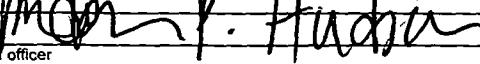
**Part I Summary**

|  |  |
|--|--|
| <b>Activities &amp; Governance</b>                                   | 1 Briefly describe the organization's mission or most significant activities: The mission and purpose of this non-profit organization is to render services to Emma L. Bixby Medical Center, its patients and to ProMedica Foundation to assist in promoting the health and welfare of the community in accordance with objectives established by Emma L. Bixby Medical Center board of directors. |
|  | 2 Check this box ► <input type="checkbox"/> 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 5  |
|  | 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 4  |
|  | 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 4   |
|  | 6 Total number of volunteers (estimate if necessary) 6 165   |
|  | 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.  |
| b Net unrelated business taxable income from Form 990, line 24 7b 0. |  |

|   |  |             |              |
|---|--|-------------|--------------|
| <b>Revenue</b>  | 8 Contributions and grants (Part VIII, line 1h) NOV 18 2016 RECEIVED 2005 10/25/2015                 | Prior Year  | Current Year |
|   | 9 Program service revenue (Part VIII, line 2g)   |             |              |
|   | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                     |             |              |
|   | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                          |             |              |
|   | 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)                |             |              |
|   | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 19,832. 16,583.                  |             |              |
|   | 14 Benefits paid to or for members (Part IX, column (A), line 4) 26,083. 28,490.                     |             |              |
|   | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 55,392. 53,338. |             |              |
|   | 16a Professional fundraising fees (Part IX, column (A), line 11e) 26,340. 32,690.                    |             |              |
|   | b Total fundraising expenses (Part IX, column (D), line 25) ► 0.                                     |             |              |
|   | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 9,477. 8,265.                        |             |              |
|   | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 122,529. 155,220.       |             |              |
| 20 Total assets (Part X, line 16) 129,079. 174,842.                             | Beginning of Current Year  | End of Year |              |
| 21 Total liabilities (Part X, line 26) 6,550. 19,622.                           |  |             |              |
| 22 Net assets or fund balances. Subtract line 21 from line 20 122,529. 155,220. |  |             |              |

**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.

|                               |   |                      |      |   |      |
|-------------------------------|---|----------------------|------|---|------|
| <b>Sign Here</b>              | ►  | Date 11/4/14         |      |   |      |
|                               | ► Brandon Hudson<br>Type or print name and title                                      | Treasurer            |      |   |      |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name  | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
|                               | Firm's name ► Self-Prepared   |                      |      | Firm's EIN ►                                    |      |
|                               | Firm's address  |                      |      | Phone no  |      |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

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**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:

The mission and purpose of this non-profit organization is to render services to Emma L. Bixby Medical Center, its patients and to ProMedica Foundation. See Form 990, Page 2, Part III, Line 1 (continued)

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

4 a (Code:       ) (Expenses \$ 16,583. including grants of \$ 16,583.) (Revenue \$ 0.)

Emma L. Bixby Medical Center Auxiliary provides financial support to Emma L. Bixby Medical Center and ProMedica Foundation, which supports Emma L. Bixby Medical Center. In addition, the Auxiliary provides scholarships to individuals pursuing a career in healthcare.

4 b (Code:       ) (Expenses \$ 0. including grants of \$ 0.) (Revenue \$ 60,877.)

Consistent with our Mission, Emma L. Bixby Medical Center Auxiliary operates a gift shop to better serve the patients and visitors at Emma L. Bixby Medical Center.

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

4 d Other program services. (Describe in Schedule O.)

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

4 e Total program service expenses ► 16,583.

**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   | X  |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .   | 2   | X  |
| 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   | X  |
| 4   | <b>Section 501(c)(3) organizations.</b> 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   | X  |
| 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   | X  |
| 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   | X  |
| 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   | X  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III. . . . .  | 8   | X  |
| 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   | X  |
| 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  | X  |
| 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 | X  |
| 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 | X  |
| 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 | X  |
| 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 | X  |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X . . . . .   | 11e | X  |
| 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 | X  |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII. . . . .  | 12a | X  |
| 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 | X  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. . . . .  | 13  | X  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? . . . . .   | 14a | X  |
| 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 | X  |
| 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  | X  |
| 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  | X  |
| 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  | X  |
| 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  | X  |
| 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  | X  |

**Part IV Checklist of Required Schedules (continued)**

|     |   | Yes | No |
|-----|---|-----|----|
| 20a | Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H . . . . .   | 20a | X  |
| b   | If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .  | 20b |    |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II . . . . .   | 21  | X  |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III . . . . .   | 22  | X  |
| 23  | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J . . . . .  | 23  | X  |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,' go to line 25a . . . . .                             | 24a | X  |
| 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 | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I . . . . .   | 25a | X  |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I . . . . .                                       | 25b | X  |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II . . . . .                                 | 26  | X  |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III . . . . . | 27  | X  |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  |     |    |
| a   | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV . . . . .   | 28a | X  |
| b   | A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV . . . . .  | 28b | X  |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV . . . . .  | 28c | X  |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M . . . . .  | 29  | X  |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M . . . . .  | 30  | X  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I . . . . .  | 31  | X  |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II . . . . .  | 32  | X  |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I . . . . .  | 33  | X  |
| 34  | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .  | 34  | X  |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .   | 35a | X  |
| b   | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 . . . . .   | 35b | X  |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 . . . . .   | 36  | X  |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI . . . . .   | 37  | X  |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?<br><b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .  | 38  | X  |

BAA

Form 990 (2015)

**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 |
|--|------|----|
| 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .   | 1 a  | 0  |
| b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . .   | 1 b  | 0  |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .   | 1 c  | X  |
| 2 a 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 . . . . .  | 2 a  | 4  |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .   | 2 b  | X  |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  |      |    |
| 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .  | 3 a  | X  |
| b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O . . . . .   | 3 b  |    |
| 4 a 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)? . . . . . | 4 a  | X  |
| b If 'Yes,' enter the name of the foreign country: ►<br><br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)  |      |    |
| 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .  | 5 a  | X  |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .   | 5 b  | X  |
| c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? . . . . .   | 5 c  |    |
| 6 a 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? . . . . .                                    | 6 a  | X  |
| b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .  | 6 b  |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>   |      |    |
| 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? . . . . .  | 7 a  | X  |
| b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . .  | 7 b  |    |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .   | 7 c  | X  |
| d If 'Yes,' indicate the number of Forms 8282 filed during the year . . . . .  | 7 d  |    |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .  | 7 e  | X  |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .   | 7 f  | X  |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .   | 7 g  |    |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .   | 7 h  |    |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .   | 8    | X  |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>   |      |    |
| a Did the sponsoring organization make any taxable distributions under section 4966? . . . . .   | 9 a  | X  |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .  | 9 b  | X  |
| <b>10 Section 501(c)(7) organizations.</b> Enter.  |      |    |
| a Initiation fees and capital contributions included on Part VIII, line 12. . . . .  | 10 a |    |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .  | 10 b |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter.   |      |    |
| a Gross income from members or shareholders. . . . .   | 11 a |    |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .   | 11 b |    |
| <b>12 a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .   | 12 a |    |
| b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year . . . . .  | 12 b |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>   |      |    |
| a Is the organization licensed to issue qualified health plans in more than one state? . . . . .   | 13 a |    |
| Note. See the instructions for additional information the organization must report on Schedule O.  |      |    |
| 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 . . . . .  | 13 b |    |
| c Enter the amount of reserves on hand . . . . .   | 13 c |    |
| <b>14 a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .   | 14 a | X  |
| b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O . . . . .  | 14 b |    |

|  |   |
|--|---|
| <b>Part VI</b>   | <b>Governance, Management, and Disclosure</b> For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 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. . . . . <input checked="" type="checkbox"/> |   |

### Section A. Governing Body and Management

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

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

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

### Section C. Disclosure

|   |
|---|
| 17 List the states with which a copy of this Form 990 is required to be filed ►   |
| 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. |
| <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 ►   |

Brandon Hudson    818 Riverside Ave.    Adrian    MI    49221    (517) 265-0390

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

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

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

1 a 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)<br>Name and Title              | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |    |
|------------------------------------|--|---|-----------------------|---------|--------------|--|---|---|----|
|                                    |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Former employee  |   |   |    |
| (1) Jim Nickless<br>President      | 3.50   |   |                       | X       |              |  | 0.  | 0.  | 0. |
| (2) Dilla Miller<br>Vice President | 3.00   |   |                       | X       |              |  | 0.  | 0.  | 0. |
| (3) Lana Archer<br>Secretary       | 3.00   |   |                       | X       |              |  | 0.  | 0.  | 0. |
| (4) Brandon Hudson<br>Treasurer    | 4.50   |   |                       | X       |              |  | 452.  | 0.  | 0. |
| (5) Lana Archer<br>Asst. Treasurer | 3.00   |   |                       | X       |              |  | 0.  | 0.  | 0. |
| (6) Sharon Kinel<br>Ex-Officio     | 0.00   |   |                       | X       |              |  | 0.  | 0.  | 0. |
| (7) -----                          | -----  |   |                       |         |              |  |   |   |    |
| (8) -----                          | -----  |   |                       |         |              |  |   |   |    |
| (9) -----                          | -----  |   |                       |         |              |  |   |   |    |
| (10) -----                         | -----  |   |                       |         |              |  |   |   |    |
| (11) -----                         | -----  |   |                       |         |              |  |   |   |    |
| (12) -----                         | -----  |   |                       |         |              |  |   |   |    |
| (13) -----                         | -----  |   |                       |         |              |  |   |   |    |
| (14) -----                         | -----  |   |                       |         |              |  |   |   |    |

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

| (A)<br>Name and title  | (B)<br>Average hours per week<br>(list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                    |                       |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |    |
|--|---|--|--------------------|-----------------------|---------|--|---|---|----|
|  |   | Or director  | Individual trustee | Institutional trustee | Officer | Key employee   | Former<br>Highest compensated   |   |    |
| (15)   |   |  |                    |                       |         |  |   |   |    |
| (16)   |   |  |                    |                       |         |  |   |   |    |
| (17)   |   |  |                    |                       |         |  |   |   |    |
| (18)   |   |  |                    |                       |         |  |   |   |    |
| (19)   |   |  |                    |                       |         |  |   |   |    |
| (20)   |   |  |                    |                       |         |  |   |   |    |
| (21)   |   |  |                    |                       |         |  |   |   |    |
| (22)   |   |  |                    |                       |         |  |   |   |    |
| (23)   |   |  |                    |                       |         |  |   |   |    |
| (24)   |   |  |                    |                       |         |  |   |   |    |
| (25)   |   |  |                    |                       |         |  |   |   |    |
| <b>1 b Sub-total.</b>  |   |  |                    |                       |         |  | 452.  | 0.  | 0. |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |  |                    |                       |         |  |   |   |    |
| <b>d Total (add lines 1b and 1c)</b>                           |   |  |                    |                       |         |  | 452.  | 0.  | 0. |

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 ►

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

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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 ►

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

|  |   | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |
|--|---|----------------------|--|---|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>  | 1 a Federated campaigns . . . . .   | 1 a                  |  |   |  |
|  | b Membership dues . . . . .   | 1 b                  |  |   |  |
|  | c Fundraising events . . . . .  | 1 c                  |  |   |  |
|  | d Related organizations . . . . .   | 1 d                  |  |   |  |
|  | e Government grants (contributions) . . . . .   | 1 e                  |  |   |  |
|  | f All other contributions, gifts, grants, and<br>similar amounts not included above . . . . . | 1 f                  |  |   |  |
|  | g Noncash contributions included in lines 1a-1f \$  |                      |  |   |  |
| <b>Program Service Revenue</b>   | <b>h Total. Add lines 1a-1f . . . . .</b>   |                      |  |   |  |
| <b>Program Service Revenue</b>   | 2 a   | Business Code        |  |   |  |
|  | b   |                      |  |   |  |
|  | c   |                      |  |   |  |
|  | d   |                      |  |   |  |
|  | e   |                      |  |   |  |
|  | f All other program service revenue . . . . .   |                      |  |   |  |
|  | g Total. Add lines 2a-2f . . . . .  |                      |  |   |  |
| 3 Investment income (including dividends, interest and<br>other similar amounts) . . . . .   |   |                      |  |   |  |
| 4 Income from investment of tax-exempt bond proceeds . . . . .   |   |                      |  |   |  |
| 5 Royalties . . . . .  |   |                      |  |   |  |
| 6 a Gross rents . . . . .  | (i) Real  | (ii) Personal        |  |   |  |
| b Less: rental expenses  |   |                      |  |   |  |
| c Rental income or (loss) . . . . .  |   |                      |  |   |  |
| d Net rental income or (loss) . . . . .  |   |                      |  |   |  |
| 7 a Gross amount from sales of<br>assets other than inventory  | (i) Securities  | (ii) Other           |  |   |  |
| b Less: cost or other basis<br>and sales expenses . . . . .  |   |                      |  |   |  |
| c Gain or (loss) . . . . .   |   |                      |  |   |  |
| d Net gain or (loss) . . . . .   |   |                      |  |   |  |
| 8 a Gross income from fundraising events<br>(not including . . . \$ 0 . . .<br>of contributions reported on line 1c).<br>See Part IV, line 18. . . . . | a 79,406 .  |                      |  |   |  |
| b Less: direct expenses . . . . .  | b 54,255 .  |                      |  |   |  |
| c Net income or (loss) from fundraising events . . . . .   | 25,151 .  |                      |  | 0 .                                     | 25,151 .   |
| 9 a Gross income from gaming activities.<br>See Part IV, line 19. . . . .  | a   |                      |  |   |  |
| b Less: direct expenses . . . . .  | b   |                      |  |   |  |
| c Net income or (loss) from gaming activities . . . . .  |   |                      |  |   |  |
| 10 a Gross sales of inventory, less returns<br>and allowances . . . . .  | a 138,110 .   |                      |  |   |  |
| b Less: cost of goods sold . . . . .   | b 77,233 .  |                      |  |   |  |
| c Net income or (loss) from sales of inventory . . . . .   | 60,877 .  |                      |  | 0 .                                     | 60,877 .   |
| <b>Other Revenue</b>   | <b>Miscellaneous Revenue</b>  | <b>Business Code</b> |  |   |  |
| 11 a   |   |                      |  |   |  |
| b  |   |                      |  |   |  |
| c  |   |                      |  |   |  |
| d All other revenue . . . . .  |   |                      |  |   |  |
| e Total. Add lines 11a-11d . . . . .   |   |                      |  |   |  |
| <b>12 Total revenue. See instructions . . . . .</b>  |   |                      | 86,028 .   | 0 .                                     | 86,028 .   |

**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 . . . . . 

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  | <b>(A)<br/>Total expenses</b> | <b>(B)<br/>Program service expenses</b> | <b>(C)<br/>Management and general expenses</b> | <b>(D)<br/>Fundraising expenses</b> |
|--|-------------------------------|---|--|-------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .   | 3,083.                        | 3,083.                                  |  |                                     |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .  | 13,500.                       | 13,500.                                 |  |                                     |
| 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 . . . . .   | 452.                          | 0.                                      | 452.   | 0.                                  |
| 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 . . . . .   | 20,531.                       | 0.                                      | 20,531.  | 0.                                  |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .   |                               |   |  |                                     |
| 9 Other employee benefits . . . . .  |                               |   |  |                                     |
| 10 Payroll taxes . . . . .   | 7,507.                        | 0.                                      | 7,507.   | 0.                                  |
| 11 Fees for services (non-employees)   |                               |   |  |                                     |
| a Management . . . . .   |                               |   |  |                                     |
| b Legal . . . . .  |                               |   |  |                                     |
| c Accounting . . . . .   |                               |   |  |                                     |
| d Lobbying . . . . .   |                               |   |  |                                     |
| e Professional fundraising services See Part IV, line 17 . . . . .   |                               |   |  |                                     |
| f Investment management fees . . . . .   |                               |   |  |                                     |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .   |                               |   |  |                                     |
| 12 Advertising and promotion . . . . .   |                               |   |  |                                     |
| 13 Office expenses . . . . .   | 7,293.                        | 0.                                      | 7,293.   | 0.                                  |
| 14 Information technology . . . . .  |                               |   |  |                                     |
| 15 Royalties . . . . .   |                               |   |  |                                     |
| 16 Occupancy . . . . .   |                               |   |  |                                     |
| 17 Travel . . . . .  | 829.                          | 0.                                      | 829.   | 0.                                  |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  |                               |   |  |                                     |
| 19 Conferences, conventions, and meetings . . . . .  | 143.                          | 0.                                      | 143.   | 0.                                  |
| 20 Interest . . . . .  |                               |   |  |                                     |
| 21 Payments to affiliates . . . . .  |                               |   |  |                                     |
| 22 Depreciation, depletion, and amortization . . . . .   |                               |   |  |                                     |
| 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 . . . . .  |                               |   |  |                                     |
| b . . . . .  |                               |   |  |                                     |
| c . . . . .  |                               |   |  |                                     |
| d . . . . .  |                               |   |  |                                     |
| e All other expenses . . . . .   |                               |   |  |                                     |
| 25 Total functional expenses. Add lines 1 through 24e. . . . .   | 53,338.                       | 16,583.                                 | 36,755.  | 0.                                  |
| 26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation<br>Check here □ if following<br>SOP 98-2 (ASC 958-720) . . . . . |                               |   |  |                                     |

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

|     |  | (A)<br>Beginning of year | (B)<br>End of year |
|-----|--|--------------------------|--------------------|
|     | <b>Assets</b>  |                          |                    |
| 1   | Cash – non-interest-bearing . . . . .  | 70,738.                  | 1 93,183.          |
| 2   | Savings and temporary cash investments . . . . .   | 30,970.                  | 2 31,481.          |
| 3   | Pledges and grants receivable, net . . . . .   | 3                        |                    |
| 4   | Accounts receivable, net . . . . .   | 165.                     | 4 3,912.           |
| 5   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .  | 5                        |                    |
| 6   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . . | 6                        |                    |
| 7   | Notes and loans receivable, net . . . . .  | 7                        |                    |
| 8   | Inventories for sale or use . . . . .  | 27,206.                  | 8 46,266.          |
| 9   | Prepaid expenses and deferred charges . . . . .  | 9                        |                    |
| 10a | Land, buildings, and equipment: cost or other basis<br>Complete Part VI of Schedule D . . . . .  | 10a 12,183.              |                    |
| b   | Less accumulated depreciation . . . . .  | 10b 12,183.              | 0. 10c 0.          |
| 11  | Investments – publicly traded securities . . . . .   | 11                       |                    |
| 12  | Investments – other securities See Part IV, line 11 . . . . .  | 12                       |                    |
| 13  | Investments – program-related. See Part IV, line 11 . . . . .  | 13                       |                    |
| 14  | Intangible assets . . . . .  | 14                       |                    |
| 15  | Other assets See Part IV, line 11 . . . . .  | 15                       |                    |
| 16  | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .   | 129,079.                 | 16 174,842.        |
|     | <b>Liabilities</b>   |                          |                    |
| 17  | Accounts payable and accrued expenses . . . . .  | 6,550.                   | 17 19,622.         |
| 18  | Grants payable . . . . .   | 18                       |                    |
| 19  | Deferred revenue . . . . .   | 19                       |                    |
| 20  | Tax-exempt bond liabilities . . . . .  | 20                       |                    |
| 21  | Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  | 21                       |                    |
| 22  | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .   | 22                       |                    |
| 23  | Secured mortgages and notes payable to unrelated third parties . . . . .   | 23                       |                    |
| 24  | Unsecured notes and loans payable to unrelated third parties . . . . .   | 24                       |                    |
| 25  | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .  | 25                       |                    |
| 26  | <b>Total liabilities.</b> Add lines 17 through 25 . . . . .  | 6,550.                   | 26 19,622.         |
|     | <b>Net Assets or Fund Balances</b>   |                          |                    |
|     | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.  |                          |                    |
| 27  | Unrestricted net assets . . . . .  | 122,529.                 | 27 155,220.        |
| 28  | Temporarily restricted net assets . . . . .  | 28                       |                    |
| 29  | Permanently restricted net assets . . . . .  | 29                       |                    |
|     | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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 . . . . .  | 122,529.                 | 33 155,220.        |
| 34  | Total liabilities and net assets/fund balances . . . . .   | 129,079.                 | 34 174,842.        |

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Form 990 (2015)

**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  | 86,028.  |
| 2 Total expenses (must equal Part IX, column (A), line 25) . . . . .   | 2  | 53,338.  |
| 3 Revenue less expenses. Subtract line 2 from line 1 . . . . .   | 3  | 32,690.  |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .                      | 4  | 122,529. |
| 5 Net unrealized gains (losses) on investments . . . . .   | 5  |          |
| 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  |          |
| 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . . | 10 | 155,219. |

**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. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other   |     |    |
| If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.  |     |    |
| 2 a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  | 2 a | X  |
| 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   |     |    |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis  |     |    |
| 2 b Were the organization's financial statements audited by an independent accountant? . . . . .   | 2 b | X  |
| 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  |     |    |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis  |     |    |
| 2 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? . . . . . | 2 c |    |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  |     |    |
| 3 a 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? . . . . .   | 3 a | X  |
| 3 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 . . . . .     | 3 b |    |

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Form 990 (2015)

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

EMMA L. BIXBY MEDICAL CENTER AUXILIARY

Employer identification number  
38-2149602

**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 ..... 2  
 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 |   |   |
| (A) Emma L. Bixby Medical Center   | 38-2796005 | 3  | X   |    | 0.  |   |
| (B) ProMedica Foundation           | 34-1517672 | FOUNDATION   |   | X  | 2,500.  |   |
| (C)                                |            |  |   |    |   |   |
| (D)                                |            |  |   |    |   |   |
| (E)                                |            |  |   |    |   |   |
| <b>Total</b>                       |            |  |   |    | 2,500.  |   |

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2015

**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 <b>Total.</b> 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 <b>Public support.</b> 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 <b>Total support.</b> Add lines 7 through 10 . . . . .   |          |          |          |          |          |           |
| 12 Gross receipts from related activities, etc. (see instructions) . . . . .  |          |          |          |          | 12       |           |
| 13 <b>First five years.</b> 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 <b>stop here</b> . . . . . ► <input type="checkbox"/> |          |          |          |          |          |           |

**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 from 2014 Schedule A, Part II, line 14 . . . . .  | 15 | % |
| 16a <b>33-1/3% support test — 2015.</b> If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>   |    |   |
| b <b>33-1/3% support test — 2014.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>  |    |   |
| 17a <b>10%-facts-and-circumstances test — 2015.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>    |    |   |
| b <b>10%-facts-and-circumstances test — 2014.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/> |    |   |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ► <input type="checkbox"/>  |    |   |

**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. . . . .   |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . . .  |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .   |          |          |          |          |          |           |
| <b>b</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 . . . . .    |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b . . . . .   |          |          |          |          |          |           |
| <b>8 Public support.</b> (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 |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . . .  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .   |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .  |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .   |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) . . . . .  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .  |          |          |          |          |          |           |
| <b>14 First five years.</b> 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 <b>stop here</b> . . . . . ► <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15. . . . .                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) . . . . .   | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 . . . . .  | <b>18</b> | % |
| <b>19a 33-1/3% support tests – 2015.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>         |           |   |
| <b>b 33-1/3% support tests – 2014.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/> |           |   |
| <b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. . . . . ► <input type="checkbox"/>  |           |   |

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 on 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**

|     | <b>Yes</b> | <b>No</b> |
|-----|------------|-----------|
| 1   | X          |           |
| 2   | X          |           |
| 3a  | X          |           |
| 3b  |            |           |
| 3c  |            |           |
| 4a  | X          |           |
| 4b  |            |           |
| 4c  |            |           |
| 5a  | X          |           |
| 5b  |            |           |
| 5c  |            |           |
| 6   | X          |           |
| 7   | X          |           |
| 8   | X          |           |
| 9a  | X          |           |
| 9b  |            |           |
| 9c  |            |           |
| 10a | X          |           |
| 10b |            |           |

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 . . . . .

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) . . . . .

3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below . . . . .

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in **Part VI** when and how the organization made the determination . . . . .

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in **Part VI** what controls the organization put in place to ensure such use . . . . .

4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below . . . . .

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations . . . . .

c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes . . . . .

5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document) . . . . .

b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document? . . . . .

c **Substitutions only.** Was the substitution the result of an event beyond the organization's control? . . . . .

6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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** . . . . .

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ) . . . . .

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 I of Schedule L (Form 990 or 990-EZ) . . . . .

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** . . . . .

b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in **Part VI** . . . . .

c Did a disqualified person (as defined in line 9a) 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** . . . . .

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below . . . . .

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) . . . . .

**Part IV Supporting Organizations (continued)**

|   | Yes | No |
|---|-----|----|
| 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 | X  |
| b A family member of a person described in (a) above? . . . . .   | 11b | X  |
| c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in <b>Part VI</b> . . . . .   | 11c | X  |

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

- a  The organization satisfied the Activities Test. Complete **line 2** below.
- b  The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c  The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities . . . . .

Yes No

2a

- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement . . . . .

2b

3 Parent of Supported Organizations Answer (a) and (b) below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI** . . . . .

3a

- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard . . . . .

3b

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

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

| <b>Section A – Adjusted Net Income</b>  |  | (A) Prior Year | (B) Current Year<br>(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                                       | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4) . . . . .   | 8              |                                |
| <b>Section B – Minimum Asset Amount</b> |  | (A) Prior Year | (B) Current Year<br>(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).  |                |                                |
| a                                       | Average monthly value of securities . . . . .  | 1 a            |                                |
| b                                       | Average monthly cash balances . . . . .  | 1 b            |                                |
| c                                       | Fair market value of other non-exempt-use assets . . . . .   | 1 c            |                                |
| d                                       | <b>Total</b> (add lines 1a, 1b, and 1c) . . . . .  | 1 d            |                                |
| e                                       | <b>Discount</b> 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                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6) . . . . .   | 8              |                                |
| <b>Section C – Distributable Amount</b> |  |                | 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                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) . . . . .   | 6              |                                |
| 7                                       | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).  |                |                                |

BAA

Schedule A (Form 990 or 990-EZ) 2015

**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 . . . . .  |              |
| <b>7 Total annual distributions.</b> 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 . . . . .   |              |
| <b>10 Line 8 amount divided by Line 9 amount . . . . .</b>   |              |

**Section E – Distribution Allocations (see instructions)**

|  | (i)<br>Excess<br>Distributions | (ii)<br>Underdistributions<br>Pre-2015 | (iii)<br>Distributable<br>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 . . . . .  |                                |  |   |
| <b>f Total of lines 3a through e . . . . .</b>   |                                |  |   |
| 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) . . . . .                        |                                |  |   |
| <b>7 Excess distributions carryover to 2016. Add lines 3j and 4c . . . . .</b>   |                                |  |   |
| <b>8 Breakdown of line 7</b>   |                                |  |   |
| a  |                                |  |   |
| b  |                                |  |   |
| c Excess from 2013 . . . . .   |                                |  |   |
| d Excess from 2014 . . . . .   |                                |  |   |
| e Excess from 2015 . . . . .   |                                |  |   |

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Schedule A (Form 990 or 990-EZ) 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)

Pt IV Sec A Ln 1 ProMedica Health System, Inc. (34-517671) 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).

Pt IV Sec C Ln 1 Emma L. Bixby Medical Center Auxiliary is a Michigan not-for-profit corporation that operates to support, benefit and through its activities, carry out and further the purposes of ProMedica Health System, Inc. (PHS) 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).

Emma L. Bixby Medical Center is the Member of Emma L. Bixby Medical Center Auxiliary. ProMedica Health System, Inc. (PHS) is the Member of Emma L. Bixby Medical Center and 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, including Emma L. Bixby Medical Center Auxiliary, 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. Emma L. Bixby Medical Center Auxiliary qualifies as a Type II supporting organization because it is supervised and controlled in connection with all 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 Emma L. Bixby Medical Center Auxiliary and its 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. Emma L. Bixby Medical Center Auxiliary has maintained, and will continue to maintain, a significant involvement in each supported organization's operations.

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**► 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](http://www.irs.gov/form990).

OMB No 1545-0047

**2015****Open to Public  
Inspection**

Employer identification number

Name of the organization

EMMA L. BIXBY MEDICAL CENTER AUXILIARY

38-2149602

**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)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

|     | Held at the End of the Tax Year |
|-----|---------------------------------|
| 2 a |                                 |
| 2 b |                                 |
| 2 c |                                 |
| 2 d |                                 |

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.

1 a 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.

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

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

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

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

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

**Part V: Endowment Funds.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance . . . . .                     |                  |                |                    |                      |                     |
| 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%.

3 a 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 line 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' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property            | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land . . . . .                  |                                      |                                 |                              |                |
| b Buildings . . . . .              |                                      |                                 |                              |                |
| c Leasehold improvements . . . . . |                                      |                                 |                              |                |
| d Equipment . . . . .              |                                      | 12,183.                         | 12,183.                      | 0.             |
| e Other . . . . .                  |                                      |                                 |                              |                |

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . . ► 0.

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Schedule D (Form 990) 2015

**Part VII Investments – Other Securities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)               | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|--|----------------|--|
| (1) Financial derivatives . . . . .  |                |  |
| (2) Closely-held equity interests . . . . .  |                |  |
| (3) Other _____  |                |  |
| (A) _____  |                |  |
| (B) _____  |                |  |
| (C) _____  |                |  |
| (D) _____  |                |  |
| (E) _____  |                |  |
| (F) _____  |                |  |
| (G) _____  |                |  |
| (H) _____  |                |  |
| (I) _____  |                |  |
| <b>Total. (Column (b) must equal Form 990, Part X, column (B) line 12) . . . ►</b> |                |  |

**Part VIII Investments – Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment  | (b) Book value | (c) Method of valuation. Cost or end-of-year market value |
|--|----------------|---|
| (1) _____  |                |   |
| (2) _____  |                |   |
| (3) _____  |                |   |
| (4) _____  |                |   |
| (5) _____  |                |   |
| (6) _____  |                |   |
| (7) _____  |                |   |
| (8) _____  |                |   |
| (9) _____  |                |   |
| (10) _____   |                |   |
| <b>Total. (Column (b) must equal Form 990, Part X, column (B) line 13) . . . ►</b> |                |   |

**Part IX Other Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1) _____   |                |
| (2) _____   |                |
| (3) _____   |                |
| (4) _____   |                |
| (5) _____   |                |
| (6) _____   |                |
| (7) _____   |                |
| (8) _____   |                |
| (9) _____   |                |
| (10) _____  |                |
| <b>Total. (Column (b) must equal Form 990, Part X, column (B) line 15.) . . . ►</b> |                |

**Part X Other Liabilities.**

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

| (a) Description of liability   | (b) Book value |
|--|----------------|
| (1) Federal income taxes   |                |
| (2) _____  |                |
| (3) _____  |                |
| (4) _____  |                |
| (5) _____  |                |
| (6) _____  |                |
| (7) _____  |                |
| (8) _____  |                |
| (9) _____  |                |
| (10) _____   |                |
| (11) _____   |                |
| <b>Total. (Column (b) must equal Form 990, Part X, column (B) line 25) . . . ►</b> |                |

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' 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 . . . . .                                    | 2 a |  |
| b Donated services and use of facilities . . . . .  | 2 b |  |
| c Recoveries of prior year grants . . . . .   | 2 c |  |
| d Other (Describe in Part XIII.) . . . . .  | 2 d |  |
| e Add lines 2a through 2d . . . . .   | 2 e |  |
| 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 . . . . .                | 4 a |  |
| b Other (Describe in Part XIII.) . . . . .  | 4 b |  |
| c Add lines 4a and 4b . . . . .   | 4 c |  |
| 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 . . . . .   | 2 a |  |
| b Prior year adjustments . . . . .   | 2 b |  |
| c Other losses . . . . .   | 2 c |  |
| d Other (Describe in Part XIII.) . . . . .   | 2 d |  |
| e Add lines 2a through 2d . . . . .  | 2 e |  |
| 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 . . . . .                 | 4 a |  |
| b Other (Describe in Part XIII.) . . . . .   | 4 b |  |
| c Add lines 4a and 4b . . . . .  | 4 c |  |
| 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.

**SCHEDULE G**  
(Form 990 or 990-EZ)**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2015****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

EMMA L. BIXBY MEDICAL CENTER AUXILIARY

Employer identification number

38-2149602

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

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

|   |  |
|---|--|
| a <input type="checkbox"/> Mail solicitations               | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants     |
| c <input type="checkbox"/> Phone solicitations              | g <input type="checkbox"/> Special fundraising events            |
| d <input type="checkbox"/> In-person solicitations          |  |

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

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

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

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

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

|   | (a) Event #1<br>Uniform Sale<br>(event type) | (b) Event #2<br>Nut Sale<br>(event type) | (c) Other events<br>9<br>(total number) | (d) Total events<br>(add column (a)<br>through column (c)) |
|---|--|--|---|--|
| 1 Gross receipts . . . . .  | 22,652.                                      | 16,695.                                  | 40,059.                                 | 79,406.  |
| 2 Less. Contributions . . . . .   |  |  |   |  |
| 3 Gross income (line 1 minus line 2) . . . . .                            | 22,652.                                      | 16,695.                                  | 40,059.                                 | 79,406.  |
| 4 Cash prizes . . . . .   |  |  |   |  |
| 5 Noncash prizes . . . . .  |  |  |   |  |
| 6 Rent/facility costs . . . . .   |  |  |   |  |
| 7 Food and beverages . . . . .  |  |  |   |  |
| 8 Entertainment . . . . .   |  |  |   |  |
| 9 Other direct expenses . . . . .   | 17,849.                                      | 12,567.                                  | 23,839.                                 | 54,255.  |
| 10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .  |  |  |   | 54,255.  |
| 11 Net income summary. Subtract line 10 from line 3, column (d) . . . . . |  |  |   | 25,151.  |

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

|  | (a) Bingo  | (b) Pull tabs/Instant bingo/progressive bingo                      | (c) Other gaming   | (d) Total gaming<br>(add column (a)<br>through column (c)) |
|--|--|--|--|--|
| 1 Gross revenue . . . . .  |  |  |  |  |
| 2 Cash prizes . . . . .  |  |  |  |  |
| 3 Noncash prizes . . . . .   |  |  |  |  |
| 4 Rent/facility costs . . . . .  |  |  |  |  |
| 5 Other direct expenses . . . . .  |  |  |  |  |
| 6 Volunteer labor . . . . .  | <input type="checkbox"/> Yes ____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes ____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes ____ %<br><input type="checkbox"/> No |  |
| 7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .        |  |  |  |  |
| 8 Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . |  |  |  |  |

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

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

b If 'No,' explain: \_\_\_\_\_

-----

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

b If 'Yes,' explain: \_\_\_\_\_

-----

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

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

13 Indicate the percentage of gaming activity conducted in:

|   |     |   |
|---|-----|---|
| a The organization's facility . . . . . | 13a | % |
| b An outside facility . . . . .         | 13b | % |

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

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

b If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information.

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

Director/officer  Employee  Independent contractor

17 Mandatory distributions

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

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

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

**SCHEDULE I**  
(Form 990)

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.  
► Attach to Form 990.

Department of the Treasury  
Internal Revenue Service

Name of the organization

EMMA L. BIXBY MEDICAL CENTER AUXILIARY

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government  | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) ProMedica Foundation<br>2142 N. Cove Blvd.<br>Toledo OH 43606   | 34-1517672 | 501c3                         | 7,500.                   | 0.0                               | 0   |  | Operating Grant                    |
| (2) -----   | -----      | -----                         | -----                    | -----                             | -----   | -----                                  | -----                              |
| (3) -----   | -----      | -----                         | -----                    | -----                             | -----   | -----                                  | -----                              |
| (4) -----   | -----      | -----                         | -----                    | -----                             | -----   | -----                                  | -----                              |
| (5) -----   | -----      | -----                         | -----                    | -----                             | -----   | -----                                  | -----                              |
| (6) -----   | -----      | -----                         | -----                    | -----                             | -----   | -----                                  | -----                              |
| (7) -----   | -----      | -----                         | -----                    | -----                             | -----   | -----                                  | -----                              |
| (8) -----   | -----      | -----                         | -----                    | -----                             | -----   | -----                                  | -----                              |
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . |            |                               |                          |                                   |   |  | 1                                  |
| 3 Enter total number of other organizations listed in the line 1 table . . . . .                            |            |                               |                          |                                   |   |  | 0                                  |

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

TEEA3901 11/04/15

**Schedule I (Form 990) (2015)**

OMB No 1545-0047  
**2015**

**Open to Public  
Inspection**

►

Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

►

Employer identification number

38-2149602

| (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 Financial Aid                 | 11                       | 13,500.                  | 0. 0                              |   | Scholarships                           |
| 2                               |                          |                          |                                   |   |  |
| 3                               |                          |                          |                                   |   |  |
| 4                               |                          |                          |                                   |   |  |
| 5                               |                          |                          |                                   |   |  |
| 6                               |                          |                          |                                   |   |  |
| 7                               |                          |                          |                                   |   |  |

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

Pt III, col (b) Individuals applying for scholarship money, must be pursuing a degree in a healthcare related field. Recipients go through an interview process, submit letters of reference and provide proof of acceptance/continuation of university education.

**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

EMMA L. BIXBY MEDICAL CENTER AUXILIARY

Employer identification number

38-2149602

Pt VI, Line 6

As a Michigan non-profit organization, this corporation has a corporate  
member.

Pt VI, Line 11b

Form 990 was prepared by the tax and accounting department of ProMedica  
Health System, Inc. and reviewed and signed by a Principal Officer prior  
to filing with the Internal Revenue Service. Emma L. Bixby Medical  
Center Auxiliary makes a complete copy of Form 990 available upon  
request to members of the governing body before filing with the Internal  
Revenue Service.

Pt VI, Line 19

Emma L. Bixby Medical Center Auxiliary provides any document open to  
public inspection upon request.

**SCHEDULE R**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

Emma L. Bixby Medical Center Auxiliary

Employer identification number  
38-2149602

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

| (a)<br>Name, address, and EIN (if applicable)<br>of disregarded entity                          | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|---|-------------------------|---|---------------------|---------------------------|-------------------------------------|
| COBRA VENTURES, LLC - 20-4671613<br>5901 MONCLOVA RD.<br>MAUMEE, OH 43537                       | LAND LEASING            | OHIO  | 5,510.              | 94,354.                   | ST. LUKE'S HOSPITAL FOUNDATION      |
| MIDWEST CARDIOVASCULAR CONSULTANTS, LLC -<br>61-1448753, 5855 MONROE ST., SYLVANIA, OH<br>43560 | EMPLOYS PHYSICIANS      | OHIO  | 0.                  | 535,504.                  | PROMEDICA PHYSICIAN GROUP           |
| PROMEDICA CENTRAL PHYSICIANS, LLC -<br>34-1881137, 5855 MONROE ST., SYLVANIA, OH<br>43560       | EMPLOYS PHYSICIANS      | OHIO  | 231,170,716.        | 291,204,025.              | PROMEDICA PHYSICIAN GROUP           |
| PROMEDICA EAST PHYSICIANS, LLC - 34-1881145<br>5855 MONROE ST.<br>SYLVANIA, OH 43560            | EMPLOYS PHYSICIANS      | OHIO  | 7,735,386.          | -1,576,704.               | PROMEDICA PHYSICIAN GROUP           |

**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)<br>Name, address, and EIN<br>of related organization                          | (b)<br>Primary activity          | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 5(2)(b)(13)<br>controlled<br>entity? | Yes | No |
|---|----------------------------------|---|-------------------------------|---|-------------------------------------|---|-----|----|
| BAY PARK COMMUNITY HOSPITAL - 34-1883132<br>2801 BAY PARK DR.<br>OREGON, OH 43616 | HOSPITAL                         | OHIO  | 501(C)(3)                     | 3   | PROMEDICA HEALTH SYSTEM, INC.       |   | X   |    |
| CARE ENTERPRISES, INC. - 34-13666709<br>5901 MONCLOVA RD.<br>MAUMEE, OH 43537     | FACILITY LEASING                 | OHIO  | 501(C)(3)                     | 11B, II   | PROMEDICA HEALTH SYSTEM, INC.       |   | X   |    |
| DEFIANCE HOSPITAL AUXILIARY - 51-0173779<br>1200 RALSTON                          | HOSPITAL / FOUNDATION<br>SUPPORT | OHIO  | 501(C)(3)                     | 11D, III-O  | DEFIANCE HOSPITAL, INC.             |   | X   |    |
| DEFIANCE HOSPITAL, INC. - 34-4446484<br>1200 RALSTON                              | HOSPITAL                         | OHIO  | 501(C)(3)                     | 3   | PROMEDICA HEALTH SYSTEM, INC.       |   | X   |    |

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

532161  
09-08-15 LHA

**Schedule R (Form 990) 2015**

**Part I Continuation of Identification of Disregarded Entities**

| (a)<br>Name, address, and EIN<br>of disregarded entity   | (b)<br>Primary activity         | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity        |
|--|---------------------------------|---|---------------------|---------------------------|--|
| PROMEDICA WEST PHYSICIANS, LLC - 34-1893773<br>5855 MONROE ST.<br>SYLVANIA, OH 43560                         | EMPLOYS PHYSICIANS              | OHIO  | 15,982,568.         | -8,068,901.               | PROMEDICA PHYSICIAN GROUP                  |
| PROMEDICA NORTHWEST OHIO CARDIOLOGY<br>CONSULTANTS, LLC - 26-3888045, 5855 MONROE<br>ST., SYLVANIA, OH 43560 | EMPLOYS PHYSICIANS              | OHIO  | 30,141,070.         | -56,519,329.              | PROMEDICA PHYSICIAN GROUP                  |
| PROMEDICA CARDIOTHORACIC PHYSICIANS, LLC -<br>27-0978204, 5855 MONROE ST., SYLVANIA, OH<br>43560             | EMPLOYS PHYSICIANS              | OHIO  | 5,936,506.          | -9,670,745.               | PROMEDICA PHYSICIAN GROUP                  |
| WELLCARE PHYSICIANS, LLC - 61-15288443<br>5901 MONCLOVA RD.<br>MAUMEE, OH 43537                              | EMPLOYS PHYSICIANS              | OHIO  | 16,368,856.         | 8,878,730.                | PROMEDICA PHYSICIAN GROUP                  |
| THE PHARMACY COUNTER, LLC - 27-1325141<br>5855 MONROE ST.<br>SYLVANIA, OH 43560                              | MEDICAL EQUIPMENT &<br>PHARMACY | OHIO  | 60,641,144.         | 17,065,865.               | PROMEDICA PHYSICIAN GROUP                  |
| WOLF CREEK ASSOCIATES, LLC - 38-3164818<br>901 KIMOLE LN.<br>ADRIAN, MI 49221                                | FACILITY LEASING                | MICHIGAN  | 131,432.            | 1,308,580.                | EMMA L. BIXBY MEDICAL CENTER               |
| PROMEDICA MONROE CARDIOLOGY, PLLC -<br>27-2920342, 5855 MONROE ST., SYLVANIA, OH<br>43560                    | EMPLOYS PHYSICIANS              | MICHIGAN  | 2,425,382.          | -3,059,070.               | PROMEDICA PHYSICIAN GROUP                  |
| ERIE WEST HOSPICE & PALLIATIVE CARE, LLC -<br>20-5752995, 5855 MONROE ST., SYLVANIA, OH<br>43560             | PROVIDES HOSPICE CARE           | OHIO  | 4,709,330.          | 7,039,875.                | PROMEDICA PHYSICIANS AND CONTINUM SERVICES |
| PROMEDICA ANESTHESIA CONSULTANTS, LLC -<br>45-3251737, 5855 MONROE ST., SYLVANIA, OH<br>43560                | EMPLOYS PHYSICIANS              | OHIO  | 30,303,052.         | -44,305,935.              | PROMEDICA PHYSICIAN GROUP                  |
| PROMEDICA PHYSICIANS MANAGEMENT SERVICES,<br>LLC - 45-1230331, 5855 MONROE ST., SYLVANIA,<br>OH 43560        | PRACTICE MANAGEMENT             | OHIO  | 0.                  | -2,356,472.               | PROMEDICA PHYSICIAN GROUP                  |

**Part I** Continuation of Identification of Disregarded Entities

| (a)   | Name, address, and EIN of disregarded entity  | (b)                                      | Primary activity | Legal domicile (state or foreign country) | (d)         | Total income | (e)       | End-of-year assets              | (f)                             |
|---|---|--|------------------|---|-------------|--------------|-----------|---------------------------------|---------------------------------|
| (f)<br>Direct controlling entity  |   |  |                  |   |             |              |           |                                 |                                 |
| PROMEDICA SURGICAL SERVICES, LLC<br>5855 MONROE ST.<br>SYLVANIA, OH 43560                 | MISSION POINTE GOLF COURSE, LLC<br>2142 NORTH COVE<br>TOLEDO, OH 43606                            | EMPLOYS PHYSICIANS<br>GOLF COURSE        | OHIO             | OHIO                                      | 0.          | 0.           | 391,382.  | PROMEDICA FOUNDATION            | PROMEDICA PHYSICIAN<br>0. GROUP |
| PROMEDICA INNOVATIONS, LLC<br>1801 RICHARDS RD.<br>TOLEDO, OH 43607                       | PROMEDICA GENITO-URINARY SURGEONS, LLC -<br>46-1120436, 5855 MONROE ST., SYLVANIA, OH<br>43560    | INVESTMENT COMPANY                       | OHIO             | OHIO                                      | 0.          | 0.           | 0.        | PROMEDICA HEALTH SYSTEM, INC.   | PROMEDICA PHYSICIAN<br>0. GROUP |
| PROMEDICA MONROE PHYSICIANS, PLLC -<br>46-1111822, 5855 MONROE ST., SYLVANIA, OH<br>43560 | PROMEDICA MULTI-SPECIALTY PHYSICIANS, LLC -<br>45-4976786, 5855 MONROE ST., SYLVANIA, OH<br>43560 | EMPLOYS PHYSICIANS<br>EMPLOYS PHYSICIANS | MICHIGAN         | MICHIGAN                                  | 11,558,436. | -14,936,580. | -757,452. | PROMEDICA PHYSICIAN<br>0. GROUP | PROMEDICA PHYSICIAN<br>0. GROUP |
| PROMEDICA HOSPITALISTS, LLC<br>5855 MONROE ST.<br>SYLVANIA, OH 43560                      | PROMEDICA HOSPITALISTS, PLLC<br>5855 MONROE ST.<br>SYLVANIA, OH 43560                             | EMPLOYS PHYSICIANS<br>EMPLOYS PHYSICIANS | OHIO             | OHIO                                      | 0.          | 0.           | 159,481.  | PROMEDICA PHYSICIAN<br>0. GROUP | PROMEDICA PHYSICIAN<br>0. GROUP |
| MEMORIAL ANESTHESIA, LTD. - 20-5763680<br>715 SOUTH TAFT AVE.<br>FREMONT, OH 43420        | MEMORIAL PROFESSIONAL SERVICES, LTD. -<br>27-3763993, 715 SOUTH TAFT AVE., FREMONT, OH<br>43420   | EMPLOYS PHYSICIANS<br>EMPLOYS PHYSICIANS | OHIO             | OHIO                                      | 0.          | 0.           | 0.        | PROMEDICA PHYSICIAN<br>0. GROUP | PROMEDICA PHYSICIAN<br>0. GROUP |
|   |   | EMPLOYS PHYSICIANS                       | OHIO             | OHIO                                      | 10,132,691. | -381,185.    | -381,185. | PROMEDICA PHYSICIAN<br>0. GROUP |                                 |

## Part I Continuation of Identification of Disregarded Entities

| (a)<br>Name, address, and EIN<br>of disregarded entity | (b)<br>Primary activity            | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets         | (f)<br>Direct controlling<br>entity |
|--|------------------------------------|---|---------------------|-----------------------------------|-------------------------------------|
| PHS VENTURES , LLC - 34-1880473                        | HEALTH CARE MANAGEMENT<br>SERVICES | DELAWARE  | 0.                  | PROMEDICA HEALTH<br>SYSTEM , INC. |                                     |
|  |                                    |   |                     |                                   |                                     |
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| </td   |                                    |   |                     |                                   |                                     |

**Part II Continuation of 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 organization? |
|---|--|----------------------------------|---|-------------------------|--|------------------------------------|---|
| EMMA L. BIXBY MEDICAL CENTER - 38-2796005             | 818 RIVERSIDE AVE.<br>ADRIAN, MI 49221         | HOSPITAL                         | MICHIGAN                                      | 501(C)(3)               | 3  | PROMEDICA HEALTH SYSTEM, INC.      | X   |
| EMMA L. BIXBY MEDICAL CENTER AUXILIARY - 38-2149602   | 818 RIVERSIDE AVE., ADRIAN, MI 49221           | HOSPITAL / FOUNDATION SUPPORT    | MICHIGAN                                      | 501(C)(3)               | 11B, II  | EMMA L. BIXBY MEDICAL CENTER       | X   |
| FLOWER HOSPITAL - 34-4428794                          | 5200 HARROUN RD.<br>SYLVANIA, OH 43560         | HOSPITAL                         | OHIO  | 501(C)(3)               | 3  | PROMEDICA HEALTH SYSTEM, INC.      | X   |
| FOSTORIA HOSPITAL ASSOCIATION - 34-0898745            | 501 VAN BUREN STREET<br>FOSTORIA, OH 44830     | HOSPITAL                         | OHIO  | 501(C)(3)               | 3  | PROMEDICA HEALTH SYSTEM, INC.      | X   |
| FOSTORIA HOSPITAL AUXILIARY - 34-6517634              | P.O. BOX 907<br>FOSTORIA, OH 44830             | HOSPITAL / FOUNDATION SUPPORT    | OHIO  | 501(C)(3)               | 11A, I   | FOSTORIA HOSPITAL ASSOCIATION      | X   |
| HERRICK MEDICAL CENTER AUXILIARY - 38-1076105         | 500 E. POTAWATAMIE ST., TECUMSEH, MI 49286     | HOSPITAL / FOUNDATION SUPPORT    | MICHIGAN                                      | 501(C)(3)               | 11B, II  | HERRICK MEMORIAL HOSPITAL, INC.    | X   |
| HERRICK MEDICAL CENTER - 38-3049015                   | 500 E. POTAWATAMIE ST., TECUMSEH, MI 49286     | HOSPITAL                         | MICHIGAN                                      | 501(C)(3)               | 3  | PROMEDICA HEALTH SYSTEM, INC.      | X   |
| LENAWEE LONG TERM CARE - 38-2879330                   | 700 LAKESHIRE TR., ADRIAN, MI 49221            | LONG TERM CARE                   | MICHIGAN                                      | 501(C)(3)               | 9  | EMMA L. BIXBY MEDICAL CENTER       | X   |
| PROMEDICA CONTINUING CARE SERVICES CORP. - 34-4492440 | 5855 MONROE ST., SYLVANIA, OH 43560            | LONG TERM AND HOME HEALTH CARE   | OHIO  | 501(C)(3)               | 9  | PROMEDICA PHYSICIANS AND CONTINUUM | X   |
| PROMEDICA COURIER SERVICES, INC. - 26-0324790         | 3170 W. CENTRAL AVE., TOLEDO, OH 43606         | COURIER SERVICE                  | OHIO  | 501(C)(3)               | 11B, II  | PROMEDICA PHYSICIANS AND CONTINUUM | X   |
| PROMEDICA HEALTH SYSTEM, INC. - 1801 RICHARDS RD.     | TOLEDO, OH 43607                               | PARENT COMPANY OF HEALTH SYSTEM  | OHIO  | 501(C)(3)               | 11B, II  | N/A                                | X   |
| PROMEDICA INDEMNITY CORP. - 34-1931936                | ONE CHURCH ST., 5TH FLOOR BURLINGTON, VT 05401 | PROFESSIONAL & GENERAL LIABILITY | VERMONT                                       | 501(C)(3)               | 11B, II  | PROMEDICA HEALTH SYSTEM, INC.      | X   |

## Part II Continuation of Identification of Related Tax-Exempt Organizations

| (a)<br>Name, address, and EIN<br>of related organization                                      | (b)<br>Primary activity        | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>organization? |
|---|--------------------------------|---|-------------------------------|---|-------------------------------------|--|
| PROMEDICA PHYSICIANS AND CONTINUUM SERVICES - 34-1880767, 5855 MONROE ST., SYLVANIA, OH 43560 | PHYSICIAN MANAGEMENT SERVICES  | OHIO  | 501(C)(3)                     | 11B, II   | PROMEDICA HEALTH SYSTEM, INC.       | X  |
| PROMEDICA PHYSICIAN GROUP - 34-1899439 5855 MONROE ST. SYLVANIA, OH 43560                     | PHYSICIAN HEALTH CARE SERVICES | OHIO  | 501(C)(3)                     | 9   | PROMEDICA PHYSICIANS AND CONTINUUM  | X  |
| ST. LUKE'S HOSPITAL - 34-4428232 5901 MONCLOVA RD. MAUMEE, OH 43537                           | HOSPITAL                       | OHIO  | 501(C)(3)                     | 3   | PROMEDICA HEALTH SYSTEM, INC.       | X  |
| ST. LUKE'S HOSPITAL FOUNDATION - 34-1292849 5901 MONCLOVA RD. MAUMEE, OH 43537                | FOUNDATION                     | OHIO  | 501(C)(3)                     | 11B, II   | PROMEDICA HEALTH SYSTEM, INC.       | X  |
| PROMEDICA FOUNDATION - 34-1517672 2142 N. COVE BLVD. TOLEDO, OH 43606                         | FOUNDATION                     | OHIO  | 501(C)(3)                     | 3   | PROMEDICA HEALTH SYSTEM, INC.       | X  |
| THE TOLEDO HOSPITAL - 34-4428256 2142 N. COVE BLVD. TOLEDO, OH 43606                          | HOSPITAL                       | OHIO  | 501(C)(3)                     | 11B, II   | PROMEDICA HEALTH SYSTEM, INC.       | X  |
| TOLEDO DISTRICT NURSE ASSOCIATION - 34-4427949, 1946 N. 13TH STREET, TOLEDO, OH 43624         | SKILLED HOME CARE              | OHIO  | 501(C)(3)                     | 9   | PROMEDICA PHYSICIANS AND CONTINUUM  | X  |
| VISITING NURSE HOSPICE AND HEALTH CARE - 34-1831624, 5855 MONROE ST., SYLVANIA, OH 43560      | HOSPICE HOME CARE              | OHIO  | 501(C)(3)                     | 9   | PROMEDICA PHYSICIANS AND CONTINUUM  | X  |
| KAITLYN'S COTTAGE, INC. - 45-4781053 1260 RALSTON AVE. DEFiance, OH 43512                     | RESPITE CARE                   | OHIO  | 501(C)(3)                     | 9   | DEFIANCE HOSPITAL, INC.             | X  |
| MEMORIAL HOSPITAL - 34-1430849 715 SOUTH TAFT AVE. FREMONT, OH 43420                          | HOSPITAL                       | OHIO  | 501(C)(3)                     | 3   | PROMEDICA HEALTH SYSTEM, INC.       | X  |
| MONROE CANCER CENTER - 27-1302183 800 STEWART RD. MONROE, MI 48162                            | CANCER CENTER                  | MICHIGAN  | 501(C)(3)                     | 9   | MERCY MEMORIAL HOSPITAL CORPORATION | X  |
| MONROE COMMUNITY HEALTH SERVICES - 38-2914134, 718 N. MACOMB, MONROE, MI 48162                | LONG TERM CARE                 | MICHIGAN  | 501(C)(3)                     | 9   | MERCY MEMORIAL HOSPITAL CORPORATION | X  |

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

| (a)<br>Name, address, and EIN<br>of related organization                             | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity       | (g)<br>Section 512(b)(13)<br>controlled<br>organization? |
|--|-------------------------|---|-------------------------------|---|---|--|
| Yes  | No                      |   |                               |   |   |  |
| MERCY MEMORIAL HOSPITAL CORPORATION -<br>38-1984289, 718 N. MACOMB, MONROE, MI 48162 | HOSPITAL                | MICHIGAN  | 501(C)(3)                     | 3   | PROMEDICA HEALTH<br>SYSTEM, INC.          | X  |
| PARAMOUNT ADVANTAGE - 20-3376102   |                         |   |                               |   | PROMEDICA<br>INSURANCE CORP.,<br>INC. AND | X  |
| 1901 INDIAN WOOD CIR.<br>MAUMEE, OH 43537  | HEALTH INSURANCE        | OHIO  | 501(C)(3)                     | 9   |   |  |
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## 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)   | (b)                     | (c)                                       | (d)                          | (e)   | (f)                   | (g)                         | (h)                           | (i)   | (j)  |
|---|-------------------------|---|------------------------------|---|-----------------------|-----------------------------|-------------------------------|---|--|
| Name, address, and EIN of related organization  | Primary activity        | Legal domicile (state or foreign country) | Direct controlling entity    | Predominant income (related, unrelated, excluded from tax under sections 512-514) | Share of total income | Share of end-of-year assets | Disproportionate allocations? | Code V-JBU amount in box 20 of Schedule K-1 (Form 1065) | General or Percentage managing partner? Yes/No |
| BIXBY MEDICAL OFFICE LIMITED<br>PARTNERSHIP - 38-2972398 , 818 RIVERSIDE AVE. , ADRIAN , MI 49221 | LEASED                  | MI  | EMMA L. BIXBY MEDICAL CENTER | RELATED   | 36,791.               | 1,173,776.                  | X                             | N/A   | X  |
| REYNOLDS RD SURGICAL CENTER , LLC - 31-1569454 , 2865 N. FREESTANDING AMBULATORY SURGICAL CENTER  | THE TOLEDO HOSPITAL     | OH  |                              |   |                       |                             |                               |   | 64.60%   |
| 43615 WATERVILLE MEDICAL CENTER , LLC - 32-0160784 , 5901 MONCLOVA RD. , MAUMEE , OH 43537        | CARE ENTERPRISES , INC. | OH  |                              | RELATED   | 726,688.              | 2,333,126.                  | X                             | N/A   | X  |
| NORTHWEST OHIO DEDICATED BREAST MRI, LLC - 26-0679898 , 5901 MONCLOVA RD. , MAUMEE , OH 43537     | THE TOLEDO HOSPITAL     | OH  |                              | RELATED   | 32,184.               | 753,658.                    | X                             | N/A   | X  |
| WATERVILLE MEDICAL CENTER , LLC - 32-0160784 , 5901 MONCLOVA RD. , MAUMEE , OH 43537              |                         |   |                              |   | 211,264.              | 449,126.                    | X                             | N/A   | X  |
|   |                         |   |                              |   |                       |                             |                               |   | 50.00%   |

## 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)  | (b)                            | (c)                                       | (d)                           | (e)                                       | (f)                   | (g)                         | (h)                  | (i)  |
|--|--------------------------------|---|-------------------------------|---|-----------------------|-----------------------------|----------------------|--|
| Name, address, and EIN of related organization   | Primary activity               | Legal domicile (state or foreign country) | Direct controlling entity     | Type of entity (C corp, S corp, or trust) | Share of total income | Share of end-of-year assets | Percentage ownership | Section 512(b)(13) controlled entity? Yes/No |
| CARE HOLDINGS - 34-1796790   |                                |   |                               |   |                       |                             |                      |  |
| 5901 MONCLOVA RD. , MAUMEE , OH 43537  | HOLDING COMPANY                | OH  | PROMEDICA INC.                | C CORP                                    | 0.                    | 0.                          | 100.00%              | X  |
| HERRICK MEMORIAL DEVELOPMENT CORP. - 38-3146907 , 500 E. POTTAWATAMIE TR. , ADRIAN , MI 49221  | FACILITY LEASING               | MI  | EMMA L. BIXBY MEDICAL CENTER  | C CORP                                    | 906.                  | 964,439.                    | 100.00%              | X  |
| LHA PHYSICIAN SERVICES CORPORATION - 61-1451576 , 818 RIVERSIDE AVE. , ADRIAN , MI 49221       | PHYSICIAN BILLING              | MI  | EMMA L. BIXBY MEDICAL CENTER  | C CORP                                    | -44,191.              | 0.                          | 100.00%              | X  |
| PHYSICIANS ADVANTAGE MSO - 06-1811760  |                                |   |                               |   |                       |                             |                      |  |
| 5901 MONCLOVA RD. , MAUMEE , OH 43537  | PHYSICIAN MANAGEMENT SERVICES  | OH  | PROMEDICA HEALTH SYSTEM, INC. | C CORP                                    | 0.                    | 0.                          | 100.00%              | X  |
| PROMEDICA CENTRAL CORPORATION OF MICHIGAN - 38-3322278 , 5855 MONROE ST. , SYLVANIA , OH 43560 | PHYSICIAN HEALTH CARE SERVICES | OH  | PROMEDICA PHYSICIAN GROUP     | C CORP                                    | -1,047,084.           | 3,582,068.                  | 100.00%              | X  |

## Part III | Continuation of Identification of Related Organizations Taxable as a Partnership

| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity             | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity                  | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportion-<br>ate allocations?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | (k)<br>Percentage<br>ownership |
|---|-------------------------------------|--|--|---|---------------------------------|--|--|---|--|--------------------------------|
| WEST CENTRAL SURGICAL CENTER,<br>LLC - 20-0088459, 7055 W.<br>CENTRAL, TOLEDO, OH 43617                       | AMBULATORY<br>SURGICAL CENTER       | OH   | THE TOLEDO<br>HOSPITAL                               | RELATED   | 298,291.                        | 2,912,457.                               | X  | N/A   | X  | 50.00%                         |
| OHIO CARE AMBULATORY SURGICAL<br>CENTER, LLC - 34-18863472,   | AMBULATORY<br>SURGICAL CENTER       | OH   | ST. LUKE'S<br>HOSPITAL                               | RELATED   | 73,215.                         | 1,293,530.                               | X  | N/A   | X  | 54.68%                         |
| 5959 MONCLOVA RD., MAUMEE, OH<br>43537  | PHYSICIAN<br>MANAGEMENT<br>SERVICES | MI   | EMMA L. BIXBY<br>MEDICAL CENTER                      | RELATED   | -23,464.                        | 253,470.                                 | X  | N/A   | X  | 50.00%                         |
| LENAWEE PHYSICIAN HOSPITAL<br>ORGANIZATION, LLC -<br>38-3605511, 818 RIVERSIDE<br>AVE., ADRIAN, MI 49221      | PHYSICIAN<br>MANAGEMENT<br>SERVICES | OH   | PROMEDICA<br>HEALTH SYSTEM,<br>INC.                  | RELATED   | 743,257.                        | 816,423.                                 | X  | N/A   | X  | 51.92%                         |
| PROMEDICA SURGICAL SERVICES<br>CO-MANAGEMENT CO., LLC -<br>46-1989695, 5901 MONCLOVA<br>RD., MAUMEE, OH 43537 | PHYSICIAN<br>MANAGEMENT<br>SERVICES | OH   | MEMORIAL<br>HOSPITAL                                 | RELATED   | 6,016.                          | 306,259.                                 | X  | N/A   | X  | 50.00%                         |
| EAST-WEST HOLDINGS, LTD. -<br>20-4066818 715 SOUTH TAFT<br>AVE., FREMONT, OH 43420                            | REAL ESTATE                         | OH   | PROMEDICA<br>PHYSICIANS AND<br>CONTINUUM<br>SERVICES | RELATED   |                                 |  |  |   |  |                                |
| SURGICAL INSTITUTE OF MONROE,<br>LLC - 27-0543485, 1051 S.<br>TELEGRAPH RD., MONROE, MI<br>48161              | AMBULATORY<br>SURGICAL CENTER       | MI   | PROMEDICA<br>MANAGER<br>MEMBER, LLC                  | RELATED   | 4,044.                          | 3,684,750.                               | X  | N/A   | X  | 54.00%                         |
| PROMEDICA MASTER TENANT, LLC<br>- 47-5288440, 1801 RICHARDS<br>RD., TOLEDO, OH 43607                          | REAL ESTATE                         | OH   | PROMEDICA<br>MANAGER<br>MEMBER, LLC                  | RELATED   | 0.                              | 103,328.                                 | X  | N/A   | X  | 1.00%                          |
| PROMEDICA DOWNTOWN CAMPUS<br>LANDLORD, LLC - 47-3163945,<br>1801 RICHARDS RD., TOLEDO, OH<br>43607            |                                     |  | PROMEDICA<br>MANAGER<br>MEMBER, LLC                  | RELATED   | 0.                              | 22,771,216.                              | X  | N/A   | X  | 90.00%                         |
|   |                                     |  |  |   |                                 |  |  |   |  |                                |
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**Part IV** Continuation of 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)(3) controlled entity? |
|--|--|-------------------------------|--|-------------------------------|---|---------------------------|---------------------------------|--------------------------|--|
| Yes  | No   |                               |  |                               |   |                           |                                 |                          |  |
| PROMEDICA INSURANCE CORP., INC. AND SUBSIDIARIES - 34-1570675, 1901 INDIAN WOOD CIR., MAUMEE, OH 43537   | HEALTH CARE INSURANCE                          | OH                            | PROMEDICA HEALTH SYSTEM, INC.  | C CORP                        | 76,588,676.                                   | 344,035,035.              | 100.00%                         | X                        |  |
| PROMEDICA NORTH PHYSICIAN CORPORATION - 38-2482148, 5855 MONROE ST., SYLVANIA, OH 43560                  | PHYSICIAN HEALTH CARE SERVICES                 | OH                            | PROMEDICA PHYSICIAN GROUP  | C CORP                        | 0.  | 203,340.                  | 100.00%                         | X                        |  |
| PROMEDICA RETAIL GROUP, INC. - 34-1159928  | FLORIST  | OH                            | PROMEDICA PHYSICIANS AND CONTINUUM   | C CORP                        | 485.  | 1,016,984.                | 100.00%                         | X                        |  |
| 3890 MONROE ST.  | TOLEDO, OH 43606                               | FLORIST                       | HERRICK MEMORIAL OFFICE PLAZA CONDOMINIUM ASSOCIATION - 38-3639616, 818 RIVERSIDE AVE., ADRIAN, MI 49221 | FACILITY MANAGEMENT           | MI DEVELOPMENT                                | 55,879.                   | 71.80%                          | X                        |  |
| HERRICK MEMORIAL OFFICE PLAZA CONDOMINIUM ASSOCIATION - 38-3639616, 818 RIVERSIDE AVE., ADRIAN, MI 49221 | FACILITY MANAGEMENT                            | MI DEVELOPMENT                | PROMEDICA  | C CORP                        | 45.   | 55,879.                   | 71.80%                          | X                        |  |
| PROMEDICA HEALTH NETWORK, INC. - 47-4006496  | PHYSICIAN MANAGEMENT SERVICES                  | OH                            | PROMEDICA  | HEALTH SYSTEM, INC.           | C CORP  | 0.                        | 0.                              | 100.00%                  | X  |
| 1801 RICHARDS RD.  | MONROE, OH 43607                               | PHYSICIAN MANAGEMENT SERVICES | MONROE HEALTH VENTURES - 38-2704426  | MERCY MEMORIAL                | HOSPITAL                                      | 0.                        | 0.                              | 100.00%                  | X  |
| 718 N. MACOMB  | MONROE, MI 48164                               | PHARMACY                      | PROMEDICA MANAGER MEMBER, LLC - 47-5168737   | PROMEDICA                     | CORPORATION                                   | 0.                        | 0.                              | 100.00%                  | X  |
| 1801 RICHARDS RD.  | TOLEDO, OH 43607                               | REAL ESTATE                   | REAL ESTATE  | HEALTH SYSTEM, INC.           | C CORP  | 0.                        | 9,536,974.                      | 100.00%                  | X  |
|  |  |                               |  |                               |   |                           |                                 |                          |  |
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**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) .....

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 |
|----------------------------------|----------------------------|---------------------|---|
| (1)                              |                            |                     |   |
| (2)                              |                            |                     |   |
| (3)                              |                            |                     |   |
| (4)                              |                            |                     |   |
| (5)                              |                            |                     |   |
| (6)                              |                            |                     |   |

**Part VII** **Supplemental Information**

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