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Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/foi/m990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
EMMA L BIXBY MEDICAL CENTER

Doing business as
PROMEDICA BIXBY HOSPITAL

Number and street (or P O box if mail is not delivered to street address) Room/suite
818 RIVERSIDE AVE

City or town, state or province, country, and ZIP or foreign postal code
ADRIAN, MI 492211488

D Employer identification number
38-2796005

E Telephone number
(517) 265-0133

G Gross receipts \$ 135,828,628

F Name and address of principal officer
MICHAEL P BROWNING
1801 RICHARDS ROAD
TOLEDO, OH 43607

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

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

H(c) Group exemption number

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

J Website: WWW PROMEDICA ORG

K Form of organization Corporation Trust Association Other

L Year of formation 1989

M State of legal domicile MI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
EMMA L BIXBY MEDICAL CENTER IS AN ACUTE CARE HOSPITAL THAT PROVIDES HEALTHCARE SERVICES PRIMARILY TO INDIVIDUALS OF LENA WEE COUNTY

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	19
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	790
6 Total number of volunteers (estimate if necessary)	6	150
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
		8 Contributions and grants (Part VIII, line 1h)	347,775
9 Program service revenue (Part VIII, line 2g)	76,689,998	79,644,931	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,513,312	2,325,883	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,857,045	1,465,860	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	81,408,130	84,013,423	

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,228,227	1,797,355
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	39,726,463	41,180,024
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	35,692,427	36,429,203
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	78,647,117	79,406,582
19 Revenue less expenses Subtract line 18 from line 12	2,761,013	4,606,841

		Beginning of Current Year	End of Year
		20 Total assets (Part X, line 16)	122,711,993
21 Total liabilities (Part X, line 26)	26,275,825	25,885,847	
22 Net assets or fund balances Subtract line 21 from line 20	96,436,168	98,063,032	

Part II Signature Block

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

Sign Here
Signature of officer: _____ Date: 2016-11-12
MICHAEL P BROWNING TREASURER
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: SHAWNA M JIMENEZ Preparer's signature: SHAWNA M JIMENEZ Date: _____
Check if self-employed PTIN: P01222873
Firm's name: DELOITTE TAX LLP Firm's EIN: 86-1065772
Firm's address: 111 MONUMENT CIRCLE STE 4200 INDIANAPOLIS, IN 462045108 Phone no: (317) 464-8600

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

EMMA L BIXBY MEDICAL CENTER IS DEDICATED TO IMPROVING HUMAN LIFE AND DEVOTED TO THE PATIENTS AND FAMILIES WE SERVE THROUGH INNOVATIVE CARE, SUPERIOR QUALITY AND PREMIER CUSTOMER SERVICE

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 64,502,356 including grants of \$ 1,797,355) (Revenue \$ 80,241,637)

EMMA L BIXBY MEDICAL CENTER IS AN ACUTE CARE FACILITY PROVIDING INPATIENT AND OUTPATIENT HEALTH CARE SERVICES TO THE GENERAL PUBLIC - SEE SCHEDULE O

4b (Code) (Expenses \$ 4,822,236 including grants of \$) (Revenue \$)

CONSISTENT WITH OUR MISSION, EMMA L BIXBY MEDICAL CENTER PROVIDES A SIGNIFICANT AMOUNT OF FINANCIAL ASSISTANCE TO PATIENTS WITH LIMITED OR NO ABILITY TO PAY - SEE SCHEDULE O

4c (Code) (Expenses \$ 57,126 including grants of \$) (Revenue \$)

CONSISTENT WITH OUR MISSION, EMMA L BIXBY MEDICAL CENTER PROVIDES A SIGNIFICANT AMOUNT OF COMMUNITY BENEFIT INCLUDING COMMUNITY HEALTH IMPROVEMENT SERVICES AND HEALTH PROFESSIONS EDUCATION - SEE SCHEDULE O

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ▶ 69,381,718

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response boxes. Rows include questions 1 through 20b regarding organizational activities, lobbying, endowments, and hospital facilities.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, sub-questions (1a-13c), and Yes/No columns. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and health insurance issuers.

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed ▶
-
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
 ▶BRIAN HANSEN 5901 MONCLOVA RD MAUMEE, OH 43537 (419) 891-8505

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a _____					
	b Membership dues 1b _____					
	c Fundraising events 1c _____					
	d Related organizations 1d _____ 127,451					
	e Government grants (contributions) 1e _____ 436,398					
	f All other contributions, gifts, grants, and similar amounts not included above 1f _____ 12,900					
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f ▶		576,749			
Program Service Revenue	2a NET PATIENT SERVICES _____ Business Code 622110	76,997,847	76,997,847			
	b RESIDENT SERVICES FEES _____ 623110	2,258,275	2,258,275			
	c AFFIL ORG RENT REV _____ 531120	388,809			388,809	
	d _____					
	e _____					
	f All other program service revenue _____					
	g Total. Add lines 2a-2f ▶		79,644,931			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶	803,903			803,903	
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶	45,289			45,289	
	6a Gross rents	(i) Real 199,390				
		(ii) Personal				
		b Less rental expenses 189,507				
		c Rental income or (loss) 9,883				
	d Net rental income or (loss) ▶	9,883			9,883	
	7a Gross amount from sales of assets other than inventory	(i) Securities 53,106,678				
		(ii) Other 41,000				
		b Less cost or other basis and sales expenses 51,621,289				
		c Gain or (loss) 1,485,389 36,591				
	d Net gain or (loss) ▶	1,521,980			1,521,980	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
		b Less direct expenses b				
c Net income or (loss) from fundraising events ▶						
9a Gross income from gaming activities See Part IV, line 19 a						
	b Less direct expenses b					
	c Net income or (loss) from gaming activities ▶					
10a Gross sales of inventory, less returns and allowances a						
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue	Business Code					
11a EHR INCENTIVE _____ 900099	888,003	888,003				
b DIETARY AND CAFETERIA _____ 722514	285,283			285,283		
c SCHOOL PHYSICALS _____ 900099	97,512	97,512				
d All other revenue	139,890			139,890		
e Total. Add lines 11a-11d ▶	1,410,688					
12 Total revenue. See Instructions ▶	84,013,423	80,241,637	0	3,195,037		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,797,355	1,797,355		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
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	31,482,046	27,704,200	3,777,846	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,008,155	887,176	120,979	
9	Other employee benefits	5,960,199	5,244,975	715,224	
10	Payroll taxes	2,729,624	2,402,069	327,555	
11	Fees for services (non-employees)				
a	Management				
b	Legal	134,544		134,544	
c	Accounting	95,795		95,795	
d	Lobbying	12,946		12,946	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	268,168		268,168	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,521,530	6,128,282	393,248	
12	Advertising and promotion	200,331	8,013	192,318	
13	Office expenses	892,861	687,503	205,358	
14	Information technology	2,359,353		2,359,353	
15	Royalties				
16	Occupancy	2,330,426	2,260,513	69,913	
17	Travel	180,547	86,663	93,884	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	436,560	436,560		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,121,507	3,668,141	453,366	
23	Insurance	1,232,960	1,097,334	135,626	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	MEDICAL SUPPLIES	6,997,295	6,997,295		
b	DRUGS	4,814,627	4,814,627		
c	INTERCOMPANY SERVICES	3,805,342	3,386,754	418,588	
d	FOOD	554,381	510,031	44,350	
e	All other expenses	1,470,030	1,264,227	205,803	
25	Total functional expenses. Add lines 1 through 24e	79,406,582	69,381,718	10,024,864	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	12,544,914	1	13,038,385
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	10,781,200	4	10,463,000
	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	1,132,175	8	955,681
	9 Prepaid expenses and deferred charges	425,913	9	457,530
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 101,224,945		
	b Less accumulated depreciation	10b 76,209,033	24,869,773	10c 25,015,912
	11 Investments—publicly traded securities	61,959,428	11	66,339,047
	12 Investments—other securities. See Part IV, line 11	4,153,304	12	1,383,790
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	6,845,286	15	6,295,534
16 Total assets. Add lines 1 through 15 (must equal line 34)	122,711,993	16	123,948,879	
Liabilities	17 Accounts payable and accrued expenses	7,212,643	17	6,471,859
	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	19,063,182	25	19,413,988
	26 Total liabilities. Add lines 17 through 25	26,275,825	26	25,885,847
Net Assets or Fund Balances	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	91,445,790	27	93,096,551
	28 Temporarily restricted net assets	3,562,072	28	3,579,701
	29 Permanently restricted net assets	1,428,306	29	1,386,780
	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	96,436,168	33	98,063,032	
34 Total liabilities and net assets/fund balances	122,711,993	34	123,948,879	

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	84,013,423
2	Total expenses (must equal Part IX, column (A), line 25)	2	79,406,582
3	Revenue less expenses Subtract line 2 from line 1	3	4,606,841
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	96,436,168
5	Net unrealized gains (losses) on investments	5	-2,990,125
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	10,148
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	98,063,032

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

Additional Data

Software ID:
Software Version:
EIN: 38-2796005
Name: EMMA L BIXBY MEDICAL CENTER

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ABDUL G ARSHAD MD FACS TRUSTEE	1 00 41 00	X						0	365,876	30,370
STACEY L BOCK TRUSTEE	1 00 41 00	X						0	206,864	29,990
MARCY L BROWN EX OFFICIO	1 00 1 00	X						0	0	0
CARLTON L COOK MD TRUSTEE	1 00 1 00	X						0	0	0
PATRICK D FARVER TRUSTEE	1 00 1 00	X						0	0	0
L CHARLES FORCE TRUSTEE	1 00 1 00	X						0	0	0
MICHAEL R HERR DVM TRUSTEE	1 00 1 00	X						0	0	0
JEFFREY A KUHMAN TRUSTEE	1 00 1 00	X						0	0	0
ANDRES LOPEZ TRUSTEE	1 00 1 00	X						0	0	0
BARBARA A MITZEL TRUSTEE	1 00 1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SAMANTHA M MUCHA MD TRUSTEE	1 00 41 00	X						0	542,988	29,411
WILLIAM B NOE TRUSTEE	1 00 1 00	X						0	0	0
MICHAEL R OLSAVER TRUSTEE	1 00 1 00	X						0	0	0
JAMES D PHILP TRUSTEE	1 00 1 00	X						0	0	0
ALAN H SNIDER DO TRUSTEE	1 00 1 00	X						0	0	0
ROBERT L VOGEL TRUSTEE	1 00 1 00	X						0	0	0
PAUL R WALKER MD TRUSTEE	1 00 1 00	X						0	0	0
KEVIN C WEBB PHD EX OFFICIO	1 00 52 00	X						0	658,740	115,301
KATHLEEN S WESTFALL TRUSTEE	1 00 1 00	X						0	0	0
TIMOTHY J JAKACKI PRESIDENT, EX OFFICIO (THRU 8/15)	40 00 1 00	X		X				0	405,745	300,645

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JULIE K YAROCH DO PRESIDENT, EX OFFICIO	40 00 3 00	X		X				0	224,191	34,283
EMORY M SCHMIDT CHAIRPERSON	1 00 9 00	X		X				0	0	0
ALAN M SATTLER TREASURER	0 50 51 50			X				0	588,758	120,076
JEFFREY C KUHN SECRETARY	0 50 51 50			X				0	592,348	112,234
GARY AKENBERGER SR VP FINANCE, PHS	0 50 45 00				X			0	415,589	89,075
KATHRYN GREENLEE VP CLINICAL SERVICES, LHA	40 00 0 50				X			0	175,716	45,457
MARY ABRAHAM PHARMACIST	40 00 0 00					X		117,520	0	31,970
JENNIFER FOSS MANAGER, PHARMACY	40 00 0 00					X		121,490	0	7,698
MATTHEW HAMMOND ASSOCIATE VP, OPERATIONS	40 00 0 00					X		122,134	0	17,551
RENEE LUKAS COORD , CLINICAL PHARMACY	40 00 0 00					X		113,079	0	9,274

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Instructional Trustee	Officer	Key employee	Highest compensated employee	Former			
MELISSA THOMPSON PHARMACIST	40 00 0 00					X		111,921	0	13,140
KATHLEEN S HANLEY FORMER OFFICER	0 00 41 00						X	0	696,193	166,986

OMB No 1545-0047
2015
 Open to Public Inspection

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

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.

Department of the Treasury
 Internal Revenue Service

Name of the organization
 EMMA L BIXBY MEDICAL CENTER

Employer identification number
 38-2796005

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 _____
 - 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		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14
15 Public support percentage for 2014 Schedule A, Part II, line 14	15

16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
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 (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
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 9(a)) 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 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
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.
- 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.
- 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.
- 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.

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by 0.35	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

Part VI Supplemental Information.

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

Facts And Circumstances Test

Return Reference	Explanation

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
 ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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- If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**
- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
 - Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
 - Section 527 organizations Complete Part I-A only
- If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
 - Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A
- If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**
- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization EMMA L BIXBY MEDICAL CENTER	Employer identification number 38-2796005
---	--

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals

(b) Affiliated group totals

1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount Enter the amount from the following table in both columns														
	<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

- 1** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of
 - a** Volunteers?
 - b** Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?
 - c** Media advertisements?
 - d** Mailings to members, legislators, or the public?
 - e** Publications, or published or broadcast statements?
 - f** Grants to other organizations for lobbying purposes?
 - g** Direct contact with legislators, their staffs, government officials, or a legislative body?
 - h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?
 - i** Other activities?
- j** Total. Add lines 1c through 1i
- 2a** Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?
- b** If "Yes," enter the amount of any tax incurred under section 4912
- c** If "Yes," enter the amount of any tax incurred by organization managers under section 4912
- d** If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

	(a)		(b)
	Yes	No	Amount
		No	
	Yes		12,946
			12,946
		No	

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

- 1** Were substantially all (90% or more) dues received nondeductible by members?
- 2** Did the organization make only in-house lobbying expenditures of \$2,000 or less?
- 3** Did the organization agree to carry over lobbying and political expenditures from the prior year?

	Yes	No
1		
2		
3		

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

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

1	
2a	
2b	
2c	
3	
4	
5	

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	EMMA L BIXBY MEDICAL CENTER PAYS DUES TO THE AMERICAN HOSPITAL ASSOCIATION AND THE MICHIGAN HOSPITAL ASSOCIATION - A PORTION OF WHICH IS ALLOCABLE TO LOBBYING BY THE ASSOCIATIONS

SCHEDULE D
(Form 990)

Supplemental Financial Statements

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▶ 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.

Department of the Treasury
Internal Revenue Service

Name of the organization
EMMA L BIXBY MEDICAL CENTER

Employer identification number
38-2796005

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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,428,306	1,436,934	1,391,000	1,391,000	1,391,000
b Contributions			26,281		
c Net investment earnings, gains, and losses	-41,526	-8,628	19,653		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,386,780	1,428,306	1,436,934	1,391,000	1,391,000

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

a Board designated or quasi-endowment ▶ 36 050 %

b Permanent endowment ▶ 63 950 %

c Temporarily restricted endowment ▶
The percentages on lines 2a, 2b, and 2c should equal 100%

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		No
3a(ii)	Yes	
3b	Yes	

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c) depreciation	(d) Book value
1a Land		955,610		955,610
b Buildings		26,219,090	17,773,419	8,445,671
c Leasehold improvements		322,248	304,495	17,753
d Equipment		3,359,293	3,190,475	168,818
e Other		70,368,704	54,940,644	15,428,060
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				25,015,912

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

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

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	THE ENDOWMENT FUNDS ARE INVESTED TO GENERATE INCOME TO BE USED TO SUPPORT EMMA L BIXBY MEDICAL CENTER CONSISTENT WITH DONOR INTENT

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization EMMA L BIXBY MEDICAL CENTER	Employer identification number 38-2796005
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Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			821,410		821,410	1 020 %
b Medicaid (from Worksheet 3, column a)			17,150,066	13,151,125	3,998,941	4 970 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			6,790	4,905	1,885	0 %
d Total Financial Assistance and Means-Tested Government Programs			17,978,266	13,156,030	4,822,236	5 990 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			13,344		13,344	0 020 %
f Health professions education (from Worksheet 5)			43,782		43,782	0 050 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			57,126		57,126	0 070 %
k Total. Add lines 7d and 7j			18,035,392	13,156,030	4,879,362	6 060 %

Part II Community Building Activities

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1 Yes	
2 Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	4,321,316
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	608,260
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	23,267,386
6 Enter Medicare allowable costs of care relating to payments on line 5	6	26,749,653
7 Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-3,482,267
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 BIXBY MEDICAL OFFICE LIMITED PARTNERSHIP	FACILITY LEASING	64.600 %		19.870 %
2 LENAWEE PHYSICIAN HOSPITAL ORGANIZATION LLC	PHYSICIAN MGMT SERVICES	50.000 %	1.490 %	48.020 %
3 HERRICK MEMORIAL OFFICE PLAZA CONDO ASSOCIATION	FACILITY SUPPORT	71.800 %	28.200 %	
4				
5				
6				
7				
8				
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11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

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

1

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

EMMA L BIXBY MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 1

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

EMMA L BIXBY MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP		
a	<input type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
a	<input type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
a	<input type="checkbox"/> The FAP was widely available on a website (list url)		
b	<input type="checkbox"/> The FAP application form was widely available on a website (list url)		
	<u>SEE PART V, SECTION C</u>		
c	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url)		
	<u>SEE PART V, SECTION C</u>		
d	<input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

EMMA L BIXBY MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?

	Yes	No
19		No

If "Yes," check all actions in which the hospital facility or a third party engaged

- a** Reporting to credit agency(ies)
- b** Selling an individual's debt to another party
- c** Actions that require a legal or judicial process
- d** Other similar actions (describe in Section C)

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)

- a** Notified individuals of the financial assistance policy on admission
- b** Notified individuals of the financial assistance policy prior to discharge
- c** Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d** Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e** Other (describe in Section C)
- f** None of these efforts were made

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

21	Yes	
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If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- d** Other (describe in Section C)

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

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Section C)

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

23		No
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If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

24		No
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If "Yes," explain in Section C

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 11

Name and address	Type of Facility (describe)
1 See Additional Data Table	
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Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
PART I, LINE 6A	EMMA L BIXBY MEDICAL CENTER REPORTS COMMUNITY BENEFIT INFORMATION AS PART OF THE PROMEDICA HEALTH SYSTEM, INC ANNUAL COMMUNITY BENEFIT REPORT

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

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

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

Form and Line Reference	Explanation
PART III, LINE 4	PROVISION FOR BAD DEBTS AND ALLOWANCE FOR ESTIMATED UNCOLLECTIBLE ACCOUNTS ARE DISCUSSED ON PAGES 15 AND 16 OF THE ATTACHED PROMEDICA HEALTH SYSTEM AND SUBSIDIARIES CONSOLIDATED FINANCIAL STATEMENTS

Form and Line Reference	Explanation
PART III, LINE 8	MEDICARE SHORTFALL, WHICH IS THE EXCESS OF COSTS TO TREAT MEDICARE PATIENTS OVER THE REIMBURSEMENT RECEIVED FROM THE FEDERAL GOVERNMENT, SHOULD BE TREATED AS COMMUNITY BENEFIT FOR THE FOLLOWING REASONS - THE MEDICARE SHORTFALL REPRESENTS THE RELIEF OF A FINANCIAL BURDEN THAT WOULD OTHERWISE BE BORNE BY A GOVERNMENT PROGRAM - THE MEDICARE SHORTFALL REPRESENTS A SOCIETAL BENEFIT INsofar AS MANY OF THE PROGRAMS AND SERVICES WOULD NOT BE PROVIDED TO THE COMMUNITY, IF THE DECISION TO PROVIDE SUCH SERVICES WAS MADE ON A FINANCIAL BASIS - MEDICARE IS A SOCIETAL BENEFIT, PROVIDED BY THE FEDERAL GOVERNMENT, FOR THOSE WHO WOULD OTHERWISE BE UNINSURED AFTER AGING OUT OF TRADITIONAL MEANS OF HEALTH INSURANCE, SUCH AS INSURANCE PROVIDED BY AN EMPLOYER - MEDICARE IS NOT A TRUE MARKET PAYER, AS COMPARED TO COMMERCIAL PAYERS, WHEREBY REIMBURSEMENT RATES CAN BE NEGOTIATED AND ADJUSTED IN ORDER TO REDUCE INCURRED LOSSES EMMA L BIXBY MEDICAL CENTER USED THE MEDICARE ALLOWABLE COSTS PER ITS 2015 AS-FILED MEDICARE COST REPORTS, LESS ANY ADJUSTMENTS FOR SUBSIDIZED HEALTH SERVICES AND HEALTH PROFESSIONS EDUCATION, IF APPLICABLE ALLOWABLE COSTS ARE CALCULATED BY ALLOCATING TOTAL FACILITY COSTS TO REVENUE GENERATING UNITS WITHIN THE HOSPITAL THE MEDICARE COST REPORT DOES NOT REFLECT ALL OF THE COSTS ASSOCIATED WITH MEDICARE PROGRAMS

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

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

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

Form and Line Reference	Explanation
PART VI, LINE 4	EMMA L BIXBY MEDICAL CENTER, LOCATED IN ADRIAN, MI, SERVES AN AREA PRIMARILY AROUND LENAWEЕ COUNTY WITH A POPULATION OF APPROXIMATELY 91,000 APPROXIMATELY, 17% OF THE SERVICE AREA IS AGE 65 OR OVER, 40% IS BETWEEN AGE 35 AND 64, MEDIAN HOUSEHOLD INCOME IS APPROXIMATELY \$47,000, 48% OF THE ADULT POPULATION AGED 25+ HAS A HIGH SCHOOL DEGREE OR LOWER, 53% OF HOUSEHOLDS HAVE AN INCOME OF \$50,000 OR LESS LENAWEЕ COUNTY HAS A POPULATION OF APPROXIMATELY 90,000 WITH APPROXIMATELY 14% OF FAMILIES BELOW THE POVERTY LEVEL AND AN APPROXIMATE 16% MEDICAID ELIGIBLE RATE APPROXIMATELY, 16% OF LENAWEЕ COUNTY IS UNINSURED THE AVERAGE UNEMPLOYMENT RATE AT THE END OF 2015 FOR LENAWEЕ COUNTY WAS 8.8% THE LEADING CAUSES OF DEATH IN THE SERVICE AREA, BASED ON AGE ADJUSTED MORTALITY RATES ARE LUNG DISEASE, DIABETES, CANCER, AND HEART DISEASE ACCORDING TO THE 2015 COUNTY HEALTH RANKINGS, LENAWEЕ COUNTY RANKED 24 OF 83 COUNTIES FOR HEALTH OUTCOMES, 23 OF 83 FOR MORTALITY, AND 12 OF 83 FOR MORBIDITY THERE ARE FIFTEEN HOSPITALS WITHIN A SIX COUNTY AREA AROUND ADRIAN, HERRICK MEMORIAL HOSPITAL, INC , HILLSDALE COMMUNITY HEALTH CENTER, UNIVERSITY OF MICHIGAN, ALLEGIANCE HEALTH, FULTON COUNTY HEALTH CENTER, COMMUNITY HOSPITALS AND WELLNESS CENTERS - ARCHBOLD, FLOWER HOSPITAL, ST ANNE MERCY HOSPITAL, THE TOLEDO HOSPITAL, ST VINCENT MERCY MEDICAL CENTER, ST CHARLES MERCY HOSPITAL, BAY PARK COMMUNITY HOSPITAL, UNIVERSITY OF TOLEDO MEDICAL CENTER, ST LUKE'S HOSPITAL AND MERCY MEMORIAL HOSPITAL-MONROE

Form and Line Reference	Explanation
PART VI, LINE 5	<p>EMMA L BIXBY MEDICAL CENTER IS AN INTEGRAL PART OF PROMEDICA HEALTH SYSTEM, INC WHICH PROMOTES THE HEALTH OF THE COMMUNITY AS AN INTEGRATED DELIVERY SYSTEM - IN 2015, THERE WERE MORE THAN 500 BOARD MEMBERS FOR PROMEDICA HEALTH SYSTEM, INC (PROMEDICA), INCLUDING ITS SUBSIDIARIES OF THESE, 100% LIVED WITHIN PROMEDICA'S 27-COUNTY SERVICE AREA, WITH THE MAJORITY RESIDING WITHIN METRO TOLEDO WHERE PROMEDICA'S ADULT AND PEDIATRIC TERTIARY HOSPITALS (THE TOLEDO HOSPITAL AND TOLEDO CHILDREN'S HOSPITAL) ARE LOCATED TRUSTEE REPRESENTATION IS COMPRISED OF DIVERSE MEMBERS, INCLUDING 80 PHYSICIANS, FROM NORTHWEST OHIO AND SOUTHEAST MICHIGAN ADDITIONALLY, PROMEDICA BOARD MEMBERS INCLUDED 189 WOMEN AND 77 RACIAL/ETHNIC MINORITIES - BOARD MEMBERS ARE NOT COMPENSATED BY PROMEDICA FOR THEIR SERVICE TO OUR HOSPITALS AND OTHER BUSINESS UNITS, THEIR DONATION OF TIME AND EXPERTISE, INCLUDING ATTENDING BOARD MEETINGS, RETREATS AND OTHER ACTIVITIES, ARE PERFORMED ON A VOLUNTEER BASIS IN 2015, PROMEDICA BOARD MEMBERS GAVE MORE THAN 28,000 HOURS IN SERVICE TO THE ORGANIZATION, WHICH EQUATES TO AN ESTIMATED CONTRIBUTION OF MORE THAN \$3 MILLION TO OUR COMMUNITIES - PROMEDICA'S MEDICAL STAFF PRIVILEGES ARE EXTENDED TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITIES WHICH PROMEDICA SERVES QUALIFICATION MAY VARY BY HOSPITAL, BUT ANY PHYSICIAN WHO MEETS THOSE QUALIFICATIONS MAY BE GRANTED PRIVILEGES - A NEW FOOD PHARMACY PILOT LAUNCHED, SERVING PATIENTS AT THE ADULT MEDICINE CLINIC AT PROMEDICA'S CENTER FOR HEALTH SERVICES (CHS) AND THE WW KNIGHT FAMILY MEDICINE PRACTICE THE PROGRAM REFERS PATIENTS WHO SCREEN POSITIVE FOR FOOD INSECURITY TO RECEIVE FOOD FOR THEMSELVES AND THEIR FAMILY FROM THE FOOD PHARMACY LOCATED ON THE FIRST FLOOR OF CHS EACH PATIENT RECEIVES TWO TO THREE DAYS OF SUPPLEMENTAL FOOD FOR THEIR FAMILY STARTING IN APRIL THROUGH DECEMBER 2015, APPROXIMATELY 1,400 REFERRALS WERE MADE TO THE FOOD PHARMACY, PROVIDING SUPPLEMENTAL FOOD TO MORE THAN 1,800 HOUSEHOLDS - PROMEDICA OPENED THE EBEID INSTITUTE'S NEW MARKET ON THE GREEN TO PROVIDE BETTER ACCESS TO HEALTHY FOODS IN A DESIGNATED FOOD DESERT, AS WELL AS JOB TRAINING OPPORTUNITIES FOR RESIDENTS IN THE UPTOWN TOLEDO NEIGHBORHOOD - PROMEDICA PROVIDED NEARLY 7,500 HEALTH SCREENINGS TO COMMUNITY MEMBERS THROUGHOUT 2015, INCLUDING BLOOD PRESSURE, BLOOD GLUCOSE AND BODY MASS INDEX SCREENINGS AT NUMEROUS HEALTH FAIRS AND SPORTING EVENTS ADDITIONALLY, FREE SCREENING MAMMOGRAMS, AS WELL AS SKIN CANCER AND LUNG CANCER SCREENINGS AND COLORECTAL CANCER EDUCATION WERE PROVIDED FOR EARLY DETECTION PROSTATE CANCER SCREENING EDUCATION AND NUTRITIONAL PROGRAMS WERE DEVELOPED TO KEEP PEOPLE HEALTHY</p>

Form and Line Reference	Explanation
PART VI, LINE 6	<p>PROMEDICA HEALTH SYSTEM, INC (PROMEDICA) IS A MISSION-BASED, LOCALLY OWNED, NOT-FOR-PROFIT HEALTHCARE ORGANIZATION THAT WAS FORMED IN TOLEDO, OHIO IN 1986 IN 2015, PROMEDICA WAS COMPRISED OF MORE THAN 17,000 EMPLOYEES, APPROXIMATELY 2,700 VOLUNTEERS AND MORE THAN 2,300 HEALTHCARE PROVIDERS, INCLUDING NEARLY 900 PROVIDERS EMPLOYED BY PROMEDICA PHYSICIAN GROUP, WHO HAVE JOINED TOGETHER TO FORM A NETWORK ACROSS 27 COUNTIES IN NORTHWEST OHIO AND SOUTHEAST MICHIGAN AS AN INTEGRATED DELIVERY SYSTEM, PROMEDICA PROVIDERS SHARE RESOURCES SUCH AS ADVANCED TECHNOLOGY, QUALITY STANDARDS, SAFETY PRACTICES, MEDICAL EXPERTISE, AND SPECIALTY SERVICES TO HELP ENSURE AREA RESIDENTS HAVE READY ACCESS TO HIGH-QUALITY CARE IN THE MOST APPROPRIATE SETTING IN ORDER TO PROVIDE COST-EFFICIENT SERVICES - PROMEDICA MEMBERS INCLUDE THE TOLEDO HOSPITAL D/B/A PROMEDICA TOLEDO HOSPITAL, PROMEDICA TOLEDO CHILDREN'S HOSPITAL (OPERATING AS PART OF PROMEDICA TOLEDO HOSPITAL), PROMEDICA WILDWOOD ORTHOPAEDIC AND SPINE HOSPITAL, A DIVISION OF PROMEDICA TOLEDO HOSPITAL, FLOWER HOSPITAL D/B/A PROMEDICA FLOWER HOSPITAL, BAY PARK COMMUNITY HOSPITAL D/B/A PROMEDICA BAY PARK HOSPITAL, EMMA L BIXBY MEDICAL CENTER D/B/A PROMEDICA BIXBY HOSPITAL, HERRICK MEMORIAL HOSPITAL, INC D/B/A PROMEDICA HERRICK HOSPITAL, FOSTORIA HOSPITAL ASSOCIATION D/B/A PROMEDICA FOSTORIA COMMUNITY HOSPITAL, DEFIANCE HOSPITAL, INC D/B/A PROMEDICA DEFIANCE REGIONAL HOSPITAL, MERCY MEMORIAL HOSPITAL CORPORATION D/B/A PROMEDICA MONROE REGIONAL HOSPITAL, ST LUKE'S HOSPITAL D/B/A PROMEDICA ST LUKE'S HOSPITAL, MEMORIAL HOSPITAL D/B/A PROMEDICA MEMORIAL HOSPITAL, PROMEDICA INSURANCE CORPORATION, PROMEDICA PHYSICIAN GROUP, A NETWORK OF SYSTEM-EMPLOYED PHYSICIANS AND ADVANCED PRACTICE PROVIDERS, AND PROMEDICA CONTINUING CARE SERVICES CORPORATION, WITH SERVICES SUCH AS SENIOR CARE, HOSPICE, REHABILITATION, AND HOME CARE - IN 2015, PROMEDICA MANAGED 4.7 MILLION PATIENT ENCOUNTERS AND CONTRIBUTED A TOTAL COMMUNITY BENEFIT OF NEARLY \$199 MILLION, WHICH INCLUDED FREE HEALTH SCREENINGS AND PARTICIPATION IN PUBLIC HEALTH FAIRS TO MEDICAL LECTURES AT AREA SENIOR CENTERS AND NUTRITION EDUCATION IN ELEMENTARY SCHOOLS, PLUS MUCH MORE - IN ADDITION, THE PROMEDICA ADVOCACY FUND ASSISTED LOCAL NONPROFIT AGENCIES WITH SIMILAR MISSIONS THROUGH GRANTS TOTALING NEARLY \$315,000 AS IN PRIOR YEARS, EMPHASIS WAS PLACED ON ORGANIZATIONS WORKING TO PROVIDE BASIC NEEDS SERVICES SUCH AS CLOTHING, SHELTER AND FOOD AS THESE ARE TIED CLOSELY TO PROMEDICA'S MISSION OF IMPROVING THE HEALTH AND WELL-BEING OF THE COMMUNITIES IT SERVES - WITH REGARD TO HEALTH PROFESSIONS EDUCATION, BIWEEKLY, MONTHLY AND ANNUAL PROGRAMS WERE OFFERED THROUGHOUT 2015 FOR CONTINUING MEDICAL EDUCATION CREDIT APPROXIMATELY 1,800 CREDIT HOURS OF PHYSICIAN EDUCATION WERE OFFERED THERE WERE APPROXIMATELY 7,100 PHYSICIANS WHO PARTICIPATED IN EDUCATIONAL PROGRAMS, AND APPROXIMATELY 8,600 NON-PHYSICIANS (I E , ALLIED HEALTH PROFESSIONALS) - PROMEDICA'S FOUNDATION RAISES FUNDS FOR PHILANTHROPY IN SUPPORT OF PROMEDICA'S MISSION TO IMPROVE HEALTH AND WELL-BEING PROMEDICA FOUNDATION IS A SEPARATE PHILANTHROPIC ENTITY, AND ANNUAL DONOR PROGRAMS, CAPITAL CAMPAIGNS, PLANNED GIVING, AND EVENT FUNDRAISING ACTIVITIES ARE CONDUCTED TO RAISE FUNDS THAT SUPPORT PATIENTS AND FAMILIES, AS WELL AS LOCAL COMMUNITIES, THROUGH HEALTH-RELATED PROGRAMS, SERVICES, EQUIPMENT, AND FACILITY CONSTRUCTION/RENOVATION THAT HAVE BEEN IDENTIFIED, IN PART, THROUGH A COMMUNITY NEEDS ASSESSMENT</p>

Schedule H (Form 990) 2015

Additional Data

Software ID:
Software Version:
EIN: 38-2796005
Name: EMMA L BIXBY MEDICAL CENTER

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

1

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

1

EMMA L BIXBY MEDICAL CENTER
818 RIVERSIDE AVE
ADRIAN, MI 49221
WWW.PROMEDICA.ORG
1060000004

Licensed hospital

General medical & surgical

Children's hospital

Teaching hospital

Critical access hospital

Research facility

ER-24 hours

ER-other

Other (Describe)

Facility reporting group

X

X

X

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
1 1 - HICKMAN CANCER CTR 777 KIMOLE LANE SUITE 130 ADRIAN, MI 49221	CANCER CARE
1 2 - WOLF CREEK 901 KIMOLE LANE ADRIAN, MI 49221	LAB
2 3 - SPORTSCARE AT ADRIAN 1136 COUNTRY CLUB RD SUITE A ADRIAN, MI 49221	PHYSICAL THERAPY
3 4 - BLISSFIELD HEALTH CTR 157 WEST BROOKE LANE BLISSFIELD, MI 49228	LAB
4 5 - PROMEDICA HUDSON HEALTH CTR 458 CROSS STREET HUDSON, MI 49247	LAB
5 6 - MONROE CANCER CENTER 800 STEWART RD MONROE, MI 48162	CANCER SUPPORT
6 7 - TOTAL REHAB AT ONSTED 400 N MAIN STREET SUITE B ONSTED, MI 49265	PHYSICAL THERAPY
7 8 - PROMEDICA RADIOLOGY 770 RIVERSIDE AVE ADRIAN, MI 49221	RADIOLOGY
8 9 - PROMEDICA HUDSON HEALTH CTR 458 CROSS STREET HUDSON, MI 49247	RADIOLOGY
9 10 - BLISSFIELD HEALTH CTR 157 WEST BROOKE LANE BLISSFIELD, MI 49228	RADIOLOGY
10 11 - PROMEDICA OCCUHEALTH 1801 W MAUMEE ST STE 140 ADRIAN, MI 49221	OCCUPATIONAL MEDICINE

Schedule I (Form 990)

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

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, line 21 or 22.

Attach to Form 990.

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

Name of the organization EMMA L BIXBY MEDICAL CENTER

Employer identification number

38-2796005

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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

Table with 8 columns: (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. Row 1 contains 'See Additional Data Table'.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 4
3 Enter total number of other organizations listed in the line 1 table. 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

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

Additional Data

Software ID:
Software Version:
EIN: 38-2796005
Name: EMMA L BIXBY MEDICAL CENTER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROMEDICA FOUNDATION 2042 N COVE BLVD TOLEDO, OH 43606	31-1517672	501(C)(3)	254,188				OPERATING GRANT
PROMEDICA PHYSICIANS AND CONTINUUM SERVICES 5855 MONROE ST SYLVANIA, OH 43560	34-1880767	501(C)(3)	1,008,500				OPERATING GRANT
MERCY MEMORIAL HOSPITAL CORPORATION 718 N MACOMB MONROE, MI 48162	38-1984289	501(C)(3)	528,000				OPERATING GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
LENA WEE UNITED WAY 4224 W MAUMEE ADRIAN, MI 49221	39-1598949	501(C)(3)	5,000				CHARITABLE DONATION

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
 ▶ **Attach to Form 990.**

2015
Open to Public Inspection

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

Name of the organization EMMA L BIXBY MEDICAL CENTER	Employer identification number 38-2796005
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Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a	Yes								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	Yes								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>	5a	No								
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>	6a	No								
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	Yes								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	Yes								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	PROMEDICA HEALTH SYSTEM, INC , A RELATED TAX-EXEMPT ORGANIZATION OF EMMA L BIXBY MEDICAL CENTER, USES THE FOLLOWING TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - COMPENSATION SURVEY OR STUDY - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
PART I, LINE 4A	UNDER A VOLUNTARY TERMINATION AGREEMENT ENTERED INTO BY THE EMPLOYEE AND THE ORGANIZATION OR UPON A QUALIFYING TERMINATION DEFINED AS AN INVOLUNTARY SEPARATION FROM SERVICE OTHER THAN FOR CAUSE, THE EMPLOYEE IS ENTITLED TO SEVERANCE PAY BASED UPON YEARS OF SERVICE. THE TERMS AND CONDITIONS TO RECEIVE SEVERANCE PAYMENTS REQUIRE THE EMPLOYEE TO SIGN A RELEASE OF CLAIMS FORM THAT COVERS ALL SITUATIONS SURROUNDING THE EMPLOYEE'S EMPLOYMENT AND SEPARATION FROM PROMEDICA. SEVERANCE PAYMENTS WERE MADE DURING THE YEAR TO THE FOLLOWING LISTED PERSONS IN PART VII: TIMOTHY J JAKACKI \$93,632. PART I, LINE 4B: ELIGIBLE EMPLOYEES PARTICIPATE IN VARIOUS NONQUALIFIED DEFERRED COMPENSATION PLANS ORGANIZED UNDER CODE SECTION 457(F). THE EXACT PURPOSE OF EACH PLAN VARIES, BUT THEY INCLUDE COMPENSATION LIMITATION MAKE-UP PLANS, VOLUNTARY DEFERRAL PLANS, DEFERRAL OF A PORTION OF INCENTIVE BONUS TYPE PLANS, ETC. ANY AMOUNT ULTIMATELY PAID UNDER THE PROGRAM TO THE EMPLOYEE IS REPORTED AS COMPENSATION ON FORM 990, SCHEDULE J, PART II, COLUMN B IN THE YEAR PAID. NO SUPPLEMENTAL NONQUALIFIED PLAN PAYMENTS WERE MADE DURING THE YEAR TO ANY LISTED PERSONS IN PART VII.
PART I, LINE 6	CERTAIN LISTED PERSONS RECEIVED INCENTIVES BASED ON INDIVIDUAL PRODUCTIVITY NET EARNINGS. PART I, LINE 7: A HIGHEST COMPENSATED EMPLOYEE RECEIVED A DISCRETIONARY BONUS BASED ON EXCEPTIONAL PERFORMANCE.

Additional Data

Software ID:
Software Version:
EIN: 38-2796005
Name: EMMA L BIXBY MEDICAL CENTER

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ABDUL G ARSHAD MD FACS TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	258,278	82,896	24,702	7,364	23,006	396,246	0
1 STACEY L BOCK TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	169,805	34,503	2,556	10,613	19,383	236,860	0
2 SAMANTHA M MUCHA MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	540,820	0	2,168	7,950	21,461	572,399	0
3 KEVIN C WEBB PHD EX OFFICIO	(i)	0	0	0	0	0	0	0
	(ii)	446,920	200,389	11,431	101,135	14,166	774,041	0
4 TIMOTHY J JAKACKI PRESIDENT, EX OFFICIO (THRU 8/15)	(i)	0	0	0	0	0	0	0
	(ii)	132,603	134,027	139,115	280,369	20,276	706,390	0
5 JULIE K YAROCH DO PRESIDENT, EX OFFICIO	(i)	0	0	0	0	0	0	0
	(ii)	223,364	0	827	15,799	18,484	258,474	0
6 ALAN M SATTLER TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	405,315	154,161	29,282	97,575	22,501	708,834	0
7 JEFFREY C KUHN SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	396,043	169,512	26,793	100,167	12,067	704,582	0
8 GARY AKENBERGER SR VP FINANCE, PHS	(i)	0	0	0	0	0	0	0
	(ii)	291,582	84,049	39,958	67,444	21,631	504,664	0
9 KATHRYN GREENLEE VP CLINICAL SERVICES, LHA	(i)	0	0	0	0	0	0	0
	(ii)	138,462	31,874	5,380	30,876	14,581	221,173	0
10 KATHLEEN S HANLEY FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	456,423	197,040	42,730	149,277	17,709	863,179	0

**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.**2015****Open to Public
Inspection**Name of the organization
EMMA L BIXBY MEDICAL CENTER**Employer identification number**

38-2796005

Return Reference

FORM 990, PART VI, SECTION A, LINE 6

Explanation

AS A MICHIGAN NON-PROFIT ORGANIZATION, THIS CORPORATION HAS A CORPORATE MEMBER

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

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	UNDER THE GUIDANCE OF PROMEDICA HEALTH SYSTEM, INC 'S (PHS) TAX CONSULTANTS, FORM 990S ARE PREPARED BY THE RESPECTIVE ACCOUNTING DEPARTMENT OF EACH AFFILIATE AND REVIEWED BY THE AFFILIATE'S FINANCE LEADERSHIP AFTER AFFILIATE'S FINANCE LEADERSHIP APPROVAL, COPIES OF THE FORM 990 FOR PHS AND THEIR SUBSIDIARIES ARE PROVIDED TO THE RESPECTIVE COMPANY'S BOARD OF TRUSTEES AND ARE REVIEWED AND SIGNED BY A PRINCIPAL OFFICER PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE

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

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

Return Reference**Explanation**

FORM 990, PART VI, SECTION C,
LINE 19

PROMEDICA HEALTH SYSTEM, INC AND SUBSIDIARIES PROVIDE ANY DOCUMENT OPEN TO PUBLIC
INSPECTION UPON REQUEST

Return Reference**Explanation**

FORM 990, PART XI, LINE 9

PENSION/POST-RETIREMENT EXPENSE ADJUSTMENT 34,045 BENEFICIAL INTEREST IN FOUNDATION -23,897

Return Reference	Explanation
FORM 990, PART IV, LINE 24A	EMMA L BIXBY MEDICAL CENTER IS A HEALTH FACILITY THAT IS A SUBSIDIARY OF PROMEDICA HEALTH SYSTEM, INC (PHS) EMMA L BIXBY MEDICAL CENTER HOLDS AN INTERCOMPANY NOTE PAYABLE TO THE TOLEDO HOSPITAL, WHICH IS ALSO A SUBSIDIARY OF PHS THE NOTE PAYABLE REPRESENTS EMMA L BIXBY MEDICAL CENTER'S PORTION OF TAXABLE AND TAX-EXEMPT BONDS ISSUED BY PROMEDICA HEALTHCARE OBLIGATED GROUP

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

Return Reference	Explanation
FORM 990, PART III, LINE 4	<p>PROMEDICA HEALTH SYSTEM, INC - PROGRAM SERVICE ACCOMPLISHMENTS ESTABLISHED IN 1986, PROMEDICA HEALTH SYSTEM, INC (PROMEDICA) IS A MISSION-BASED, LOCALLY OWNED, NOT-FOR-PROFIT HEALTHCARE ORGANIZATION HIGHLY FOCUSED ON ACHIEVING CORE VALUES HEADQUARTERED IN TOLEDO, OHIO, PROMEDICA SERVES 27 COUNTIES IN NORTHWEST OHIO AND SOUTHEAST MICHIGAN AND IS ONE OF THE REGION'S LEADING HEALTHCARE PROVIDERS OUR STEWARDSHIP OF RESOURCES HAS ENABLED US TO WISELY INVEST IN CUTTING-EDGE TECHNOLOGY, INNOVATIVE PROGRAMS AND FAMILY-CENTERED FACILITIES THAT HELP TO ENSURE PATIENTS AND AREA RESIDENTS HAVE EQUAL ACCESS TO HIGH-QUALITY, SAFE CARE IN THE MOST APPROPRIATE SETTING, REGARDLESS OF A PATIENT'S ABILITY TO PAY BASED ON NEEDS THAT WE HAVE ASSESSED WITHIN THE COMMUNITIES WE SERVE, PROMEDICA LAUNCHED NEW SERVICES AND PROGRAMS IN 2015 TO HELP MEET THE GROWING DEMANDS OF LOCAL CONSUMERS ACROSS ALL SPECTRUMS OF LIFE, INCLUDING THOSE INDIVIDUALS WHO ARE OFTEN THE MOST VULNERABLE WHEN IT COMES TO HEALTH CARE THE ELDERLY, POOR AND UNDERSERVED PROMEDICA'S MISSION IS TO IMPROVE THE HEALTH AND WELL-BEING OF THOSE WE SERVE THIS IS REFLECTED IN OUR FOUR CORE VALUES, INCLUDING COMPASSION - WE TREAT OUR PATIENTS AND EACH OTHER WITH RESPECT, INTEGRITY AND DIGNITY, INNOVATION - WE CONTINUALLY SEARCH TO FIND A BETTER WAY FORWARD, TEAMWORK - WE PARTNER WITH OTHERS BECAUSE WE ARE BETTER TOGETHER THAN APART, AND EXCELLENCE - WE STRIVE TO BE THE BEST IN ALL WE DO PROMEDICA AND ITS AFFILIATES COMPRISE 332 SITES, MORE THAN 2,300 PHYSICIANS AND APPROXIMATELY 17,000 EMPLOYEES AND VOLUNTEERS DURING 2015, PROMEDICA DISCHARGED 82,132 INPATIENTS AND SERVED MORE THAN 1,535,310 OUTPATIENTS, WHILE HANDLING 350,316 EMERGENCY VISITS SYSTEM-WIDE AMONG THE REGION'S LARGEST EMPLOYERS, PROMEDICA PLAYS A SIGNIFICANT ROLE IN ECONOMIC DEVELOPMENT AND STABILITY IN OUR REGION DURING 2015, FOR EVERY ONE DOLLAR OF REVENUE, ANOTHER 43 CENTS WAS CREATED IN OUR SERVICE-AREA ECONOMY, WITH A TOTAL ECONOMIC OUTPUT OF \$4.5 BILLION WE ALSO CREATE A DIRECT ECONOMIC IMPACT WITH OUR REVENUE, PAYROLL AND EMPLOYMENT ADDITIONALLY, SPENDING ON SERVICES AND MATERIALS WITH VENDORS IN OUR REGION CREATES AN INDIRECT ECONOMIC BENEFIT OUR PHYSICIANS AND PROVIDERS, LEADERSHIP TEAM MEMBERS AND EMPLOYEES INDIVIDUALLY CONTRIBUTE PERSONAL RESOURCES TO THE COMMUNITY IN NUMEROUS WAYS - SUCH AS THROUGH TUTORING ELEMENTARY STUDENTS IN READING AND OTHER LIFE SKILLS, PROVIDING MONTHLY HEALTH LECTURES AT LOCAL SENIOR CENTERS, GENEROUSLY CONTRIBUTING TO COMMUNITY FUNDRAISING CAMPAIGNS SUCH AS UNITED WAY, PARTICIPATING IN MEDICAL MISSIONS, SERVING ON LOCAL NOT-FOR-PROFIT BOARDS, AND DONATING NONPERISHABLE GOODS TO NUMEROUS LOCAL FOOD PANTRIES AND CHURCHES - UNDERSCORING A KEY BENEFIT OF PROMEDICA BEING LOCALLY OWNED AND OPERATED PROMEDICA'S MEMBER AND AFFILIATE HOSPITALS INCLUDE THE TOLEDO HOSPITAL, TOLEDO CHILDREN'S HOSPITAL (OPERATING AS PART OF THE TOLEDO HOSPITAL), PROMEDICA WILDWOOD ORTHOPAEDIC AND SPINE HOSPITAL (A DIVISION OF THE TOLEDO HOSPITAL), FLOWER HOSPITAL, FOSTORIA HOSPITAL ASSOCIATION, DEFIANCE HOSPITAL, INC, BAY PARK COMMUNITY HOSPITAL, HERRICK MEMORIAL HOSPITAL, INC, EMMA L BIXBY MEDICAL CENTER, MEMORIAL HOSPITAL, MERCY MEMORIAL HOSPITAL CORPORATION, AND ST LUKE'S HOSPITAL IN 2015, PROMEDICA ALSO PROVIDED INTEGRATED SERVICES, COMPRISED OF - PROMEDICA CONTINUING CARE SERVICES CORPORATION, PROVIDING REHABILITATION, HOSPICE, HOME CARE, AMBULATORY AND SENIOR SERVICES, COMMUNITY HEALTH, MEDICAL TRANSPORTATION SERVICES, AND CARE COORDINATION - PROMEDICA PHYSICIAN GROUP (PROMEDICA PHYSICIANS), WITH NEARLY 900 HEALTHCARE PROVIDERS, INCLUDING PRIMARY CARE, OBSTETRICS AND SPECIALTY PHYSICIANS, AS WELL AS ADVANCED PRACTICE PROVIDERS TOGETHER, THIS GROUP HELPS PROMEDICA BROADEN THE CARE WE OFFER TO AREA RESIDENTS, INCLUDING IN SMALLER, OUTLYING COMMUNITIES - PROMEDICA INSURANCE CORPORATION, THE LARGEST HEALTH MAINTENANCE ORGANIZATION PHYSICALLY LOCATED IN NORTHWEST OHIO IN 2015, PARAMOUNT ADVANTAGE PROVIDED MEDICAID COVERAGE TO MORE THAN 227,000 MEMBERS ACROSS ALL OF OHIO'S 88 COUNTIES - PROMEDICA INDEMNITY CORPORATION, PROVIDING MEDICAL PROFESSIONAL AND COMPREHENSIVE GENERAL LIABILITY COVERAGE FOR PROMEDICA, INCLUDING IN OUTLYING AREAS WHERE PRIMARY-CARE PHYSICIAN RECRUITMENT IS DIFFICULT - TWELVE CONTROLLED FOUNDATIONS THAT SERVE AS FUNDRAISING ENTITIES FOR THEIR RESPECTIVE HOSPITALS/BUSINESS UNITS AND FACILITIES, SUCH AS THE EBED HOSPICE RESIDENCE ON THE FLOWER HOSPITAL CAMPUS AND THE MARY ELLEN FALZONE DIABETES CENTER ON THE CAMPUS OF THE TOLEDO HOSPITAL PROMEDICA'S SPECIALIZED CARE INCLUDES ONCOLOGY, ORTHOPAEDICS, HEART AND VASCULAR, NEUROLOGY, REHABILITATIVE, AND BEHAVIORAL MEDICINE, AS WELL AS WOMEN'S AND PEDIATRIC CARE A FUNDAMENTAL PART OF OUR MISSION IS THAT OUR SERVICES ARE TAILORED TO THE NEEDS OF OUR COMMUNITIES AND THEY ARE AVAILABLE TO EVERYONE IN OUR COMMUNITY, REGARDLESS OF THEIR ABILITY TO PAY IN ADDITION TO BEING A STRONG ADVOCATE FOR THE HEALTH AND WELL-BEING OF OTHERS, PROMEDICA PROVIDES AND PROMOTES COMMUNITY WELLNESS, COLLABORATING WITH MORE THAN 300 NONPROFIT AGENCIES AND ORGANIZATIONS ACROSS OUR REGION IN 2015 THAT HAD VALUES AND MISSIONS SIMILAR TO OUR OWN PROMEDICA IS CONTINUALLY IMPROVING ITS SERVICES, FACILITIES, TECHNOLOGIES, AND OUTREACH EFFORTS TO MEET THE EVER-CHANGING NEEDS OF ITS DIVERSE POPULATIONS IN DIRECT RESPONSE TO COMMUNITY NEEDS, A FEW EXAMPLES FROM 2015 INCLUDE THE FOLLOWING - MERCY MEMORIAL HOSPITAL CORPORATION, IN MONROE, MICHIGAN, BECAME A MEMBER OF PROMEDICA EFFECTIVE JAN 1, 2015 BY SHARING RESOURCES AND CLINICAL EXPERTISE, THIS NEW PARTNERSHIP HELPS BROADEN THE DEPTH AND BREADTH OF OUR SERVICES FOR RESIDENTS OF SOUTHEASTERN MICHIGAN - PROMEDICA, ALONG WITH FIVE OTHER OHIO HOSPITALS, ESTABLISHED THE MIDWEST HEALTH COLLABORATIVE (MHC) TO IMPROVE THE VALUE OF HEALTHCARE SERVICES THROUGHOUT THE STATE WHILE REMAINING INDEPENDENT, THESE SIX HEALTHCARE ORGANIZATIONS ARE WORKING TOGETHER TO ASSESS THE FEASIBILITY OF CREATING A STATEWIDE PROVIDER NETWORK, EXCHANGE BEST PRACTICES, SHARE RESOURCES, REDUCE COSTS, DEVELOP INNOVATIVE WAYS TO DELIVER HEALTH CARE ACROSS LARGE POPULATIONS, AND REDUCE CARE VARIATION - IN 2015, PROMEDICA FINALIZED A COMPREHENSIVE AGREEMENT WITH THE UNIVERSITY OF TOLEDO COLLEGE OF MEDICINE AND LIFE SCIENCES TO FORM AN ACADEMIC AFFILIATION WITH THE PURPOSE OF ADVANCING MEDICAL EDUCATION AND CLINICAL RESEARCH IN NORTHWEST OHIO THE AFFILIATION WILL BUILD A LEGACY MODEL OF HEALTH CARE THAT WILL BENEFIT COMMUNITY MEMBERS ACROSS THE REGION FOR GENERATIONS TO COME - PROMEDICA OPENED ITS FIRST URGENT CARE CENTERS IN OREGON AND PERRYSBURG, OHIO, TO SERVE PATIENTS WHO HAVE MEDICAL CONCERNS THAT DO NOT REQUIRE AN EMERGENCY CENTER THE URGENT CARE CENTERS ARE OPEN 10 A M TO 10 P M, 365 DAYS PER YEAR, AND ARE STAFFED BY HIGHLY-TRAINED CERTIFIED NURSE PRACTITIONERS - PROMEDICA'S SUMMER YOUTH EMPLOYMENT PROGRAM PARTNERED 77 CENTRAL-CITY TEENS AGES 16 - 19 WITH MENTORS IN DEPARTMENTS SUCH AS HUMAN RESOURCES, RADIOLOGY, DIETARY, AND INFORMATION TECHNOLOGY TO LEARN SKILLS INCLUDING CUSTOMER SERVICE, PUNCTUALITY AND BEING ACCOUNTABLE TO OTHERS - AS CHILDHOOD OBESITY CONTINUES TO BE AN IMPORTANT ISSUE IN OUR COMMUNITIES, BAY PARK COMMUNITY HOSPITAL BEGAN PILOTING A NEW HEALTH AND NUTRITION PROGRAM TO CHILDREN IN GRADES 2 - 5 IN ITS SERVICE AREA THE PROGRAM FEATURES A BOARD GAME DEVELOPED BY PROMEDICA CALLED NUTREXITY, WHICH OFFERS A FUN WAY FOR KIDS TO LEARN ABOUT HEALTH, INCLUDING GOOD NUTRITION, EXERCISE ESSENTIALS, AND THE IMPORTANCE OF GIVING BACK TO THE COMMUNITY - PROMEDICA PHYSICIANS EXPANDED CARE TO BETTER COVER LOCAL AND RURAL COMMUNITIES, ADDING MORE THAN 100 NEW PRIMARY CARE PHYSICIANS, SPECIALISTS AND ADVANCED PRACTICE PROVIDERS IN 2015 - PROMEDICA PARTICIPATED IN DOZENS OF COMMUNITY HEALTH FAIRS THAT INCLUDED APPROXIMATELY 7,500 FREE PUBLIC SCREENINGS FOR HIGH BLOOD PRESSURE, HIGH CHOLESTEROL, BODY MASS INDEX AND BONE DENSITY - AS PART OF ITS HUNGER-FREE INITIATIVE, PROMEDICA CONTINUED TO IMPLEMENT A FOOD RECLAMATION PROGRAM MORE THAN 160,000 POUNDS OF FOOD HAVE BEEN RECLAIMED FROM PARTNERS SUCH AS HOLLYWOOD CASINO, THE TOLEDO HOSPITAL, FLOWER HOSPITAL, FIFTH THIRD FIELD, AND OWENS COMMUNITY COLLEGE SINCE THE PROGRAM STARTED IN 2013 - PROMEDICA'S COME TO THE TABLE HUNGER SUMMIT TOOK PLACE IN ALBUQUERQUE, NEW MEXICO IN JUNE AS PART OF PROMEDICA'S EFFORTS TO RAISE AWARENESS OF HUNGER AS A HEALTH ISSUE PRESENTED BY PROMEDICA, THE ALLIANCE TO END HUNGER, AND PRESBYTERIAN HEALTHCARE SERVICES, THE SUMMIT FEATURED PERSPECTIVES FROM AN ARRAY OF EXPERTS, INCLUDING A KEYNOTE ADDRESS BY AUDREY ROWE, ADMINISTRATOR FOR THE FOOD AND NUTRITION SERVICE AT THE U S DEPARTMENT OF AGRICULTURE</p>

Return Reference	Explanation
<p>- PROMEDICA CANCER INSTITUTE'S (PCI) COMMUNITY OUTREACH INCLUDED</p>	<p>CANCER SCREENINGS AND EDUCATION TO THE MOST VULNERABLE IN OUR COMMUNITY FREE SCREENING MAMMOGRAMS, AS WELL AS SKIN CANCER AND LUNG CANCER SCREENINGS WERE PROVIDED FOR EARLY DETECTION PROSTATE CANCER SCREENING EDUCATION AND NUTRITIONAL PROGRAMS WERE DEVELOPED TO KEEP PEOPLE HEALTHY, AND A COLORECTAL CANCER EDUCATION EVENT TOOK PLACE AT HUNTINGTON CENTER PCI ALSO HOSTED ANNUAL CANCER SURVIVOR CELEBRATIONS FOR SURVIVORS, FRIENDS AND CAREGIVERS ACROSS THE REGION AND SPONSORED COMMUNITY EVENTS INCLUDING THE ANNUAL NW OHIO SUSAN G KOMEN, RACE FOR THE CURE AND AMERICAN CANCER SOCIETY RELAY FOR LIFE IN LUCAS COUNTY - A NEW FOOD PHARMACY PILOT LAUNCHED, SERVING PATIENTS AT THE ADULT MEDICINE CLINIC AT PROMEDICA'S CENTER FOR HEALTH SERVICES (CHS) AND THE WW KNIGHT FAMILY MEDICINE PRACTICE THE PROGRAM REFERS PATIENTS WHO SCREEN POSITIVE FOR FOOD INSECURITY TO RECEIVE FOOD FOR THEM AND THEIR FAMILY FROM THE FOOD PHARMACY LOCATED AT CHS EACH PATIENT RECEIVES TWO TO THREE DAYS OF SUPPLEMENTAL FOOD FOR THEIR FAMILY STARTING IN APRIL THROUGH DECEMBER 2015, APPROXIMATELY 1,400 REFERRALS WERE MADE TO THE FOOD PHARMACY, PROVIDING SUPPLEMENTAL FOOD TO MORE THAN 1,800 HOUSEHOLDS - THROUGH ITS ADVOCACY FUND, PROMEDICA CONTINUED TO SUPPORT LOCAL COMMUNITY ORGANIZATIONS THAT PROVIDE ASSISTANCE TO THOSE IN NEED WITH BASIC NECESSITIES THAT DIRECTLY IMPACT INDIVIDUALS' HEALTH AND WELL-BEING THIS SUPPORT AMOUNTED TO GRANTS TOTALING MORE THAN \$315,000 IN 2015 - PROMEDICA AND THE AARP FOUNDATION (AARP'S AFFILIATED CHARITY) JOINED TOGETHER AS FOUNDING MEMBERS OF THE NEW NOT-FOR-PROFIT ORGANIZATION THE ROOT CAUSE COALITION THE COALITION IS FOCUSED ON ADDRESSING HUNGER AS A PUBLIC HEALTH ISSUE AND OTHER SOCIAL DETERMINANTS OF HEALTH - TO HELP MEET THE NEED FOR ADDITIONAL SCHOOL NURSES IN THE TOLEDO PUBLIC SCHOOL SYSTEM (TPS), PROMEDICA BEGAN FUNDING NINE ADDITIONAL SCHOOL NURSES, ENABLING ALL TPS ELEMENTARY SCHOOLS TO HAVE A FULL-TIME SCHOOL NURSE STUDIES HAVE SHOWN THAT FULL-TIME NURSES IN PUBLIC SCHOOLS CAN HAVE A POSITIVE IMPACT ON HEALTH AND STRONG ACADEMIC OUTCOMES OVER THE NEXT THREE YEARS, PROMEDICA AND TPS WILL TRACK AND EVALUATE STUDENT HEALTH STATISTICS TO DEVELOP A SUSTAINABILITY PLAN AND SUPPORT ONGOING FUNDING FOR THE PROGRAM - PROMEDICA OPENED THE EBED INSTITUTE'S NEW MARKET ON THE GREEN TO PROVIDE BETTER ACCESS TO HEALTHY FOODS IN A DESIGNATED FOOD DESERT, AS WELL AS JOB TRAINING OPPORTUNITIES FOR RESIDENTS IN THE UPTOWN TOLEDO NEIGHBORHOOD THE INSTITUTE WAS MADE POSSIBLE THROUGH A GENEROUS DONATION FROM PROMEDICA BOARD MEMBER RUSSELL EBED - AFTER MORE THAN A YEAR OF PLANNING, BUILDING, TESTING AND TRAINING, PROMEDICA'S NEW ELECTRONIC HEALTH RECORD (EHR), EPIC, WENT LIVE WITH A SUCCESSFUL PILOT OF 20 PROMEDICA PHYSICIANS AND PROVIDERS FOLLOWING EPIC'S METHODOLOGY, ADDITIONAL GO-LIVES ARE SCHEDULED THROUGH 2016 AND 2017 TO BRING ALL PROVIDERS, HOSPITALS AND SERVICES ON BOARD THE NEW PLATFORM WILL FURTHER ENABLE ONE PATIENT, ONE RECORD, AND ONE BILL FOR PATIENTS REGARDLESS OF SERVICE PROVIDED OR THE LOCATION OF SERVICE ACROSS PROMEDICA - TOLEDO AND TOLEDO CHILDREN'S HOSPITALS OPENED A NEW SURGERY SUITE TO INCREASE EFFICIENCY AND PROVIDE A BETTER EXPERIENCE FOR PATIENTS AND FAMILIES IT INCLUDES 10 REPLACEMENT OPERATING ROOMS, LARGER PRE-OP AND RECOVERY AREAS, A NEW PEDIATRIC RECOVERY AREA, AND A NEW TEXT ALERT SYSTEM FOR WAITING FAMILIES - IN COLLABORATION WITH HCR MANORCARE, THE NEW HEARTLAND AT PROMEDICA SKILLED NURSING AND REHABILITATION FACILITY OPENED ON THE CAMPUS OF FLOWER HOSPITAL IT PROVIDES MEDICALLY COMPLEX AND INTENSIVE REHABILITATION SERVICES FOR SHORT-TERM PATIENTS TRANSITIONING BETWEEN HOSPITAL CARE AND HOME - FLOWER HOSPITAL RADIOLOGY INSTALLED A NEW MRI SCANNER THAT PROVIDES INCREASED IMAGE RESOLUTION, RESULTING IN EXCELLENT IMAGE QUALITY AND PROVIDING PATIENTS WITH MORE ROOM DURING THE IMAGING PROCESS ADDITIONALLY IT CAN ACCOMMODATE PATIENTS WEIGHING UP TO 550 LBS (250 KG) AND ITS SHORT, WIDE BORE DESIGN HELPS REDUCE PATIENT ANXIETY AND INCREASES PATIENT COMFORT - PROMEDICA DESIGNATED CLEVELAND CLINIC LABORATORIES (CCL) AS ITS NEW PRIMARY REFERENCE LAB, ALLOWING CCL TO PERFORM THE 1% OF HIGHLY SPECIALIZED LABORATORY TESTING THAT CANNOT BE PERFORMED BY PROMEDICA LABS CCL IS ONE OF THE TOP SIX PRIMARY REFERENCE LABORATORIES IN THE COUNTRY, PROVIDING HIGH-QUALITY, STATE-OF-THE-ART DIAGNOSTIC SERVICES TO PHYSICIANS AND HEALTHCARE FACILITIES NATIONWIDE THE NEW COLLABORATION OFFERS EFFICIENT, COST EFFECTIVE AND COORDINATED CARE ACROSS THE REGION FOR OUR PATIENTS - ST LUKE'S HOSPITAL ACHIEVED NICHE (NURSES IMPROVING CARE FOR HEALTH SYSTEM ELDER) DESIGNATION NICHE IS A NATIONAL, NURSING-DRIVEN PROGRAM DESIGNED TO HELP HOSPITALS AND HEALTHCARE ORGANIZATIONS IMPROVE THE CARE PROVIDED TO OLDER ADULTS - THE HICKMAN CANCER CENTER AT FLOWER HOSPITAL WAS EXPANDED TO A TOTAL OF 32 TREATMENT BAYS, INCLUDING FOUR BEDS TO INCREASE PATIENT COMFORT DURING TREATMENT AND TWO ADDITIONAL EXAM ROOMS TO IMPROVE PATIENT FLOW AT THE CENTER - PROMEDICA, IN PARTNERSHIP WITH HARBOR, A REGIONAL BEHAVIORAL HEALTH AGENCY, IMPLEMENTED A TELEPSYCH PROGRAM TO ASSIST IN CARING FOR INPATIENTS AT BOTH THE EMMA L BIXBY MEDICAL CENTER AND HERRICK HOSPITAL CAMPUSES AS WELL AS IN BOTH OUTPATIENT MENTAL HEALTH FACILITIES - POSITIONED TO BE A REGIONAL LEADER IN RESEARCH AND INNOVATIONS, PROMEDICA PARTICIPATED IN MORE THAN 160 INDUSTRY-SPONSORED CLINICAL RESEARCH TRIALS AS WELL AS MORE THAN 60 INTERNAL RESEARCH PROJECTS CONDUCTED BY PHYSICIANS, NURSES AND ALLIED HEALTH PROFESSIONALS ADDITIONALLY, PROMEDICA'S MEDICAL TECHNOLOGY BUSINESS INCUBATOR ALLOWS CLIENT COMPANIES IN THE HEALTHCARE FIELD TO ACCELERATE DEVELOPMENT AND COMMERCIALIZATION OF MEDICAL DEVICES AND HEALTH INFORMATION TECHNOLOGY TO IMPROVE PATIENT CARE LOCALLY AND NATIONALLY IN 2015, PROMEDICA CONTRIBUTED \$198,749,000 IN COMMUNITY BENEFIT THROUGH COMMUNITY BENEFIT EXPENDITURES, FINANCIAL ASSISTANCE AND GOVERNMENT-SPONSORED, MEANS-TESTED HEALTH CARE THESE NUMBERS NOT ONLY INDICATE PROMEDICA'S LONG-STANDING COMMITMENT TO THE COMMUNITY, BUT ALSO FULFILL OUR NOT-FOR-PROFIT STATUS BY IMPROVING THE HEALTH AND WELL-BEING OF RESIDENTS IN THE COMMUNITIES WE SERVE SPECIFICALLY, THROUGH COMMUNITY HEALTH IMPROVEMENT SERVICES, HEALTH PROFESSIONS EDUCATION, SUBSIDIZED HEALTH SERVICES, RESEARCH, CASH AND IN-KIND CONTRIBUTIONS, AND OTHER COMMUNITY BENEFIT OPERATIONS, PROMEDICA CONTRIBUTED \$60,815,000 IN 2015 THESE PROGRAMS INCLUDED FREE COMMUNITY HEALTH SCREENINGS, SUCH AS DIABETES TESTING, BLOOD PRESSURE, BONE DENSITY, BODY MASS, AND CANCER CHECKUPS, MAMMOGRAM SCREENINGS FOR LOW-INCOME AND UNINSURED WOMEN, CHILDHOOD IMMUNIZATIONS, REDUCED-COST SCHOOL-ATHLETIC PHYSICALS, FIRST-AID COVERAGE AT COMMUNITY EVENTS, VOLUNTEER ELEMENTARY SCHOOL MENTORS, PUBLIC HEALTH EDUCATION LECTURES AND SEMINARS, A CHILDHOOD OBESITY PROGRAM, AND MANY OTHER COMMUNITY-BASED INITIATIVES PROMEDICA ALSO CONTRIBUTED \$18,122,000 IN FINANCIAL ASSISTANCE FOR PATIENTS WHO DID NOT HAVE THE FINANCIAL RESOURCES TO PAY FOR HOSPITAL SERVICES THIS AMOUNT REPRESENTS THE COST TO PROVIDE SERVICE AND DOES NOT INCLUDE THE COSTS FOR ACCOUNTS THAT ARE WRITTEN OFF TO BAD DEBT FOR PATIENTS WHO DO NOT PAY THEIR BILLS IN ADDITION, PROMEDICA'S COST OF BAD DEBT FOR 2015 WAS \$21,472,000 THIS AMOUNT IS NOT INCLUDED IN THE COMMUNITY BENEFIT AMOUNT OF \$198,749,000 NOTED ABOVE FURTHER, PROMEDICA CONTINUES TO BE A LEADING PARTICIPANT IN THE LUCAS COUNTY CARENET INITIATIVE - A COLLABORATIVE EFFORT AMONG PROMEDICA, MERCY HEALTH PARTNERS, THE UNIVERSITY OF TOLEDO MEDICAL CENTER, THE CITY OF TOLEDO, AND OTHERS CARENET WAS CREATED TO PROVIDE FREE OR LOWER-COST HEALTH CARE FOR LOW-INCOME LUCAS COUNTY RESIDENTS ESTABLISHED IN 2003, CARENET BRIDGES THE GAP BETWEEN ADULTS WITHOUT HEALTH INSURANCE AND NEEDED HEALTHCARE SERVICES WHILE SOME INDIVIDUALS MAY QUALIFY FOR GOVERNMENTAL INSURANCE PROGRAMS SUCH AS MEDICAID, OTHERS DO NOT, IT IS FOR THESE INDIVIDUALS THAT CARENET WAS ESTABLISHED ADDITIONALLY DURING 2015, PROMEDICA PROVIDED \$119,812,000 OF COMMUNITY BENEFIT THROUGH THE COST - NOT REIMBURSED BY THE GOVERNMENT - FOR TREATING MEDICAID AND OTHER MEANS-TESTED PATIENTS PROMEDICA'S TOTAL COST - NOT REIMBURSED BY THE GOVERNMENT - FOR TREATING MEDICARE PATIENTS DURING 2015 WAS \$111,127,000 AND IS NOT REFLECTED IN THE COMMUNITY BENEFIT AMOUNT OF \$198,749,000 NOTED ABOVE INDEED, PROMEDICA GOES BEYOND INDUSTRY STANDARDS IN MEETING THE GOAL OF PROVIDING CARE TO EVERYONE, REGARDLESS OF THEIR ABILITY TO PAY WE PROVIDE HOSPITAL CARE FREE-OF-CHARGE TO ALL FAMILIES WITHOUT INSURANCE WITH INCOMES AT OR BELOW 200% OF THE FEDERAL POVERTY LEVEL IN ADDITION TO FREE CARE FOR THOSE FAMILIES UNDER THIS FEDERAL POVERTY LEVEL, PROMEDICA HOSPITALS PROVIDE SIGNIFICANT DISCOUNTS TO FAMILIES WITH INCOMES OF UP TO 400% OF THE FEDERAL POVERTY LEVEL</p>

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

Return Reference	Explanation
EMMA L BIXBY MEDICAL CENTER - PROGRAM SERVICE ACCOMPLISHMENTS	<p>FOUNDED IN 1911, EMMA L BIXBY MEDICAL CENTER (D/B/A PROMEDICA BIXBY HOSPITAL) CONTINUES TO MEET THE HEALTHCARE NEEDS OF ADRIAN, MICHIGAN AND SURROUNDING SOUTHEAST MICHIGAN COMMUNITIES AS THE LARGEST ACUTE CARE FACILITY IN LENA WEE COUNTY IT IS A MEMBER OF PROMEDICA HEALTH SYSTEM, INC (PROMEDICA), A MISSION-BASED, LOCALLY OWNED, NONPROFIT HEALTHCARE ORGANIZATION HIGHLY FOCUSED ON ACHIEVING CORE VALUES HEADQUARTERED IN TOLEDO, OHIO, PROMEDICA SERVES 27 COUNTIES IN NORTHWEST OHIO AND SOUTHEAST MICHIGAN, AND IS ONE OF THE REGION'S LEADING HEALTHCARE PROVIDERS OUR STEWARDSHIP OF RESOURCES HAS ENABLED US TO WISELY INVEST IN PATIENT-CENTERED CARE, ADVANCED TECHNOLOGY, INNOVATIVE PROGRAMS, AND FAMILY-ORIENTED FACILITIES THAT HELP TO ENSURE PATIENTS AND AREA RESIDENTS HAVE EQUAL ACCESS TO HIGH-QUALITY, SAFE HEALTH CARE IN THE MOST APPROPRIATE SETTING, REGARDLESS OF PATIENTS' ABILITY TO PAY PROMEDICA BIXBY HOSPITAL (BH) IS AN 88-BED, FULL-SERVICE, ACUTE CARE HOSPITAL STAFFED BY MORE THAN 120 ACTIVE PHYSICIANS WORKING TO MEET IDENTIFIED NEEDS OF THE COMMUNITY OFFERING MYRIAD INPATIENT AND OUTPATIENT SERVICES, ITS STAFF OF PROFESSIONALS OFFER CARE IN GENERAL SURGERY, CARDIOLOGY, OBSTETRICS/GYNECOLOGY, NEUROLOGY, BEHAVIORAL MEDICINE, ONCOLOGY, ORTHOPAEDICS, PULMONOLOGY, PEDIATRICS, FAMILY MEDICINE, PAIN MANAGEMENT, WOUND CARE, AND CRITICAL CARE BH ALSO OFFERS EMERGENCY MEDICINE SERVICES AND IS ACCREDITED AS A PRIMARY STROKE CARE CENTER BY HEALTHCARE FACILITIES ACCREDITATION PROGRAM (HFAP) THE HOSPITAL ALSO IS A NICHE (NURSES IMPROVING CARE FOR HEALTHY SYSTEM ELDER) DESIGNATED HOSPITAL, A NATIONAL NURSE-DRIVEN PROGRAM DESIGNED TO HELP HOSPITALS IMPROVE THE CARE OF OLDER ADULTS IN 2015, BH SERVED 4,286 INPATIENTS, 107,692 OUTPATIENTS, AND 33,072 EMERGENCY CENTER PATIENTS BH PROVIDES INPATIENT AND OUTPATIENT SERVICES WITH STATE-OF-THE-ART TECHNOLOGY AND STRIVES TO OFFER EXCEPTIONAL CARE TO BEST RESPOND TO COMMUNITY NEED THIS IS REFLECTED IN THE PROGRAMS AND SERVICES OFFERED, SUCH AS HICKMAN CANCER CENTER AS PART OF THE PROMEDICA CANCER INSTITUTE, HICKMAN CANCER CENTER OFFERS DIAGNOSTIC SERVICES, AS WELL AS RADIATION AND MEDICAL ONCOLOGY TREATMENT FOR HUNDREDS OF NEW PATIENTS ANNUALLY AS A MEMBER OF THE TOLEDO COMMUNITY HOSPITAL ONCOLOGY PROGRAM, HICKMAN CANCER CENTER OFFERS PATIENTS THE OPPORTUNITY TO PARTICIPATE IN NATIONAL CANCER TRIALS FURTHER, BH'S CARDIAC REHABILITATION PROGRAM IS CERTIFIED BY THE AMERICAN ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION IN 2015, BH PARTNERED WITH THE LENA WEE COUNTY INTERMEDIATE SCHOOL DISTRICT TO PROVIDE NINE INTERNSHIPS EACH SCHOOL YEAR TO STUDENTS WITH DISABILITIES THROUGH PROJECT SEARCH THE PROGRAM OFFERS THE STUDENTS AN OPPORTUNITY TO LEARN SKILLS THAT WILL ASSIST THEM IN FINDING LONG-TERM EMPLOYMENT WITHIN THE COMMUNITY UPON GRADUATION THE HOSPITAL CONTRIBUTED \$4,879,000 IN COMMUNITY BENEFIT THROUGH COMMUNITY BENEFIT EXPENDITURES, FINANCIAL ASSISTANCE AND GOVERNMENT-SPONSORED, MEANS-TESTED HEALTH CARE IN 2015 THROUGH COMMUNITY HEALTH IMPROVEMENT SERVICES, HEALTH PROFESSIONS EDUCATION, AND OTHER COMMUNITY BENEFIT OPERATIONS, BH CONTRIBUTED \$57,000 TO THE COMMUNITY DURING 2015 THE FOLLOWING ARE EXAMPLES OF SUCH CONTRIBUTIONS - SUPPORT OF THE LENA WEE HEALTH NETWORK VEGGIE MOBILE, WHICH BRINGS FRESH PRODUCE TO THE LENA WEE COUNTY COMMUNITY - SUPPORT GROUPS FOR INDIVIDUALS WITH CHRONIC DISEASES, FOCUSED ON PATIENTS' EMOTIONAL, PHYSIOLOGICAL AND PSYCHOLOGICAL NEEDS, - ANNUAL CANCER SURVIVORSHIP PROGRAM FOR CANCER SURVIVORS AND THEIR FAMILIES, FRIENDS AND CAREGIVERS TO SHARE STORIES OF INSPIRATION AND HOPE - CHILDHOOD AND ADULT IMMUNIZATIONS, ASTHMA CARE, AND INDIGENT AND SENIOR HEALTH FAIRS FOR THE UNDERPRIVILEGED AND LOCAL COMMUNITY AT LARGE, - COMMUNITY HEALTH AND WELLNESS SERVICES, WHICH INCLUDED TOBACCO CESSATION PROGRAMS, NUTRITION AND FITNESS CLASSES, PRENATAL AND FAMILY PLANNING CLASSES, AND CPR TRAINING, AND - FREE BLOOD PRESSURE, BODY MASS INDEX (BMI), CHOLESTEROL, CANCER, AND DIABETES SCREENINGS FOR AREA RESIDENTS, INCLUDING AT LOCAL SENIOR CENTERS BH PROVIDED A SIGNIFICANT AMOUNT OF FINANCIAL ASSISTANCE TO THE COMMUNITY DURING 2015, OF WHICH \$821,000 REPRESENTED UNCOMPENSATED AMOUNTS FOR TREATMENT TO THOSE PATIENTS WHO DID NOT HAVE THE FINANCIAL RESOURCES TO PAY FOR HOSPITAL SERVICES FINANCIAL ASSISTANCE REPRESENTS THE COST TO PROVIDE SERVICE AND DOES NOT INCLUDE THE COSTS FOR ACCOUNTS WRITTEN OFF TO BAD DEBT FOR PATIENTS WHO DO NOT PAY THEIR BILLS BH'S COST OF BAD DEBT FOR 2015 WAS \$863,000 THIS AMOUNT IS NOT INCLUDED IN THE COMMUNITY BENEFIT AMOUNT OF \$4,879,000 NOTED ABOVE FURTHER, BH PROVIDED \$4,001,000 OF COMMUNITY BENEFIT THROUGH COSTS - NOT REIMBURSED BY THE GOVERNMENT - FOR TREATING MEDICAID AND OTHER MEANS-TESTED PATIENTS ALSO IN 2015, THE TOTAL COST - NOT REIMBURSED BY THE GOVERNMENT - FOR TREATING MEDICARE PATIENTS WAS \$3,933,000 AND IS NOT INCLUDED IN THE COMMUNITY BENEFIT AMOUNT OF \$4,879,000 NOTED ABOVE BH PROVIDED 650 JOBS THROUGH DIRECT EMPLOYMENT IN 2015, EXPENDING \$22,000,000 IN NET PAYROLL A TOTAL OF \$1,039,000 WAS WITHHELD FROM HOSPITAL EMPLOYEES IN STATE AND LOCAL TAXES IN SUMMARY, BH DEMONSTRATES PROMEDICA'S MISSION AND CORE VALUES BY PROVIDING HIGH-QUALITY HEALTH CARE TO ALL PATIENTS, REGARDLESS OF THEIR RACE, CREED, SEX, NATIONAL ORIGIN, DISABILITY, OR AGE AND, WE RECOGNIZE THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL CARE THEREFORE, WE PROVIDE THESE HEALTHCARE SERVICES, RECRUIT AND TRAIN HEALTHCARE PROFESSIONALS TO SERVE THE BROADER COMMUNITY, PROVIDE APPROPRIATE FINANCIAL ASSISTANCE, OFFER SERVICES AND CONTRIBUTIONS TO OTHER NONPROFIT ORGANIZATIONS THAT ALLOW THEM TO PROVIDE KEY SERVICES TO THEIR CONSTITUENTS, AND PRESENT FREE EDUCATIONAL CLASSES, HEALTH FAIRS AND OTHER OUTREACH ACTIVITIES TO OUR LOCAL COMMUNITY TO HELP ENSURE ALL MEMBERS HAVE EQUAL ACCESS TO CARE</p>

Return Reference	Explanation
COMMUNITY BENEFIT DEFINITIONS	<p>PROMEDICA HEALTH SYSTEM, INC AND ITS SUBSIDIARIES (PROMEDICA) PREPARES ITS COMMUNITY BENEFIT REPORTS USING REPORTING GUIDELINES PUBLISHED BY THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES AND CONSISTENT WITH FORM 990, SCHEDULE H, HOSPITALS, REPORTING COMMUNITY BENEFITS ARE PROGRAMS AND ACTIVITIES THAT PROVIDE TREATMENT AND/OR PROMOTE HEALTH AND HEALING AS A RESPONSE TO IDENTIFIED COMMUNITY NEEDS COMMUNITY BENEFITS REPORTED BY PROMEDICA RESPOND TO IDENTIFIED COMMUNITY NEEDS AND MEET AT LEAST ONE OF THE FOLLOWING CRITERIA - IMPROVE ACCESS TO HEALTHCARE SERVICE - ENHANCE THE HEALTH OF THE COMMUNITY - ADVANCE HEALTHCARE KNOWLEDGE - RELIEVE OR REDUCE THE BURDEN OF GOVERNMENT OR OTHER COMMUNITY EFFORTS FINANCIAL ASSISTANCE CONSISTENT WITH ITS MISSION, PROMEDICA PROVIDES A SIGNIFICANT AMOUNT OF FINANCIAL ASSISTANCE TO PATIENTS WITH LIMITED OR NO ABILITY TO PAY THEIR BILL PROMEDICA HOSPITALS PROVIDE FREE CARE TO THOSE UNINSURED PATIENTS WITH INCOMES UP TO 200% OF THE FEDERAL POVERTY LEVEL SIGNIFICANT DISCOUNTS ARE ALSO PROVIDED ON A SLIDING SCALE TO UNINSURED PATIENTS UP TO 400% OF THE FEDERAL POVERTY LEVEL FINANCIAL ASSISTANCE IS REPORTED IN THE FORM OF COST TO PROVIDE SERVICES AND HAS BEEN REDUCED TO REFLECT REIMBURSEMENT RECEIVED FROM STATE PROGRAMS DESIGNED TO RELIEVE THE BURDEN OF PROVIDING FINANCIAL ASSISTANCE THE COST OF FINANCIAL ASSISTANCE DOES NOT INCLUDE THE COSTS FOR ACCOUNTS THAT ARE WRITTEN OFF TO BAD DEBT FOR PATIENTS THAT DO NOT PAY THEIR BILL GOVERNMENT-SPONSORED HEALTH CARE GOVERNMENT-SPONSORED HEALTH CARE INCLUDE SERVICES THAT ARE REIMBURSED OR PARTIALLY REIMBURSED THROUGH FEDERAL, STATE AND LOCAL MEANS-TESTED PROGRAMS SUCH AS MEDICAID PROMEDICA INCLUDES THE UNPAID COSTS OF THESE PUBLIC PROGRAMS TO THE EXTENT THAT PAYMENTS RECEIVED ARE LESS THAN THE COSTS OF PROVIDING SERVICES THE UNPAID COSTS OF TREATING MEDICARE PATIENTS IS REPORTED SEPARATELY AND IS NOT INCLUDED IN PROMEDICA'S COMMUNITY BENEFIT REPORT ADDITIONALLY, THE COST OF FINANCIAL ASSISTANCE HAS BEEN ELIMINATED FROM ANY AMOUNTS REPORTED IN THIS CATEGORY COMMUNITY HEALTH IMPROVEMENT SERVICES & COMMUNITY BENEFIT OPERATIONS COMMUNITY HEALTH IMPROVEMENT SERVICES INCLUDE ACTIVITIES CARRIED OUT FOR THE EXPRESS PURPOSE OF IMPROVING COMMUNITY HEALTH THESE ACTIVITIES DO NOT GENERATE INPATIENT OR OUTPATIENT BILLS AS THEY EXTEND BEYOND PATIENT CARE ACTIVITIES AND ARE SUBSIDIZED BY PROMEDICA COMMUNITY BENEFIT OPERATIONS INCLUDE COSTS ASSOCIATED WITH DEDICATED STAFF, COMMUNITY HEALTH NEED AND/OR ASSESSMENT, AND OTHER COSTS ASSOCIATED WITH COMMUNITY BENEFIT PLANNING AND ADMINISTRATION HEALTH PROFESSIONS EDUCATION HEALTH PROFESSIONS EDUCATION INCLUDE COSTS FOR ALL EDUCATIONAL PROGRAMS PROMEDICA IS INVOLVED WITH, THE PROVISION OF A CLINICAL SETTING FOR TRAINING FOR HEALTHCARE STUDENTS OUTSIDE THE ORGANIZATION, AND FUNDING FOR HEALTHCARE EDUCATION SUBSIDIZED HEALTH SERVICES SUBSIDIZED HEALTH SERVICES ARE SERVICES PROVIDED TO THE COMMUNITY DESPITE A FINANCIAL LOSS THESE SERVICES GENERATE A BILL FOR REIMBURSEMENT, AND INCLUDE CLINICAL PATIENT CARE SERVICES THAT ARE PROVIDED BECAUSE THEY ARE NEEDED IN THE COMMUNITY AND OTHER PROVIDERS ARE UNWILLING, OR UNABLE, TO PROVIDE THE SERVICES, OR THE SERVICES OTHERWISE WOULD NOT BE AVAILABLE TO MEET COMMUNITY NEEDS RESEARCH RESEARCH ACTIVITIES INCLUDE CLINICAL AND COMMUNITY HEALTH RESEARCH, AS WELL AS STUDIES ON HEALTHCARE DELIVERY THE AMOUNT REPORTED FOR PROMEDICA IS REDUCED BY ANY EXTERNAL SUBSIDIES, SUCH AS GRANTS CASH AND IN-KIND CONTRIBUTIONS CASH AND IN-KIND CONTRIBUTIONS INCLUDE FUNDS AND IN-KIND SERVICES DONATED TO COMMUNITY ORGANIZATIONS AND THE COMMUNITY AT LARGE IN-KIND SERVICES INCLUDE HOURS DONATED BY STAFF FOR COMMUNITY NEEDS WHILE ON WORK TIME, AS WELL AS DONATIONS OF FOOD, EQUIPMENT AND SUPPLIES</p>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

**Open to Public
Inspection**

▶ 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.

Department of the Treasury
Internal Revenue Service

Name of the organization
EMMA L BIXBY MEDICAL CENTER

Employer identification number

38-2796005

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

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

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

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

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

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

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

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

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

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

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

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

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

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 38-2796005
Name: EMMA L BIXBY MEDICAL CENTER

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

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(21) PROMEDICA HOSPITALISTS LLC 5855 MONROE ST SYLVANIA, OH 43560	EMPLOYS PHYSICIANS	OH	0	0	PROMEDICA PHYSICIAN GROUP
(1) PROMEDICA HOSPITALISTS PLLC 5855 MONROE ST SYLVANIA, OH 43560	EMPLOYS PHYSICIANS	MI	0	0	PROMEDICA PHYSICIAN GROUP
(2) MEMORIAL ANESTHESIA LTD 715 SOUTH TAFT AVE FREMONT, OH 43420 20-5763680	EMPLOYS PHYSICIANS	OH	0	0	PROMEDICA PHYSICIAN GROUP
(3) MEMORIAL PROFESSIONAL SERVICES LTD 715 SOUTH TAFT AVE FREMONT, OH 43420 27-3763993	EMPLOYS PHYSICIANS	OH	10,132,691	-381,185	PROMEDICA PHYSICIAN GROUP
(4) PHS VENTURES LLC 1801 RICHARDS RD TOLEDO, OH 43607 34-1880473	HEALTH CARE MANAGEMENT SERVICES	DE	0	0	PROMEDICA HEALTH SYSTEM INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
BAY PARK COMMUNITY HOSPITAL 2801 BAY PARK DR OREGON, OH 43616 34-1883132	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
CARE ENTERPRISES INC 5901 MONCLOVA RD MAUMEE, OH 43537 34-1366709	FACILITY LEASING	OH	501(C)(3)	11B, II	PROMEDICA HEALTH SYSTEM INC	Yes	
DEFIANCE HOSPITAL AUXILIARY 1200 RALSTON DEFIANCE, OH 43512 51-0173779	HOSPITAL / FOUNDATION SUPPORT	OH	501(C)(3)	11D, III-O	DEFIANCE HOSPITAL INC	Yes	
DEFIANCE HOSPITAL INC 1200 RALSTON DEFIANCE, OH 43512 34-4446484	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
EMMA L BIXBY MEDICAL CENTER AUXILIARY 818 RIVERSIDE AVE ADRIAN, MI 49221 38-2149602	HOSPITAL / FOUNDATION SUPPORT	MI	501(C)(3)	11B, II	EMMA L BIXBY MEDICAL CENTER	Yes	
FLOWER HOSPITAL 5200 HARROUN RD SYLVANIA, OH 43560 34-4428794	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
FOSTORIA HOSPITAL ASSOCIATION 501 VAN BUREN STREET FOSTORIA, OH 44830 34-0898745	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
FOSTORIA HOSPITAL AUXILIARY PO BOX 907 FOSTORIA, OH 44830 34-6517634	HOSPITAL / FOUNDATION SUPPORT	OH	501(C)(3)	11A, I	FOSTORIA HOSPITAL ASSOCIATION	Yes	
HERRICK MEDICAL CENTER AUXILIARY 500 E POTTAWATAMIE ST TECUMSEH, MI 49286 38-3076105	HOSPITAL / FOUNDATION SUPPORT	MI	501(C)(3)	11B, II	HERRICK MEMORIAL HOSPITAL INC	Yes	
HERRICK MEMORIAL HOSPITAL INC 500 E POTTAWATAMIE ST TECUMSEH, MI 49286 38-3049015	HOSPITAL	MI	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
LENAWEE LONG TERM CARE 700 LAKESHIRE TR ADRIAN, MI 49221 38-2879330	LONG TERM CARE	MI	501(C)(3)	9	EMMA L BIXBY MEDICAL CENTER	Yes	
PROMEDICA CONTINUING CARE SERVICES CORP 5855 MONROE ST SYLVANIA, OH 43560 34-4492440	LONG TERM AND HOME HEALTH CARE	OH	501(C)(3)	9	PROMEDICA PHYSICIANS AND CONTINUUM SERVICES	Yes	
PROMEDICA COURIER SERVICES INC 3170 W CENTRAL AVE TOLEDO, OH 43606 26-0324790	COURIER SERVICE	OH	501(C)(3)	11B, II	PROMEDICA PHYSICIANS AND CONTINUUM SERVICES	Yes	
PROMEDICA HEALTH SYSTEM INC 1801 RICHARDS RD TOLEDO, OH 43607 34-1517671	PARENT COMPANY OF HEALTH SYSTEM	OH	501(C)(3)	11B, II	N/A		No
PROMEDICA INDEMNITY CORP ONE CHURCH ST 5TH FLOOR BURLINGTON, VT 05401 34-1931936	PROFESSIONAL & GENERAL LIABILITY	VT	501(C)(3)	11B, II	PROMEDICA HEALTH SYSTEM INC	Yes	
PROMEDICA PHYSICIANS AND CONTINUUM SERVICES 5855 MONROE ST SYLVANIA, OH 43560 34-1880767	PHYSICIAN MANAGEMENT SERVICES	OH	501(C)(3)	11B, II	PROMEDICA HEALTH SYSTEM INC	Yes	
PROMEDICA PHYSICIAN GROUP 5855 MONROE ST SYLVANIA, OH 43560 34-1899439	PHYSICIAN HEALTH CARE SERVICES	OH	501(C)(3)	9	PROMEDICA PHYSICIANS AND CONTINUUM SERVICES	Yes	
ST LUKE'S HOSPITAL 5901 MONCLOVA RD MAUMEE, OH 43537 34-4428232	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
ST LUKE'S HOSPITAL FOUNDATION 5901 MONCLOVA RD MAUMEE, OH 43537 34-1292849	FOUNDATION	OH	501(C)(3)	11B, II	PROMEDICA HEALTH SYSTEM INC	Yes	
PROMEDICA FOUNDATION 2142 N COVE BLVD TOLEDO, OH 43606 34-1517672	FOUNDATION	OH	501(C)(3)	11B, II	PROMEDICA HEALTH SYSTEM INC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
THE TOLEDO HOSPITAL 2142 N COVE BLVD TOLEDO, OH 43606 34-4428256	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
TOLEDO DISTRICT NURSE ASSOCIATION 1946 N 13TH STREET TOLEDO, OH 43624 34-4427949	SKILLED HOME CARE	OH	501(C)(3)	9	PROMEDICA PHYSICIANS AND CONTINUUM SERVICES	Yes	
VISITING NURSE HOSPICE AND HEALTH CARE 5855 MONROE ST SYLVANIA, OH 43560 34-1831624	HOSPICE HOME CARE	OH	501(C)(3)	9	PROMEDICA PHYSICIANS AND CONTINUUM SERVICES	Yes	
KAITLYN'S COTTAGE INC 1260 RALSTON AVE DEFIANCE, OH 43512 45-4781053	RESPIRE CARE	OH	501(C)(3)	9	DEFIANCE HOSPITAL INC	Yes	
MEMORIAL HOSPITAL 715 SOUTH TAFT AVE FREMONT, OH 43420 34-4430849	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
MONROE CANCER CENTER 800 STEWART RD MONROE, MI 48162 27-1302183	CANCER CENTER	MI	501(C)(3)	9	MERCY MEMORIAL HOSPITAL CORPORATION	Yes	
MONROE COMMUNITY HEALTH SERVICES 718 N MACOMB MONROE, MI 48162 38-2934134	LONG TERM CARE	MI	501(C)(3)	9	MERCY MEMORIAL HOSPITAL CORPORATION	Yes	
MERCY MEMORIAL HOSPITAL CORPORATION 718 N MACOMB MONROE, MI 48162 38-1984289	HOSPITAL	MI	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
PARAMOUNT ADVANTAGE 1901 INDIAN WOOD CIR MAUMEE, OH 43537 20-3376102	HEALTH INSURANCE	OH	501(C)(3)	9	PROMEDICA INSURANCE CORP INC AND SUBSIDIARIES	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
BIXBY MEDICAL OFFICE LIMITED PARTNERSHIP 818 RIVERSIDE AVE ADRIAN, MI 49221 38-2972398	FACILITY LEASING	MI	EMMA L BIXBY MEDICAL CENTER	RELATED	36,791	1,173,776		No		Yes		64 600 %
REYNOLDS RD SURGICAL CENTER LLC 2865 N REYNOLDS RD TOLEDO, OH 43615 31-1569454	FREESTANDING AMBULATORY SURGICAL CENTER	OH	THE TOLEDO HOSPITAL	RELATED	726,688	2,333,126		No			No	65 040 %
WATERVILLE MEDICAL CENTER LLC 5901 MONCLOVA RD MAUMEE, OH 43537 32-0160784	FACILITY LEASING	OH	CARE ENTERPRISES INC	RELATED	32,184	753,658		No			No	70 000 %
NORTHWEST OHIO DEDICATED BREAST MRI LLC 5901 MONCLOVA RD MAUMEE, OH 43537 26-0679898	MEDICAL DIAGNOSTICS	OH	THE TOLEDO HOSPITAL	RELATED	211,264	449,126		No			No	50 000 %
WEST CENTRAL SURGICAL CENTER LLC 7055 W CENTRAL TOLEDO, OH 43617 20-0088459	AMBULATORY SURGICAL CENTER	OH	THE TOLEDO HOSPITAL	RELATED	298,291	2,912,457		No		Yes		50 000 %
OHIO CARE AMBULATORY SURGICAL CENTER LLC 5959 MONCLOVA RD MAUMEE, OH 43537 34-1863472	AMBULATORY SURGICAL CENTER	OH	ST LUKE'S HOSPITAL	RELATED	73,215	1,293,530		No			No	54 680 %
LENAWEE PHYSICIAN HOSPITAL ORGANIZATION LLC 818 RIVERSIDE AVE ADRIAN, MI 49221 38-3605511	PHYSICIAN MANAGEMENT SERVICES	MI	EMMA L BIXBY MEDICAL CENTER	RELATED	-23,464	253,470		No		Yes		50 000 %
PROMEDICA SURGICAL SERVICES CO-MANAGEMENT CO LLC 5901 MONCLOVA RD MAUMEE, OH 43537 46-1989695	PHYSICIAN MANAGEMENT SERVICES	OH	PROMEDICA HEALTH SYSTEM INC	RELATED	743,257	816,423		No			No	51 920 %
EAST-WEST HOLDINGS LTD 715 SOUTH TAFT AVE FREMONT, OH 43420 20-4066818	REAL ESTATE	OH	MEMORIAL HOSPITAL	RELATED	6,016	306,259		No			No	50 000 %
SURGICAL INSTITUTE OF MONROE LLC 1051 S TELEGRAPH RD MONROE, MI 48161 27-0843485	AMBULATORY SURGICAL CENTER	MI	PROMEDICA PHYSICIANS AND CONTINUUM SERVICES	RELATED	4,044	3,684,750		No			No	54 000 %
PROMEDICA MASTER TENANT LLC 1801 RICHARDS RD TOLEDO, OH 43607 47-5288490	REAL ESTATE	OH	PROMEDICA MANAGER MEMBER LLC	RELATED		103,328		No		Yes		1 000 %
PROMEDICA DOWNTOWN CAMPUS LANDLORD LLC 1801 RICHARDS RD TOLEDO, OH 43607 47-3163945	REAL ESTATE	OH	PROMEDICA MANAGER MEMBER LLC	RELATED		22,771,216		No		Yes		90 000 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CARE HOLDINGS 5901 MONCLOVA RD MAUMEE, OH 43537 34-1796790	HOLDING COMPANY	OH	PROMEDICA HEALTH SYSTEM INC	C			100 000 %	Yes	
(1) HERRICK MEMORIAL DEVELOPMENT CORP 500 E POTTAWATAMIE TR ADRIAN, MI 49221 38-3146907	FACILITY LEASING	MI	EMMA L BIXBY MEDICAL CENTER	C	906	964,439	100 000 %	Yes	
(2) LHA PHYSICIAN SERVICES CORPORATION 818 RIVERSIDE AVE ADRIAN, MI 49221 61-1451576	PHYSICIAN BILLING	MI	EMMA L BIXBY MEDICAL CENTER	C	-44,391		100 000 %	Yes	
(3) PHYSICIANS ADVANTAGE MSO 5901 MONCLOVA RD MAUMEE, OH 43537 06-1811760	PHYSICIAN MANAGEMENT SERVICES	OH	PROMEDICA HEALTH SYSTEM INC	C			100 000 %	Yes	
(4) PROMEDICA CENTRAL CORPORATION OF MICHIGAN 5855 MONROE ST SYLVANIA, OH 43560 38-3322278	PHYSICIAN HEALTH CARE SERVICES	OH	PROMEDICA PHYSICIAN GROUP	C	-1,047,084	3,582,068	100 000 %	Yes	
(5) PROMEDICA INSURANCE CORP INC AND SUBSIDIARIES 1901 INDIAN WOOD CIR MAUMEE, OH 43537 34-1570675	HEALTH CARE INSURANCE	OH	PROMEDICA HEALTH SYSTEM INC	C	76,588,676	344,035,035	100 000 %	Yes	
(6) PROMEDICA NORTH PHYSICIAN CORPORATION 5855 MONROE ST SYLVANIA, OH 43560 38-3482148	PHYSICIAN HEALTH CARE SERVICES	OH	PROMEDICA PHYSICIAN GROUP	C		203,340	100 000 %	Yes	
(7) PROMEDICA RETAIL GROUP INC 3890 MONROE ST TOLEDO, OH 43606 34-1159928	FLORIST	OH	PROMEDICA PHYSICIANS AND CONTINUUM SERVICES	C	485	1,016,984	100 000 %	Yes	
(8) HERRICK MEMORIAL OFFICE PLAZA CONDOMINIUM ASSOCIATION 818 RIVERSIDE AVE ADRIAN, MI 49221 38-3639616	FACILITY MANAGEMENT	MI	HERRICK MEMORIAL DEVELOPMENT CORP	C	45	55,879	71 800 %	Yes	
(9) PROMEDICA HEALTH NETWORK INC 1801 RICHARDS RD TOLEDO, OH 43607 47-4006496	PHYSICIAN MANAGEMENT SERVICES	OH	PROMEDICA HEALTH SYSTEM INC	C			100 000 %	Yes	
(10) MONROE HEALTH VENTURES 718 N MACOMB MONROE, MI 48164 38-2704426	PHARMACY	MI	MERCY MEMORIAL HOSPITAL CORPORATION	C			100 000 %	Yes	
(11) PROMEDICA MANAGER MEMBER LLC 1801 RICHARDS RD TOLEDO, OH 43607 47-5168737	REAL ESTATE	OH	PROMEDICA HEALTH SYSTEM INC	C		9,536,974	100 000 %	Yes	

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	PROMEDICA FOUNDATION	B	254,188	FMV
(1)	MERCY MEMORIAL HOSPITAL CORPORATION	B	528,000	FMV
(2)	PROMEDICA PHYSICIANS AND CONTINUUM SERVICES	B	1,008,500	FMV
(3)	PROMEDICA FOUNDATION	C	127,451	FMV
(4)	PROMEDICA CENTRAL CORPORATION OF MICHIGAN	J	395,106	FMV
(5)	THE TOLEDO HOSPITAL	P	2,566,940	FMV
(6)	FLOWER HOSPITAL	P	131,604	FMV
(7)	PROMEDICA COURIER SERVICES INC	P	89,422	FMV
(8)	PROMEDICA HEALTH SYSTEM INC	P	12,361,818	FMV
(9)	PROMEDICA CENTRAL CORPORATION OF MICHIGAN	P	2,430,885	FMV
(10)	PROMEDICA INSURANCE CORP INC & SUBSIDIARIES	P	72,000	FMV