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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
THE TOLEDO HOSPITAL

Doing business as
PROMEDICA TOLEDO HOSPITAL

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

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

D Employer identification number
34-4428256

E Telephone number
(419) 291-7460

G Gross receipts $ 2,014,385,678

F Name and address of principal officer
MICHAEL P BROWNING
100 MADISON AVE
TOLEDO, OH 43604

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW PROMEDICA ORG

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

L Year of formation 1907

M State of legal domicile OH

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	5,736
6	Total number of volunteers (estimate if necessary)	**6**	278
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,716,816
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	1,224,561

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	9,809,954	55,620,401
9	Program service revenue (Part VIII, line 2g)	768,803,462	767,588,153
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,762,619	37,445,095
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,993,835	16,623,887
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	810,369,870	877,277,536
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	51,428,455	176,377,422
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)	339,056,664	352,481,625
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)	462,098,053	438,000,519
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	852,583,172	966,859,566
19	Revenue less expenses Subtract line 18 from line 12	-42,213,302	-89,582,030

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,701,109,632	1,442,478,118
21	Total liabilities (Part X, line 26)	1,007,389,442	1,002,560,783
22	Net assets or fund balances Subtract line 21 from line 20	693,720,190	439,917,335

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: 2017-11-09

MICHAEL P BROWNING TREASURER
Type or print name and title

Paid Preparer Use Only

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

Firm's name ▶ DELOITTE TAX LLP — Firm's EIN ▶ 86-1065772

Firm's address ▶ 111 MONUMENT CIRCLE STE 4200
INDIANAPOLIS, IN 462045108 — Phone no (317) 464-8600

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 736,113,127 including grants of $ 176,377,422) (Revenue $ 741,583,406)
See Additional Data

4b (Code) (Expenses $ 44,356,011 including grants of $) (Revenue $)
See Additional Data

4c (Code) (Expenses $ 53,077,752 including grants of $) (Revenue $ 21,885,545)
See Additional Data

(Code) (Expenses $ 1,776,732 including grants of $) (Revenue $ 1,997,432)
OPERATES A HEALTH CLUB FACILITY

4d Other program services (Describe in Schedule O)
(Expenses $ 1,776,732 including grants of $) (Revenue $ 1,997,432)

4e **Total program service expenses** ▶ 835,323,622

Part IV Checklist of Required Schedules

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

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

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	339		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	5,736		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?				No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?				No
6	Did the organization have members or stockholders?			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	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?			Yes	
b	Each committee with authority to act on behalf of the governing body?			Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*				No

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

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

Section C. Disclosure

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

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 100 MADISON AVE TOLEDO, OH 43604 (567) 585-8505

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								1,261,807	10,866,866	1,711,298

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 134

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LATHROP COMPANY INC 460 WEST DUSSEL DR MAUMEE, OH 435374205	GENERAL CONTRACTING	47,192,224
HKS INC 1919 MCKINNEY AVE DALLAS, TX 75201	ARCHITECTURAL DESIGN	9,117,762
PRICE WATERHOUSE COOPER PO BOX 75647 CHICAGO, IL 606755647	CONSULTING SERVICES	5,498,897
SPIEKER CO 8350 FREMONT PIKE PERRYSBURG, OH 43551	GENERAL CONTRACTING	5,452,237
UNIVERSITY OF TOLEDO DEPT L 674 COLUMBUS, OH 43260	EDUCATION & PHYSICIANS	5,351,967

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 49

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	52,050,653		
	e Government grants (contributions)	1e	1,085,772		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,483,976		
	g Noncash contributions included in lines 1a-1f $ 496				
	h Total. Add lines 1a-1f . . . . . ▶		55,620,401		
Program Service Revenue		Business Code			
	2a NET PATIENT SERVICES	622110	755,461,823	753,202,113	2,259,710	
	b AFFIL ORG RENT REV	531120	10,675,705			10,675,705
	c MEMBERSHIP REVENUE	713940	1,450,625	1,450,625		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a–2f . . . . ▶		767,588,153			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		8,307,614			8,307,614
	4 Income from investment of tax-exempt bond proceeds ▶		10,555			10,555
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross rents	3,864,811				
	b Less rental expenses	3,705,363				
	c Rental income or (loss)	159,448				
	d Net rental income or (loss) . . . . . ▶		159,448		90,737	68,711
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	1,156,350,291	5,472,264			
	b Less cost or other basis and sales expenses	1,122,112,250	10,583,379			
	c Gain or (loss)	34,238,041	-5,111,115			
	d Net gain or (loss) . . . . . ▶		29,126,926	-5,111,115		34,238,041
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . **a**	12,198				
	b Less direct expenses . . . **b**	1,695				
	c Net income or (loss) from fundraising events . . ▶		10,503			10,503
	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**	868,262				
	b Less cost of goods sold . . **b**	705,455				
	c Net income or (loss) from sales of inventory . . ▶		162,807			162,807
	Miscellaneous Revenue	Business Code				
	11a PHARMACY	446110	6,120,334	6,119,596	738	
	b AFF TRANS SUPPORT SVCS	900099	1,521,102	1,521,102		
	c EHR INCENTIVE	900099	1,002,174	1,002,174		
	d All other revenue		7,647,519	7,281,888	365,631	
	e Total. Add lines 11a–11d . . . . . ▶		16,291,129			
	12 Total revenue. See Instructions . . . . . ▶		877,277,536	765,466,383	2,716,816	53,473,936

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	176,377,422	176,377,422		
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, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,112		6,112	
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	286,545,749	186,258,710	100,287,039	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,215,391	2,090,004	1,125,387	
9 Other employee benefits	40,534,437	26,347,384	14,187,053	
10 Payroll taxes	22,179,936	14,416,958	7,762,978	
11 Fees for services (non-employees)				
a Management	32,629	32,629		
b Legal	866,555	866,555		
c Accounting	1,093,687		1,093,687	
d Lobbying	26,150		26,150	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	1,619,542	1,619,542		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	61,969,644	61,575,287	394,357	
12 Advertising and promotion	2,479,874	1,983,899	495,975	
13 Office expenses	7,820,662	7,820,662		
14 Information technology	22,758,182	22,758,182		
15 Royalties				
16 Occupancy	17,517,894	14,014,315	3,503,579	
17 Travel	1,347,578	592,934	754,644	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,010		4,010	
20 Interest	24,735,400	24,735,400		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	58,634,653	58,634,653		
23 Insurance	5,599,351	4,479,481	1,119,870	
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	110,070,336	110,070,336		
b INTERCOMPANY SERVICES	50,083,699	49,953,481	130,218	
c DRUGS	43,809,706	43,809,706		
d TAXES	750,000	750,000		
e All other expenses	26,780,967	26,136,082	644,885	
25 **Total functional expenses.** Add lines 1 through 24e	966,859,566	835,323,622	131,535,944	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	6,670,981	1	32,236,257
	2	Savings and temporary cash investments		2	6,050,299
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	129,541,783	4	131,736,355
	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	13,599
	8	Inventories for sale or use	10,134,578	8	11,059,227
	9	Prepaid expenses and deferred charges	2,659,956	9	2,834,289
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 1,123,347,312			
	b	Less accumulated depreciation — 10b: 568,793,126	502,743,118	10c	554,554,186
	11	Investments—publicly traded securities	460,609,544	11	246,824,919
	12	Investments—other securities See Part IV, line 11	10,698,679	12	11,187,926
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets	18,290,315	14	18,201,744
	15	Other assets See Part IV, line 11	559,760,678	15	427,779,317
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,701,109,632	16	1,442,478,118
Liabilities	17	Accounts payable and accrued expenses	68,652,038	17	60,928,969
	18	Grants payable		18	
	19	Deferred revenue	938,945	19	938,945
	20	Tax-exempt bond liabilities	519,392,555	20	509,355,608
	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	361,793,224	23	351,092,277
	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	56,612,680	25	80,244,984
	26	**Total liabilities.** Add lines 17 through 25	1,007,389,442	26	1,002,560,783
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	481,505,198	27	261,276,443
	28	Temporarily restricted net assets	202,323,277	28	168,801,778
	29	Permanently restricted net assets	9,891,715	29	9,839,114
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	693,720,190	33	439,917,335
	34	Total liabilities and net assets/fund balances	1,701,109,632	34	1,442,478,118

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	877,277,536
2	Total expenses (must equal Part IX, column (A), line 25)	2	966,859,566
3	Revenue less expenses Subtract line 2 from line 1	3	-89,582,030
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	693,720,190
5	Net unrealized gains (losses) on investments	5	-20,634,355
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	-143,586,470
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	439,917,335

Part XII Financial Statements and Reporting

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

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

Additional Data

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

Form 990 (2016)

Form 990, Part III, Line 4a:

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

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

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

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			
ADRIENNE J GREEN TRUSTEE	1 00 0 00	X						0	0	0
ARTURO POLIZZI PRESIDENT, EX OFFICIO	40 00 2 50	X		X				0	678,865	160,562
BETH A WILSON TRUSTEE	1 00 0 00	X						0	0	0
CHRISTOPHER H JACKSON TRUSTEE	1 00 0 00	X						0	0	0
CRAIG S BARROW TRUSTEE	1 00 0 00	X						0	0	0
DAWN M BUSKEY EX OFFICIO	40 00 1 50	X						0	356,641	72,530
DEBORAH A GUNTSCH MD TRUSTEE	1 00 40 00	X						5,625	347,490	28,090
DONALD G CRESCENZO MD TRUSTEE	1 00 40 00	X						0	872,274	35,021
JAMES F WEBER TRUSTEE	1 00 0 00	X						0	0	0
KEVIN C WEBB PHD EX OFFICIO	1 00 52 50	X						0	716,751	134,986

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			
LEE W HAMMERLING MD TRUSTEE	1 00 49 00	X						0	957,101	214,466
MARGARET RESSNER EX OFFICIO	1 00 0 00	X						0	0	0
MARLON P KISER TRUSTEE	1 00 0 00	X						0	0	0
NANCY PARIS KABAT CHAIRPERSON	1 00 1 00	X		X				487	0	0
ROBERT F WOOD MD TRUSTEE	1 00 0 00	X						0	0	0
ROBERT P SCHLATTER TRUSTEE	1 00 0 00	X						0	0	0
ROBERTA J MILLER TRUSTEE	1 00 0 00	X						0	0	0
SUSAN K STAELIN TRUSTEE	1 00 0 00	X						0	0	0
THOMAS G PADANILAM MD TRUSTEE	1 00 0 00	X						0	250	0
TODD J COOPERIDER MD MBA TRUSTEE	1 00 40 00	X						0	612,582	54,380

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			
WILLIAM R MCDONNELL TRUSTEE	1 00 0 00	X						0	0	0
ALAN M SATTLER TREASURER (THRU 2/16)	0 50 51 00			X				0	641,062	76,678
GARY AKENBERGER INTERIM TREASURER (3/16 TO 7/16)	0 50 50 00			X				0	461,216	92,553
JEFFREY C KUHN SECRETARY	0 50 51 00			X				0	674,920	143,195
MICHAEL P BROWNING TREASURER	0 50 50 50			X				0	296,524	4,420
ALISON AVENDT VP SUPPORT SERVICES TTH, PRES PTN	40 00 0 00				X			0	199,754	26,096
DAVID SCOTT MIERZWIAK MD VP, MEDICAL AFFAIRS, TTH	40 00 1 00				X			0	346,878	52,165
DEANA SIEVERT VP, PATIENT SERVICES, METRO	40 00 1 50				X			0	253,897	65,617
JOSEPH SFERRA VP, SURGICAL SERVICES, TTH	40 00 0 00				X			0	690,797	44,822
LORI FERGUSON VP, PATIENT CARE, TCH	40 00 0 00				X			0	183,749	68,450

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			
SCOTT FOUGHT VP, FINANCE	40 00 1 00				X			0	221,473	42,817
ANTHONY COMEROTA DIR JOBST VASCULAR CTR	40 00 0 00					X		562,165	0	28,383
FEDOR LURIE ASSOC DIR RESEARCH ED VASC	40 00 0 00					X		206,446	0	26,889
JACKLYN KIEFER ASSOC DIR ED FAMILY PRACTICE	40 00 0 00					X		197,591	0	20,075
LOUITO C EDJE MD DIR ED FAMILY PRACTICE	40 00 0 00					X		222,178	0	24,220
PIERRE VAUTHY PHYSICIAN/PHILANTHROPIC ADVOCATE	40 00 0 00					X		67,315	142,266	23,970
KATHLEEN S HANLEY FORMER OFFICER	0 00 0 00						X	0	1,255,999	38,403
KHURRAM KAMRAN FORMER KEY EMPLOYEE	0 00 41 50						X	0	523,554	168,452
NEERAJ K KANWAL MD FORMER KEY EMPLOYEE	0 00 41 00						X	0	432,823	64,058

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
THE TOLEDO HOSPITAL

Employer identification number
34-4428256

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

The organization is not a private foundation because it is (For lines 1 through 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ 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)

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

12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** 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 10 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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** 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 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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 2016 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-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493313032757

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

2016

Open to Public Inspection

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	**Employer identification number**
THE TOLEDO HOSPITAL	34-4428256

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

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
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		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		26,150
j	Total Add lines 1c through 1i			26,150
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
THE TOLEDO HOSPITAL

Employer identification number
34-4428256

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	9,891,715	10,484,815	10,560,195	10,062,050	9,422,630
b Contributions	-19,454	1,188	4,397	558,860	93,509
c Net investment earnings, gains, and losses	-33,146	-594,288	-79,777	-60,715	545,911
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	9,839,115	9,891,715	10,484,815	10,560,195	10,062,050

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

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

The percentages 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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land	2,565,000	63,857,219		66,422,219
b Buildings		667,449,208	357,879,988	309,569,220
c Leasehold improvements		6,965,528	6,940,162	25,366
d Equipment		280,690,607	185,600,422	95,090,185
e Other		101,819,750	18,372,554	83,447,196
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				554,554,186

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	8,639,488
(2) OTHER RECEIVABLES	3,394,576
(3) OTHER SEGREGATED INVESTMENTS	21,331,674
(4) INTERCOMPANY DEBT FROM RELATED ENTITIES	215,789,166
(5) RESEARCH FUNDS	1,929,382
(6) BENEFICIAL INTEREST IN FOUNDATION	176,695,031
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	427,779,317

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DUE TO AFFILIATES	34,084,284
ESTIMATED THIRD PARTY SETTLEMENTS PAYABLE	13,930,007
INTEREST RATE SWAP	14,932,265
ASBESTOS REMEDIATION	8,088,525
PENSION LIABILITY	366,554
DEFERRED COMPENSATION	8,412,854
PLEDGES PAYABLE	150,000
DEFERRED INCOME TAXES	280,495
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	80,244,984

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Book Value
DUE TO AFFILIATES	34,084,284
ESTIMATED THIRD PARTY SETTLEMENTS PAYABLE	13,930,007
INTEREST RATE SWAP	14,932,265
ASBESTOS REMEDIATION	8,088,525
PENSION LIABILITY	366,554
DEFERRED COMPENSATION	8,412,854
PLEDGES PAYABLE	150,000
DEFERRED INCOME TAXES	280,495

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE ENDOWMENT FUNDS ARE INVESTED TO GENERATE INCOME TO BE USED TO SUPPORT THE TOLEDO HOSPITAL CONSISTENT WITH DONOR INTENT

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE TOLEDO HOSPITAL IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF PROMED ICA HEALTH SYSTEM, INC AND SUBSIDIARIES (PHS) THE FOLLOWING REFLECTS PHS'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER ASC 740 EXCEPT AS NOTED BELOW, PHS DID NOT HAVE ANY MATERI AL UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2016 AND 2015 FOR THE TAX YEARS ENDED DECEMBER 31, 2016 AND 2015, A TAXABLE SUBSIDIARY OF PHS DID NOT RECOGNIZE A LIABILITY FOR UNCERTAI N TAX POSITIONS THE SUBSIDIARY RECOGNIZED A CREDIT TO INTEREST AND PENALTIES RELATED TO U NRECOGNIZED TAX BENEFITS OF $(340,000) AS OF DECEMBER 31, 2016 AND AN EXPENSE OF $169,000 FOR 2015 THE TOLEDO HOSPITAL DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS AT DECEMBER 31, 20 16 AND 2015

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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

2016

Open to Public Inspection

Name of the organization
THE TOLEDO HOSPITAL

Employer identification number
34-4428256

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			6,474,646		6,474,646	0 660 %
b Medicaid (from Worksheet 3, column a)			175,216,345	137,353,214	37,863,131	3 880 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			161,745	143,511	18,234	0 %
d **Total** Financial Assistance and Means-Tested Government Programs			181,852,736	137,496,725	44,356,011	4 540 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			4,157,671	1,715,296	2,442,375	0 250 %
f Health professions education (from Worksheet 5)			24,588,283	6,397,486	18,190,797	1 860 %
g Subsidized health services (from Worksheet 6)			23,460,574	13,325,689	10,134,885	1 040 %
h Research (from Worksheet 7)			871,224	447,074	424,150	0 040 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total.** Other Benefits			53,077,752	21,885,545	31,192,207	3 190 %
k **Total.** Add lines 7d and 7j			234,930,488	159,382,270	75,548,218	7 730 %

Part II Community Building Activities

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	32,862,304		
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	3,249,407		
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	128,933,991		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	149,300,249		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-20,366,258		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 PROMEDICA ORTHOPEDIC CO-MANAGEMENT CO LLC	PHYSICIAN SERVICES	24 290 %	2 910 %	61 110 %
2 2 PROMEDICA SURGICAL SERVICES CO-MANAGEMENT CO LLC	PHYSICIAN SERVICES	31 770 %		39 300 %
3 3 REYNOLDS ROAD SURGICAL CENTER LLC	SURGICAL CENTER	67 200 %		30 900 %
4 4 NORTHWEST OHIO DEDICATED BREAST MRI LLC	MEDICAL DIAGNOSTIC	50 000 %		50 000 %
5 5 WEST CENTRAL SURGICAL CENTER LLC	SURGICAL CENTER	50 000 %		50 000 %
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year?
3

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

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group FACILITY REPORTING GROUP - A

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

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 16			
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	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7 Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) WWW PROMEDICA ORG/PAGES/ABOUT-US/DEFAULT ASPX			
b ☐ Other website (list url)			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 16			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		No
If "Yes" (list url) **a**			
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)

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP			
a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %			
b ☐ Income level other than FPG (describe in Section C)			
c ☐ Asset level			
d ☐ Medical indigency			
e ☑ Insurance status			
f ☑ Underinsurance discount			
g ☑ Residency			
h ☐ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	**14**	Yes	
15 Explained the method for applying for financial assistance?	**15**	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility?	**16**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The FAP was widely available on a website (list url) SEE PART V, SECTION C			
b ☑ The FAP application form was widely available on a website (list url) SEE PART V, SECTION C			
c ☑ A plain language summary of the FAP was widely available on a website (list url) SEE PART V, SECTION C			
d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	**17**	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
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?	**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 ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ 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 ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group

		Yes	No
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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group FACILITY REPORTING GROUP - B

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

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 16			
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	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**	Yes	
7 Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) WWW ARROWHEADBEHAVIORAL COM/CHNA/			
b ☑ Other website (list url) SEE PART V, SECTION C			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 16			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**		No
If "Yes" (list url) **a**			
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)

FACILITY REPORTING GROUP - B

Name of hospital facility or letter of facility reporting group

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP			
a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 500 000000000000 %			
b ☐ Income level other than FPG (describe in Section C)			
c ☐ Asset level			
d ☐ Medical indigency			
e ☑ Insurance status			
f ☐ Underinsurance discount			
g ☐ Residency			
h ☐ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	**14**	Yes	
15 Explained the method for applying for financial assistance?	**15**	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a ☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility?	**16**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The FAP was widely available on a website (list url)			
b ☐ The FAP application form was widely available on a website (list url)			
c ☐ A plain language summary of the FAP was widely available on a website (list url)			
d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

FACILITY REPORTING GROUP - B

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
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?	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 ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ 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 ☐ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☐ Processed incomplete and complete FAP applications			
d ☐ Made presumptive eligibility determinations			
e ☑ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21		No
If "No," indicate why			
a ☑ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

FACILITY REPORTING GROUP - B

Name of hospital facility or letter of facility reporting group

		Yes	No
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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☑	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V **Facility Information** *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

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? **68**

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

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

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Form and Line Reference	Explanation
PART I, LINE 3C	IN ADDITION TO THE FEDERAL POVERTY GUIDELINES, THE HOSPITAL FACILITY USES RESIDENCY STATUS TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE
PART I, LINE 6A	THE TOLEDO HOSPITAL REPORTS COMMUNITY BENEFIT INFORMATION AS PART OF THE PROMEDICA HEALTH SYSTEM, INC ANNUAL COMMUNITY BENEFIT REPORT

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Form and Line Reference	Explanation
PART I, LINE 7	THE TOLEDO HOSPITAL CALCULATED THE COST OF FINANCIAL ASSISTANCE AND MEANS-TESTED GOVERNMENT PROGRAMS, USING THE COST-TO-CHARGE RATIO DERIVED FROM SCHEDULE H, WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES OTHER BENEFITS AMOUNTS REPORTED ON LINE 7 WERE CALCULATED USING COSTS CHARGED DIRECTLY TO THE INDIVIDUAL PROGRAMS VIA THE FINANCIAL ACCOUNTING SYSTEM AN INDIRECT COST ALLOCATION FACTOR FOR SHARED SERVICES IS ALSO CALCULATED AND INCLUDED IN APPLICABLE PROGRAMS LISTED IN OTHER BENEFITS
PART III, LINE 2	THE TOLEDO HOSPITAL'S ANALYSIS AND ASSESSMENT OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND RELATED BAD DEBT EXPENSE USES A RECEIPTS "LOOK-BACK" METHOD UTILIZING HISTORICAL PAYMENT DATA ON ACCOUNTS, INCLUDING CONTRACTUAL ADJUSTMENTS FOR PAYER DISCOUNTS, AS WELL AS PATIENT PAYMENTS, SUCH AS CO-PAYS AND DEDUCTIBLES, TO ESTABLISH ANTICIPATED COLLECTABILITY RATES FOR ACCOUNTS RECEIVABLE WITHIN EACH PAYER CATEGORY

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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 THE TOLEDO HOSPITAL USED THE MEDICARE ALLOWABLE COSTS PER ITS 2016 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
PART III, LINE 9B	FINANCIAL ASSISTANCE DISCOUNTS ARE GRANTED FOR MEDICALLY NECESSARY SERVICES WHEN IT IS DETERMINED THAT THE PATIENT AND FAMILY INCOME MEETS THE CRITERIA ESTABLISHED PATIENTS WHO HAVE INSURANCE COVERAGE OR WHO ARE ENTITLED TO GOVERNMENTAL ASSISTANCE ARE IDENTIFIED IN ORDER FOR REIMBURSEMENT TO BE OBTAINED ALL PATIENTS WITH SELF-PAY BALANCES AFTER INSURANCE MAY OBTAIN FINANCIAL ASSISTANCE ADJUSTMENTS IF THEY PROVIDE APPROPRIATE DOCUMENTATION THAT THEY SATISFY THE INCOME GUIDELINES VERIFICATION OF FINANCIAL ASSISTANCE IS PURSUED THROUGHOUT THE INTERNAL COLLECTION PROCESS UNTIL ALL OPTIONS HAVE BEEN EXHAUSTED ALL PATIENTS, THAT HAVE A SELF-PAY BALANCE, INCLUDING PATIENTS THAT MAY QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE, RECEIVE BILLING STATEMENTS AND PAYMENT REMINDERS THESE STATEMENTS INFORM ALL PATIENTS OF THE OPPORTUNITY TO SEEK A FINANCIAL ASSISTANCE ADJUSTMENT FOR MEDICALLY NECESSARY SERVICES, THE ELIGIBILITY CRITERIA, AND THE METHOD TO APPLY IF A FINANCIAL ASSISTANCE APPLICATION HAS NOT BEEN COMPLETED AND/OR REQUESTED INCOME VERIFICATION HAS NOT BEEN RECEIVED FROM A PATIENT WHO COULD POTENTIALLY QUALIFY, THE PATIENT WILL CONTINUE TO RECEIVE BILLING STATEMENTS THROUGH THE NORMAL COLLECTION PROCESS IF A PATIENT DOES NOT HAVE INSURANCE, A PRESUMPTIVE CHARITY DETERMINATION (WHICH USES PUBLICLY AVAILABLE DATA SUCH AS DEMOGRAPHIC 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 WE ARE 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

990 Schedule H, Supplemental Information

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

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Form and Line Reference	Explanation
PART VI, LINE 4	THE TOLEDO HOSPITAL, LOCATED IN TOLEDO, OHIO, SERVES AN AREA PRIMARILY AROUND LUCAS COUNTY AND HAS A SERVICE AREA POPULATION OF APPROXIMATELY 805,000 APPROXIMATELY, 16% OF THE SERVICE AREA IS AGE 65 OR OVER, 38% IS BETWEEN AGE 35 AND 64, MEDIAN HOUSEHOLD INCOME IS APPROXIMATELY $50,000, 44% OF THE ADULT POPULATION AGED 25+ HAS A HIGH SCHOOL DEGREE OR LOWER, 52% OF HOUSEHOLDS HAVE AN INCOME OF $50,000 OR LESS LUCAS COUNTY HAS A POPULATION OF APPROXIMATELY 438,000 WITH APPROXIMATELY 11% OF FAMILIES BELOW THE POVERTY LEVEL AND AN APPROXIMATE 33% MEDICAID ELIGIBLE RATE APPROXIMATELY, 23% OF LUCAS COUNTY IS UNINSURED THE AVERAGE UNEMPLOYMENT RATE FOR LUCAS COUNTY IN 2016 WAS 6 3% THE LEADING CAUSES OF DEATH IN LUCAS COUNTY, BASED ON AGE ADJUSTED MORTALITY RATES ARE HEART DISEASE, LUNG DISEASE, STROKE, DIABETES, CANCER, ALZHEIMER'S AND UNINTENTIONAL INJURIES/ACCIDENTS ACCORDING TO 2016 COUNTY HEALTH RANKINGS, LUCAS COUNTY RANKED 73 OF 88 COUNTIES FOR HEALTH OUTCOMES, 63 OF 88 FOR LENGTH OF LIFE, AND 79 OF 88 FOR QUALITY OF LIFE THERE ARE TWELVE HOSPITALS WITHIN A 30-MILE RADIUS OF THE TOLEDO HOSPITAL ST ANNE MERCY HOSPITAL, ST VINCENT MERCY MEDICAL CENTER, UNIVERSITY OF TOLEDO MEDICAL CENTER, FLOWER HOSPITAL, ST CHARLES MERCY HOSPITAL, BAY PARK COMMUNITY HOSPITAL, ST LUKE'S HOSPITAL, MERCY MEMORIAL HOSPITAL CORPORATION, WOOD COUNTY HOSPITAL, EMMA L BIXBY MEDICAL CENTER, HERRICK MEMORIAL HOSPITAL, INC , AND FULTON COUNTY HEALTH CENTER
PART VI, LINE 5	THE TOLEDO HOSPITAL IS AN INTEGRAL PART OF PROMEDICA HEALTH SYSTEM, INC WHICH PROMOTES THE HEALTH OF THE COMMUNITY AS AN INTEGRATED DELIVERY SYSTEM - IN 2016, THERE WERE MORE THAN 500 BOARD MEMBERS FOR PROMEDICA HEALTH SYSTEM, INC (PROMEDICA), INCLUDING ITS SUBSIDIARIES OF THESE, 99% 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 87 PHYSICIANS, FROM NORTHWEST OHIO AND SOUTHEAST MICHIGAN ADDITIONALLY, PROMEDICA BOARD MEMBERS INCLUDED 186 WOMEN AND 71 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 2016, PROMEDICA BOARD MEMBERS GAVE APPROXIMATELY 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 - IN 2016, PROMEDICA INVESTED SIGNIFICANT TIME AND FINANCIAL RESOURCES TO CONTINUE ROLLING OUT A NEW ELECTRONIC HEALTH RECORD (EHR), EPIC GO-LIVES FOR HOSPITALS ACROSS THE SYSTEM TOOK PLACE IN MARCH, MAY AND NOVEMBER AND INCLUDED MORE THAN 350 PROMEDICA PHYSICIANS PROVIDERS ACROSS OHIO THE SYSTEM'S REMAINING HOSPITALS AND PROVIDERS WILL GO-LIVE WITH EPIC IN THE SECOND QUARTER OF 2017 THIS NEW PLATFORM FURTHER ENABLES ONE PATIENT, ONE RECORD, AND ONE BILL FOR PATIENTS REGARDLESS OF SERVICE PROVIDED OR THE LOCATION OF SERVICE ACROSS PROMEDICA - PROMEDICA PROVIDED MORE THAN 7,000 HEALTH SCREENINGS TO COMMUNITY MEMBERS THROUGHOUT 2016, 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 - PROMEDICA'S FOUNDATION RAISES FUNDS FOR PHILANTHROPY IN SUPPORT OF PROMEDICA'S MISSION TO IMPROVE HEALTH AND WELL-BEING 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6	PROMEDICA HEALTH SYSTEM, INC (PROMEDICA) IS A MISSION-BASED, LOCALLY OWNED, NOT-FOR-PROFIT HEALTHCARE ORGANIZATION THAT WAS FORMED IN TOLEDO, OHIO IN 1986 IN 2016, PROMEDICA WAS COMPRISED OF MORE THAN 15,000 EMPLOYEES, APPROXIMATELY 2,700 VOLUNTEERS AND MORE THAN 2,300 HEALTHCARE PROVIDERS, INCLUDING APPROXIMATELY 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, 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 SERVICES, AND HOME CARE - IN 2016, PROMEDICA MANAGED APPROXIMATELY 4 7 MILLION PATIENT ENCOUNTERS AND CONTRIBUTED A TOTAL COMMUNITY BENEFIT OF NEARLY $181 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 $81,000 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 - A SECOND FOOD PHARMACY OPENED IN PROMEDICA'S NEW HEALTH AND WELLNESS CENTER, SERVING PATIENTS WHO SCREEN POSITIVE FOR FOOD INSECURITY AND HAVE A REFERRAL FROM THEIR PRIMARY CARE PROVIDER PATIENTS ARE ABLE TO RECEIVE FOOD FOR THEM AND THEIR FAMILY FROM THIS LOCATION OR THE ORIGINAL FOOD PHARMACY LOCATED AT PROMEDICA'S CENTER FOR HEALTH SERVICES AS PART OF THE PROGRAM, EACH PATIENT RECEIVES TWO TO THREE DAYS OF SUPPLEMENTAL FOOD FOR THEIR FAMILY THROUGH DECEMBER 2016, MORE THAN 6,500 HOUSEHOLDS (2,700 UNIQUE HOUSEHOLDS) PARTICIPATED IN THE PROGRAM AND A TOTAL OF 18,700 PEOPLE WERE SERVED THIS TRANSLATES TO ABOUT 46,800 DAYS WORTH OF FOOD, THE EQUIVALENT OF 140,000 MEALS - PROMEDICA EBEID INSTITUTE'S MARKET ON THE GREEN PROVIDES BETTER ACCESS TO HEALTHY FOODS IN A DESIGNATED FOOD DESERT, AS WELL AS JOB TRAINING OPPORTUNITIES FOR RESIDENTS IN THE UPTOWN TOLEDO NEIGHBORHOOD ALL PROMEDICA FOUNDATIONS COLLABORATED WITH AFFILIATE HARBOR BEHAVIORAL HEALTH TO SPONSOR A YEAR-LONG CAMPAIGN TO HELP RAISE AWARENESS ABOUT MENTAL ILLNESSES AND ASSOCIATED HEALTH ISSUES IMPACTING INDIVIDUALS AND FAMILIES ACROSS OUR REGION THE UNMASKING MENTAL HEALTH INITIATIVE RAISED MORE THAN $1 MILLION TO SUPPORT MENTAL HEALTH PROGRAMS AND SERVICES IN THE COMMUNITIES WE SERVE - WITH REGARD TO HEALTH PROFESSIONS EDUCATION, BIWEEKLY, MONTHLY AND ANNUAL PROGRAMS WERE OFFERED THROUGHOUT 2016 FOR CONTINUING MEDICAL EDUCATION CREDIT MORE THAN 1,500 CREDIT HOURS OF PHYSICIAN EDUCATION WERE OFFERED TO EMPLOYED PROMEDICA PHYSICIANS AND MEDICAL STAFF MEMBERS AS WELL AS NURSES AND OTHER ALLIED HEALTH PROFESSIONALS

Additional Data

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

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? **3** Name, address, primary website address, and state license number		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**
1	THE TOLEDO HOSPITAL 2142 NORTH COVE BLVD TOLEDO, OH 43606 WWW PROMEDICA ORG 1226	X	X	X	X		X	X			A
2	WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL 2901 N REYNOLDS RD TOLEDO, OH 43615 WWW PROMEDICA ORG 1501	X	X								A
3	ARROWHEAD BEHAVIORAL HEALTH 1725 TIMBERLINE ROAD MAUMEE, OH 43537 WWW ARROWHEADBEHAVIORAL COM 1543	X								PSYCHIATRIC / SUBSTANCE ABUSE FACILITY	B

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

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

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

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

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

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

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- THE TOLEDO HOSPITAL PART V, SECTION B, LINE 5	IN CONDUCTING ITS MOST RECENT CHNA, THE HOSPITAL FACILITY TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY, INCLUDING THOSE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH FOLLOWING THE FORMAL COUNTY HEALTH ASSESSMENT SURVEY PROCESSES, LUCAS COUNTY CONDUCTED A COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) PROCESS TO DEVELOP A COUNTY STRATEGIC PLAN, UTILIZING THE MAPP PROCESS THAT INCLUDES FOUR ASSESSMENTS COMMUNITY THEMES & STRENGTHS, FORCES OF CHANGE, THE LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT AND THE COMMUNITY HEALTH STATUS ASSESSMENT THESE FOUR ASSESSMENTS WERE USED BY THE RESPECTIVE COUNTY CHIP COMMITTEES TO PRIORITIZE SPECIFIC HEALTH ISSUES AND POPULATION GROUPS WHICH ARE THE FOUNDATION OF THE PLAN A RESOURCE ASSESSMENT AND GAP ANALYSIS WAS PART OF THIS FORMAL PROCESS THE FINAL CHIP PLANS WERE APPROVED BY THE RESPECTIVE COUNTY CHIP STRATEGIC PLANNING COMMITTEES THE HOSPITAL THEN UTILIZED THESE DATA AND PLANS TO DEVELOP THE HOSPITAL'S CHNA AND IMPLEMENTATION PLAN FEEDBACK FROM THE LOCAL HEALTH DEPARTMENT WAS REQUESTED AFTER THE HOSPITAL PLAN WAS DRAFTED PERSONS WHO REPRESENTED THE LUCAS COUNTY COMMUNITY THROUGH THESE PROCESSES INCLUDED TOLEDO FIRE AND RESCUE DEPARTMENT, TOLEDO-LUCAS COUNTY HEALTH DEPARTMENT, LUCAS COUNTY JUVENILE COURT, UNIVERSITY OF TOLEDO, TOLEDO PUBLIC SCHOOLS, SPRINGFIELD TOWNSHIP FIRE, LIVE WELL TOLEDO, CITY OF TOLEDO, DEPARTMENT OF NEIGHBORHOODS, HOSPITAL COUNCIL OF NORTHWEST OHIO, LUCAS COUNTY CHILDREN SERVICES, WHITEHOUSE, PROMEDICA, LUCAS COUNTY EMA, CENTER FOR HOPE, NEIGHBORHOOD HEALTH ASSOCIATION, HARBOR BEHAVIORAL HEALTH, BOWLING GREEN STATE UNIVERSITY, HEALTHY LUCAS COUNTY, ADELANTE, SYLVANIA TOWNSHIP FIRE DEPARTMENT, MERCY HEALTH, LOURDES UNIVERSITY, ASPIRE, UNITED WAY OF GREATER TOLEDO, MOBILE CARE GROUP, CARENET, TOLEDO COMMUNITY FOUNDATION, OREGON CITY, ST LUKE'S HOSPITAL, UT MPH INTERNS, MENTAL HEALTH AND RECOVERY SERVICES BOARD, JERUSALEM TOWNSHIP FIRE, BRIGHTSIDE, THE ZEPF CENTER, SWANTON AREA COMMUNITY COALITION, ANTHONY WAYNE SCHOOLS, OTTAWA HILLS LOCAL SCHOOLS, SYLVANIA SCHOOLS, PROMEDICA (ALL LUCAS COUNTY HOSPITALS), MERCY, MERCY PEDIATRICIAN, YWCA CHILDCARE, EARLY CHILDHOOD COORDINATING COMMITTEE (EC3), LUCAS COUNTY FAMILY COUNCIL, AND LUCAS COUNTY FAMILY FIRST COUNCIL

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- THE TOLEDO HOSPITAL PART V, SECTION B, LINE 6A	THE HOSPITAL FACILITY CONDUCTED ITS 2016 CHNA WITH THE FOLLOWING HOSPITAL FACILITIES WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL, FLOWER HOSPITAL, AND ARROWHEAD BEHAVIORAL HEALTH

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- THE TOLEDO HOSPITAL PART V, SECTION B, LINE 6B	THE HOSPITAL FACILITY CONDUCTED ITS 2016 CHNA WITH THE HOSPITAL COUNCIL OF NORTHWEST OHIO

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL PART V, SECTION B, LINE 5	IN CONDUCTING ITS MOST RECENT CHNA, THE HOSPITAL FACILITY TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY, INCLUDING THOSE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH FOLLOWING THE FORMAL COUNTY HEALTH ASSESSMENT SURVEY PROCESSES, LUCAS COUNTY CONDUCTED A COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) PROCESS TO DEVELOP A COUNTY STRATEGIC PLAN, UTILIZING THE MAPP PROCESS THAT INCLUDES FOUR ASSESSMENTS COMMUNITY THEMES & STRENGTHS, FORCES OF CHANGE, THE LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT AND THE COMMUNITY HEALTH STATUS ASSESSMENT THESE FOUR ASSESSMENTS WERE USED BY THE RESPECTIVE COUNTY CHIP COMMITTEES TO PRIORITIZE SPECIFIC HEALTH ISSUES AND POPULATION GROUPS WHICH ARE THE FOUNDATION OF THE PLAN A RESOURCE ASSESSMENT AND GAP ANALYSIS WAS PART OF THIS FORMAL PROCESS THE FINAL CHIP PLANS WERE APPROVED BY THE RESPECTIVE COUNTY CHIP STRATEGIC PLANNING COMMITTEES THE HOSPITAL THEN UTILIZED THESE DATA AND PLANS TO DEVELOP THE HOSPITAL'S CHNA AND IMPLEMENTATION PLAN FEEDBACK FROM THE LOCAL HEALTH DEPARTMENT WAS REQUESTED AFTER THE HOSPITAL PLAN WAS DRAFTED PERSONS WHO REPRESENTED THE LUCAS COUNTY COMMUNITY THROUGH THESE PROCESSES INCLUDED TOLEDO FIRE AND RESCUE DEPARTMENT, TOLEDO-LUCAS COUNTY HEALTH DEPARTMENT, LUCAS COUNTY JUVENILE COURT, UNIVERSITY OF TOLEDO, TOLEDO PUBLIC SCHOOLS, SPRINGFIELD TOWNSHIP FIRE, LIVE WELL TOLEDO, CITY OF TOLEDO - DEPARTMENT OF NEIGHBORHOODS, HOSPITAL COUNCIL OF NORTHWEST OHIO, LUCAS COUNTY CHILDREN SERVICES, WHITEHOUSE, PROMEDICA, LUCAS COUNTY EMA, CENTER FOR HOPE, NEIGHBORHOOD HEALTH ASSOCIATION, HARBOR BEHAVIORAL HEALTH, BOWLING GREEN STATE UNIVERSITY, HEALTHY LUCAS COUNTY, ADELANTE, SYLVANIA TOWNSHIP FIRE DEPARTMENT, MERCY HEALTH, LOURDES UNIVERSITY, ASPIRE, UNITED WAY OF GREATER TOLEDO, MOBILE CARE GROUP, CARENET, TOLEDO COMMUNITY FOUNDATION, OREGON CITY, ST LUKE'S HOSPITAL, UT MPH INTERNS, MENTAL HEALTH AND RECOVERY SERVICES BOARD, JERUSALEM TOWNSHIP FIRE, BRIGHTSIDE, AND THE ZEPF CENTER

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL PART V, SECTION B, LINE 6A	THE HOSPITAL FACILITY CONDUCTED ITS 2016 CHNA WITH THE FOLLOWING HOSPITAL FACILITIES THE TOLEDO HOSPITAL, FLOWER HOSPITAL, AND ARROWHEAD BEHAVIORAL HEALTH

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL PART V, SECTION B, LINE 6B	THE HOSPITAL FACILITY CONDUCTED ITS 2016 CHNA WITH THE HOSPITAL COUNCIL OF NORTHWEST OHIO

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

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

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

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

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

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

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

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

Form and Line Reference	Explanation
GROUP B-FACILITY 3 -- ARROWHEAD BEHAVIORAL HEALTH PART V, SECTION B, LINE 5	IN CONDUCTING ITS MOST RECENT CHNA, THE HOSPITAL FACILITY TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY, INCLUDING THOSE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH FOLLOWING THE FORMAL COUNTY HEALTH ASSESSMENT SURVEY PROCESSES, LUCAS COUNTY CONDUCTED A COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) PROCESS TO DEVELOP A COUNTY STRATEGIC PLAN, UTILIZING THE MAPP PROCESS THAT INCLUDES FOUR ASSESSMENTS COMMUNITY THEMES & STRENGTHS, FORCES OF CHANGE, THE LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT AND THE COMMUNITY HEALTH STATUS ASSESSMENT THESE FOUR ASSESSMENTS WERE USED BY THE RESPECTIVE COUNTY CHIP COMMITTEES TO PRIORITIZE SPECIFIC HEALTH ISSUES AND POPULATION GROUPS WHICH ARE THE FOUNDATION OF THE PLAN A RESOURCE ASSESSMENT AND GAP ANALYSIS WAS PART OF THIS FORMAL PROCESS THE FINAL CHIP PLANS WERE APPROVED BY THE RESPECTIVE COUNTY CHIP STRATEGIC PLANNING COMMITTEES THE HOSPITAL THEN UTILIZED THESE DATA AND PLANS TO DEVELOP THE HOSPITAL'S CHNA AND IMPLEMENTATION PLAN FEEDBACK FROM THE LOCAL HEALTH DEPARTMENT WAS REQUESTED AFTER THE HOSPITAL PLAN WAS DRAFTED PERSONS WHO REPRESENTED THE LUCAS COUNTY COMMUNITY THROUGH THESE PROCESSES INCLUDED TOLEDO FIRE AND RESCUE DEPARTMENT, TOLEDO-LUCAS COUNTY HEALTH DEPARTMENT, LUCAS COUNTY JUVENILE COURT, UNIVERSITY OF TOLEDO, TOLEDO PUBLIC SCHOOLS, SPRINGFIELD TOWNSHIP FIRE, LIVE WELL TOLEDO, CITY OF TOLEDO - DEPARTMENT OF NEIGHBORHOODS, HOSPITAL COUNCIL OF NORTHWEST OHIO, LUCAS COUNTY CHILDREN SERVICES, WHITEHOUSE, PROMEDICA, LUCAS COUNTY EMA, CENTER FOR HOPE, NEIGHBORHOOD HEALTH ASSOCIATION, HARBOR BEHAVIORAL HEALTH, BOWLING GREEN STATE UNIVERSITY, HEALTHY LUCAS COUNTY, ADELANTE, SYLVANIA TOWNSHIP FIRE DEPARTMENT, MERCY HEALTH, LOURDES UNIVERSITY, ASPIRE, UNITED WAY OF GREATER TOLEDO, MOBILE CARE GROUP, CARENET, TOLEDO COMMUNITY FOUNDATION, OREGON CITY, ST LUKE'S HOSPITAL, UT MPH INTERNS, MENTAL HEALTH AND RECOVERY SERVICES BOARD, JERUSALEM TOWNSHIP FIRE, BRIGHTSIDE, AND THE ZEPF CENTER

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

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

Form and Line Reference	Explanation
GROUP B-FACILITY 3 -- ARROWHEAD BEHAVIORAL HEALTH PART V, SECTION B, LINE 6A	THE HOSPITAL FACILITY CONDUCTED ITS 2016 CHNA WITH THE FOLLOWING HOSPITAL FACILITIES THE TOLEDO HOSPITAL, FLOWER HOSPITAL, AND WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL

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

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

Form and Line Reference	Explanation
GROUP B-FACILITY 3 -- ARROWHEAD BEHAVIORAL HEALTH PART V, SECTION B, LINE 6B	THE HOSPITAL FACILITY CONDUCTED ITS 2016 CHNA WITH THE HOSPITAL COUNCIL OF NORTHWEST OHIO

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- THE TOLEDO HOSPITAL	PART V, SECTION B, LINE 11 THE TOLEDO HOSPITAL CONDUCTED AND ADOPTED ITS SECOND COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) DURING TAX YEAR 2016 AND INTENDS TO ADDRESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS, LISTED IN ORDER OF PRIORITY - TRAUMA - EDUCATION AND FALL PREVEN TION- CARDIOVASCULAR DISEASENO ACTIONS WERE TAKEN DURING TAX YEAR 2016 TO ADDRESS THE SIGN IFICANT HEALTH NEEDS IDENTIFIED THROUGH THE TOLEDO HOSPITAL'S MOST RECENTLY CONDUCTED CHNA IN 2016 THE SECOND CHNA WAS CONDUCTED AND ADOPTED AT THE END OF TAX YEAR 2016, THEREFORE , THESE HEALTH NEEDS WILL BE ADDRESSED OVER THE NEXT THREE TAX YEARS THE TOLEDO HOSPITAL D OES NOT INTEND TO ADDRESS ALL OF THE NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED COMMU NITY HEALTH NEEDS ASSESSMENT GIVEN THAT SOME OF THE IDENTIFIED HEALTH NEEDS ARE EITHER BEI NG ADDRESSED DURING PHYSICIAN VISITS, GO BEYOND THE SCOPE OF THE HOSPITAL, OR ARE BEING AD DRESSED BY, OR WITH, OTHER ORGANIZATIONS IN THE COMMUNITY TO SOME EXTENT, RESOURCE RESTRI CTIONS DO NOT ALLOW THE HOSPITAL TO ADDRESS ALL OF THE HEALTH NEEDS IDENTIFIED THROUGH THE HEALTH NEEDS ASSESSMENT, BUT MOST IMPORTANTLY TO PREVENT DUPLICATION OF EFFORTS AND INEFF ICIENT USE OF RESOURCES, MANY OF THESE ISSUES ARE ADDRESSED BY, AND WITH, OTHER COMMUNITY ORGANIZATIONS AND COALITIONS THE 2016 SIGNIFICANT HEALTH NEEDS IDENTIFIED, SPECIFICALLY NO T ADDRESSED BY THE HOSPITAL IN ITS 2016 IMPLEMENTATION PLAN, INCLUDE HEALTH STATUS PERCEP TIONS, HEALTH CARE COVERAGE/ACCESS/UTILIZATION, CANCER, DIABETES, ARTHRITIS, ASTHMA AND OT HER RESPIRATORY DISEASES, WEIGHT STATUS, TOBACCO USE, ALCOHOL CONSUMPTION, DRUG USE, WOMEN 'S HEALTH, MEN'S HEALTH, PREVENTIVE HEALTH AND SCREENINGS, SEXUAL BEHAVIOR AND PREGNANCY O UTCOMES, QUALITY OF LIFE, SOCIAL CONTEXT AND SAFETY, MENTAL HEALTH AND SUICIDE, AND ORAL H EALTH YOUTH HEALTH AND CHILD HEALTH ISSUES ARE ADDRESSED BY TOLEDO CHILDREN'S HOSPITAL BE LOW THE TOLEDO HOSPITAL DID TAKE THE FOLLOWING ACTIONS DURING TAX YEAR 2016 WITH RESPECT T O ITS PREVIOUSLY CONDUCTED CHNA IN 2013 HEALTH NEED IDENTIFIED ACCESS TO CARESTRATEGY #1 - ANNUALLY MAINTAINED SAFETY NET CLINIC ACCESS FOR ADULT PATIENTS WITHOUT INSURANCE, INCLU DING THE FOLLOWING AREAS OB-GYN CLINIC (CHS - CENTER FOR HEALTH SERVICES CLINICS) INCLUDI NG OUTREACH CLINIC IN OBSTETRICS, INTERNAL MEDICINE (CHS), TOLEDO HOSPITAL FAMILY MEDICINE RESIDENCY (WW KNIGHT CLINIC), ADULT SPECIALTY CLINICS, HAND CLINIC, VASCULAR CLINIC, STRO KE CLINIC, TRAUMA CLINIC, HEPATITIS C CLINIC, GASTROENTEROLOGY CLINIC, SURGERY CLINIC, ORT HOPEDIC CLINIC, NEUROLOGY/NEUROSURGERY CLINIC ACTIONS TAKEN - IN 2016, 200 CARENET (CARENE T IS COORDINATED HEALTHCARE SERVICES FOR UNDERSERVED INDIVIDUALS NOT QUALIFYING FOR GOVERN MENT ASSISTANCE PROGRAMS) PATIENTS WERE SEEN IN SPECIALTY CLINICS, 217 CARENET PATIENTS SE EN BY PRIMARY CARE PHYSICIANS, 915 RADIOLOGY AND LABRATORY PROCEDURES PROVIDED TO CARENET PATIENTS, 38 INPATIENT/OUTPATIENT SURGICAL PROCEDURES PROVIDED TO CARENET PATIENTS STRATEG Y #2 - DEVELOP MATERIALS FOR D

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- THE TOLEDO HOSPITAL	ISTRIBUTION TO EMERGENCY DEPARTMENT, PRIMARY CARE, AND RELATED COMMUNITY CARE PROGRAMS ABO UT AVAILABILITY OF CARENET AND OTHER SAFETY NET CLINICS ACTIONS TAKEN - 487 APPLICANTS FOU ND ELIGIBLE FOR GOVERNMENT ASSISTANCE PROGRAMS AND WERE SIGNED UP FOR THESE PROGRAMS CARE NET IS STILL OFFERED WHEN APPLICABLE, AS EVIDENCED IN ABOVE STRATEGY AND ACTIONS TAKEN HEA LTH NEED IDENTIFIED TOBACCO CESSATIONSTRATEGY #1 - INCREASE AWARENESS OF DANGERS OF TOBAC CO USE AND INCREASE AWARENESS OF TOBACCO CESSATION PROGRAMS ACTIONS TAKEN TEN (10) PARTIC IPANTS IN TOBACCO CESSATION PROGRAMS, 24 TOBACCO PREVENTION PROGRAMS AT LOCAL SCHOOLS WITH 2,751 PARTICIPANTS, FOUR (4) SMOKING CESSATION CLASSES OFFERED AT THE TOLEDO HOSPITAL, AN D FOUR (4) TOBACCO CESSATION EDUCATION/AWARENESS PROGRAMS AT COMMUNITY PRESENTATIONS AND H EALTH FAIRS THIS EDUCATION IS OFFERED AT NO COST TO CARENET MEMBERS HEALTH NEED IDENTIFIE D CARDIOVASCULAR DISEASE - STROKESTRATEGY #1 - ANNUALLY PROVIDE AT LEAST FOUR COMMUNITY E VENTS TO INCREASE STROKE AWARENESS ACTIONS TAKEN - 18 EVENTS WERE PROVIDED TO INCREASE STR OKE AWARENESS, IN COLLABORATION WITH OTHER PROMEDICA HOSPITALS IN THE PROMEDICA STROKE NET WORK STRATEGY #2 - ANNUALLY PLACE AT LEAST TWO ARTICLES/PUBLIC SERVICE ANNOUNCEMENTS IN C OMMUNITY PUBLICATIONS ON SIGNS, SYMPTOMS AND PREVENTIONS ACTIONS TAKEN - PUBLIC SERVICE AN NOUNCEMENTS ON STROKE WERE PROVIDED DURING MAY, NATIONAL STROKE MONTH PROMEDICA PHYSICIAN S WERE PUBLISHED ON "RACE" (ACRONYM FOR RAPID ARTERIAL OCCLUSION EVALUATION) AND THE RESUL TS OF THE DECREASE TIME FROM DOOR TO GROIN PUNCTURE AND RECANALIZATION, PUBLISHED IN THE J OURNAL OF NEUROINTERVENTIONAL SURGERY STRATEGY #3 - ANNUALLY PROVIDE AT LEAST FOUR STROKE EDUCATION PROGRAMS TO EMERGENCY MEDICAL SERVICES (EMS) PROVIDERS ACTIONS TAKEN - PROVIDED CONTINUING EDUCATION TO OUTLYING EMS PROVIDERS, THROUGH THREE PROGRAMS IN BOWLING GREEN AN D ONE PROGRAM IN PEMBERVILLE AND LINDSAY ON STROKE, THE "RACE" ACRONYM AND ENDOVASCULAR TR EATMENT THE TOLEDO HOSPITAL BECAME A CERTIFIED COMPREHENSIVE STROKE CENTER AS OF JUNE 201 6 STRATEGY #4 - EVALUATE COMMUNITY EDUCATION TO DETERMINE IF IT CORRELATES WITH INCREASED USE OF TPA - AN INDICATOR THAT STROKE PATIENTS ARRIVED AT THE EMERGENCY DEPARTMENT IN A TI MELY FASHION TO REDUCE STROKE IMPACT ACTIONS TAKEN - EDUCATED APPROXIMATELY 13,000 PEOPLE ON "FAST" (STROKE ACRONYM FOR FACIAL DROOP, ARM WEAKNESS, SPEECH DIFFICULTIES AND TIME TO CALL EMERGENCY SERVICES) AND "BE FAST CALL 911" THERE WAS AN INCREASE IN PATIENTS TREATED WITH TPA TO 44 PATIENTS IN 2016, AND DECREASE IN TIME FROM DOOR TO NEEDLE FROM 52 MINUTES TO 37 MINUTES 93% OF THE PATIENTS TREATED WITH TPA WERE UNDER 60 MINUTES, 75% OF THOSE P ATIENTS WERE TREATED UNDER 45% THE JOINT COMMISSION MEASURE IS 50% OF THE PATIENTS HAVE T O BE TREATED WITH TPA IN UNDER 60 MINUTES STRATEGY #5 - ANNUALLY PROVIDE PREVENTION FOCUSE D ACTIVITIES WITH CARDIOVASCULAR AND NUTRITION OUTREACH ACTIONS TAKEN - TOUCHED ALMOST 11, 000 PEOPLE EDUCATED ON STROKE

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- THE TOLEDO HOSPITAL	SIGNS AND SYMPTOMS, RISK FACTORS INCLUDING SMOKING, HYPERTENSION, AND COMMUNITY COMPLETED STROKE RISK ASSESSMENTS, AND BLOOD PRESSURE SCREENINGS THE TOLEDO HOSPITAL STROKE COORDIN ATOR SPOKE AT SENIOR CENTERS, CHURCH GROUPS THE TOLEDO HOSPITAL STROKE SUPPORT GROUP CONT INUES TO HAVE GOOD ATTENDANCE HEALTH NEED IDENTIFIED CANCER SCREENINGSTRATEGY #1 - EDUCAT ED PUBLIC ABOUT THE IMPORTANCE, AND ACCESS TO, FREE PAP SMEARS, MAMMOGRAPHY AND COLONOSCOP IES AVAILABLE THROUGH CARENET ACTIONS TAKEN - 90 MAMMOGRAPHIES, 39 PAP SMEARS AND THREE (3) COLONOSCOPIES PROVIDED TO CARENET PATIENTS - COLORECTAL CANCER AND NUTRITION EDUCATION WAS DISTRIBUTED IN REUSABLE GROCERY BAGS BY UNIVERSITY OF TOLEDO MEDICAL STUDENTS TO 250 G UESTS AS THEY ENTERED THE MEDICAL TENT AT "TENT CITY" ANNUAL RESOURCE EVENT IN DOWNTOWN TO LEDO, OHIO - COMPLETED FREE PELVIC EXAMS AND PAP SMEARS FOR 37 HIGH-RISK WOMEN AT TENT CI TY ONE-ON-ONE EDUCATION BY ONCOLOGY OUTREACH COORDINATOR LEAD TO FREE PAP EXAMS BY OB/GYN PHYSICIAN AND NURSE PRACTITIONER TOLEDO HOSPITAL LAB TECHNICIAN STAINED SLIDES AND READ THEM WHILE WOMEN WAITED FOR RESULTS TWO (2) ATYPICAL PAPS WHERE DISCOVERED AND THE WOMEN WHERE SCHEDULED FOR APPOINTMENTS AT THAT NEIGHBORHOOD FREE HEALTH CLINIC THIS SCREENING W AS PART OF A COLLABORATION BETWEEN, DR ANNE RUCH, OB-GYM, PAUL CHANDLER, PA, FROM THAT NE IGHBORHOOD FREE HEALTH CLINIC, OHIO BREAST AND CERVICAL CANCER PROJECT (BCCP), LIFE LINE, PROMEDICA CANCER INSTITUTE AND 1MATTERS (TENT CITY ORGANIZER) - "GET BEHIND IT COLORECTA L CANCER SCREENING AWARENESS PROGRAM" REMINDER INFORMATION SENT TO 1,906 NON-COMPLIANT (FO R COLORECTAL CANCER SCREENING) COMMUNITY MEMBERS IN ADDITION, TELEVOX PHONE CALLS, REMIND ER LETTERS, VIDEOS DEVELOPED, AND HEALTH CARE PROVIDER NEWSLETTERS, WERE PART OF COLORECTA L CANCER AWARENESS CAMPAIGN - FREE MAMMOGRAM AND BREAST CANCER EDUCATION PROGRAM WAS PROV IDED TO APPROXIMATELY 109 TOTAL PARTICIPANTS FOLLOW UP BY BREAST HEALTH NURSE NAVIGATOR W AS PROVIDED, AS NEEDED - RACE FOR THE CURE "TEAM PROMEDICA" (INCLUDING ALL PROMEDICA SYST EM STAFF) HAD 624 REGISTRANTS, TO HELP RAISE FUNDING FOR LOCAL BREAST CANCER PROGRAMS - " YOUR COLON HEALTH MATTERS - FREE "FIT" TESTING" FOR ELIGIBLE COMMUNITY MEMBERS IN HISPANI C NEIGHBORHOODS WITH PHYSICIAN LED EDUCATION 42 PEOPLE WERE SERVED PROMEDICA STAFF MEMBE R SERVED AS LUCAS COUNTY COLORECTAL CANCER COALITION CHAIR STRATEGY #2 - ESTABLISH LUNG CA NCER SCREENING PROTOCOL FOR IDENTIFICATION OF HIGH RISK PATIENTS PROVIDE OUTREACH TO UNDE RSERVED PATIENTS, PARTICULARLY THOSE WITH MENTAL ILLNESS AND LONG SMOKING HISTORY INVESTI GATE CT SCREENING WITH FOLLOW-UP OF HIGH RISK PATIENTS

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

Form and Line Reference	Explanation
ACTIONS TAKEN	- THROUGH ESTABLISHED LUNG SCREENING PROTOCOL, OUT OF THE 101 PEOPLE SCANNED AT THE TOLEDO HOSPITAL IN 2016 THERE WERE 18 PATIENTS THAT REQUIRED AN ADDITIONAL SCAN DUE TO SUSPICIOU S FINDINGS, WITH EIGHT (8) BIOPSIES AND EIGHT (8) THOROCOTOMIES ALSO COMPLETED, AS A RESUL T FOLLOWING EVALUATION AND PREVIOUS COMMUNITY EDUCATION, TOLEDO HOSPTIAL OUTREACH CONTINU ED TO WORK DIRECTLY WITH PHYSICIAN OFFICES, VERSUS EXTERNAL OUTREACH, TO IDENTIFY PATIENTS AT HIGH RISK FOR EARLY LUNG CANCER SCREENING TO ASSIST IN EARLY DETECTION TOLEDO CHILDREN 'S HOSPITAL (OPERATING WITHIN AND AS PART OF THE TOLEDO HOSPITAL) CONDUCTED AND ADOPTED IT S SECOND COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) DURING TAX YEAR 2016 AND INTENDS TO ADDR ESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS, LISTED IN ORDER OF PRIORITY - DECREASE INFANT MORTALITY- DECREASE YOUTH MENTAL HEALTH ISSUES AND BULLYING- DECREASE HEART DISEASE AND OT HER CHRONIC DISEASES - ASTHMA- INCREASE HEALTHY WEIGHT STATUS- INJURY PREVENTION/SAFETY- I NCREASE SCHOOL READINESSNO ACTIONS WERE TAKEN DURING TAX YEAR 2016 TO ADDRESS THE SIGNIFIC ANT HEALTH NEEDS IDENTIFIED THROUGH TOLEDO CHILDREN'S HOSPITAL'S MOST RECENTLY CONDUCTED C HNA IN 2016 THE SECOND CHNA WAS CONDUCTED AND ADOPTED AT THE END OF TAX YEAR 2016, THEREF ORE, THESE HEALTH NEEDS WILL BE ADDRESSED OVER THE NEXT THREE TAX YEARS TOLEDO CHILDREN'S HOSPITAL DOES NOT INTEND TO ADDRESS ALL OF THE NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDU CTED COMMUNITY HEALTH NEEDS ASSESSMENT GIVEN THAT SOME OF THE IDENTIFIED HEALTH NEEDS ARE EITHER BEING ADDRESSED DURING PHYSICIAN VISITS, GO BEYOND THE SCOPE OF THE HOSPITAL, OR AR E BEING ADDRESSED BY, OR WITH, OTHER ORGANIZATIONS IN THE COMMUNITY TO SOME EXTENT, RESOU RCE RESTRICTIONS DO NOT ALLOW THE HOSPITAL TO ADDRESS ALL OF THE HEALTH NEEDS IDENTIFIED T HROUGH THE HEALTH NEEDS ASSESSMENT, BUT MOST IMPORTANTLY TO PREVENT DUPLICATION OF EFFORTS AND INEFFICIENT USE OF RESOURCES, MANY OF THESE ISSUES ARE ADDRESSED BY, AND WITH, OTHER COMMUNITY ORGANIZATIONS AND COALITIONS THE 2016 SIGNIFICANT HEALTH NEEDS IDENTIFIED, SPECI FICALLY NOT ADDRESSED BY THE HOSPITAL IN ITS 2016 IMPLEMENTATION PLAN, INCLUDE TOBACCO US E, ALCOHOL CONSUMPTION, MARIJUANA AND OTHER DRUG USE, VIOLENCE ISSUES, YOUTH PERCEPTIONS, CHILD HEALTH AND FUNCTIONAL STATUS, FAMILY FUNCTIONING/NEIGHBORHOOD & COMMUNITY CHARACTERI STICS, AND PARENT HEALTH TOLEDO CHILDREN'S HOSPITAL DID TAKE THE FOLLOWING ACTIONS DURING TAX YEAR 2016 WITH RESPECT TO ITS PREVIOUSLY CONDUCTED CHNA IN 2013 HEALTH NEED IDENTIFIED SAFE NEIGHBORHOODS AND SCHOOLS (YOUTH 12-18 YEARS)STRATEGY #1 - INCREASE SAFETY IN NEIGH BORHOODS AND SCHOOLS - EACH SCHOOL YEAR THE TEEN PEERS EDUCATING PEERS (PEP) PROGRAM WILL BE OFFERED TO 10 SCHOOLS IN LUCAS COUNTY THE PROGRAM ADDRESSES TEEN DATING VIOLENCE AND B ULLYING ONE ADDITIONAL SCHOOL WILL BE ADDED EACH YEAR PER GRANT FUNDING PROGRAM LEAD WIL L, AS CO-CHAIR, COLLABORATE WITH THE LUCAS COUNTY SUICIDE PREVENTION COALITION TO DESIGN A COMPREHENSIVE COMMUNITY STRAT

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

Form and Line Reference	Explanation
ACTIONS TAKEN	EGIC PLAN THAT WILL SERVE AS A GUIDELINE AND RECOMMENDATION FOR NOT ONLY RESPONDING EFFECT IVELY TO TEEN SUICIDES IN AREA SCHOOLS BUT ALSO IN THE PREVENTION OF SUICIDE BY WAY OF DEC REASING BULLYING IN OUR SCHOOLS ACTIONS TAKEN - IMPLEMENTED TEEN PEERS EDUCATING PEERS (TE EN PEP) PROGRAM IN SEVENTEEN (17) SCHOOLS INCLUDING ALTERNATE LEARNING CENTER, BEVERLY EL EMENTARY, BOWSHER HIGH SCHOOL, CARDINAL STRITCH HIGH SCHOOL, CLAY HIGH SCHOOL, NORTHVIEW H IGH SCHOOL, NORTHWOOD HIGH SCHOOL, POLLY FOX ACADEMY, ROGERS HIGH SCHOOL, ST FRANCIS DE S ALES, SCOTT HIGH SCHOOL, SOUTHVIEW HIGH SCHOOL, SPRINGFIELD HIGH SCHOOL, START HIGH SCHOOL , SWANTON HIGH SCHOOL, TOLEDO EARLY COLLEGE HIGH SCHOOL AND WAITE HIGH SCHOOL WITH 162 TEE N PEERS AND 4,841 PARTICIPANTS IN 2016 TWO (2) ADDITIONAL SCHOOLS, ST FRANCIS DE SALES A ND TOLEDO EARLY COLLEGE HIGH SCHOOL WERE ADDED IN 2016 - ELEVEN (11) SCHOOLS PARTICIPATED IN THE TEEN PEP RAPE PREVENTION EDUCATION INCLUDING ALTERNATE LEARNING CENTER, BOWSHER H IGH SCHOOL, POLLY FOX ACADEMY, ROGERS HIGH SCHOOL, SCOTT HIGH SCHOOL, START HIGH SCHOOL, S PRINGFIELD HIGH SCHOOL, SOUTHVIEW HIGH SCHOOL, NORTHVIEW HIGH SCHOOL, SWANTON HIGH SCHOOL, AND WAITE HIGH SCHOOL, A TPS SCHOOL WITH A HIGHER RATIO OF HISPANIC AND UNDERSERVED YOUTH - ADDITIONAL OBJECTIVE TEEN PEP AND CULLEN CENTER SUCCESSFULLY COLLABORATED TO FORM THE LUCAS CO YOUTH SEXUAL AND INTIMATE AND INTIMATE PARTNER VIOLENCE COALITION IN LATE 2016 OTHER PARTNERS INCLUDE YMCA, UNITED WAY, BGSU, UT, JUEVENILE COURT AND LOCAL HEALTH DEPART MENT, STRATEGIC PLAN TO BE DEVELOPED BY 2018 STRATEGY #2 - SAFE ROUTES TO SCHOOL PROGRAM W ILL EDUCATE STUDENTS AND THE COMMUNITY ON THE BENEFITS OF WALKING AND BICYCLING TO SCHOOL IN GROUPS AS A WAY TO HAVE A SAFER NEIGHBORHOOD CURRENTLY IN SYLVANIA CITY SCHOOLS (1 ELE MENTARY) OFFER TO WORK WITH AT LEAST ONE NEW SCHOOL WITHIN THE LUCAS COUNTY TO PROMOTE WA LKING AND BIKING TO SCHOOL IN GROUPS PROMOTE AND FACILITATE "WALKING WEDNESDAYS" AT PARTI CIPATING SCHOOLS IN OREGON AND SYLVANIA PROMOTE INTERNATIONAL WALK TO SCHOOL AND BIKE TO SCHOOL DAY AT ONE SCHOOL IN OREGON AND ONE SCHOOL IN SYLVANIA PRESENT AT LEAST TEN (10) C LASSROOM PRESENTATIONS ON PEDESTRIAN AND BICYCLE SAFETY ACTIONS TAKEN - PROMOTED AND FACI LITATED WALKING WEDNESDAYS AT ONE (1) PARTICIPATING SCHOOL IN THE CITY OF SYLVANIA INCLUDI NG SYLVAN ELEMENTARY PROMOTED INTERNATIONAL WALK TO SCHOOL AND BIKE TO SCHOOL DAY AT TWO (2) SCHOOLS IN THE CITY OF SYLVANIA INCLUDING OAKDALE ELEMENTARY SCHOOL AND SYLVAN ELEME NTARY OREGON CITY SCHOOLS CREATED A PUBLIC WALKING PROGRAM IN THE HIGH SCHOOL IN 2016 - PRESENTED TO TEN (10) CLASSROOMS ON PEDESTRIAN AND BICYCLE SAFETY THE TOTAL NUMBER OF CHI LDREN RECEIVING EDUCATION WAS 415 STRATEGY #3 - THE CULLEN CENTER WILL PROVIDE TRAUMA FOCU SED BEHAVIORAL THERAPY TO CHILDREN WITNESSING OR EXPERIENCING VIOLENCE (AGES 6-18) IN LUCA S COUNTY AND SURROUNDING AREA ON AN ONGOING BASIS COLLABORATE WITH THE JUVENILE JUSTICE C OURTS TO PROVIDE TRAINING TO C

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

Form and Line Reference	Explanation
ACTIONS TAKEN	OMMUNITY PARTNERS, INCLUDING SCHOOLS, CHILD WELFARE, AND THE COURT SYSTEMS (INCLUDING DETE NTION CENTERS) THIS IMPROVES PROFESSIONALS' RESPONSES TO TRAUMATIZED YOUTH SUCH THAT THE ADULTS RESPOND IN A CALMER MANNER, REDUCING THE LIKELIHOOD THAT THE YOUTH REACTS WITH AGGR ESSION, AND REDUCING THE LIKELIHOOD OF VIOLENCE IN THE OVERALL SYSTEMS PROMOTE TO, AND ED UCATE, THREE COMMUNITY AGENCIES ABOUT SCREENING FOR ABUSE AND VIOLENCE ACTIONS TAKEN - COL LABORATED WITH JUVENILE JUSTICE COURTS TO PROVIDE TRAINING TO COMMUNITY PARTNERS INCLUDING SCHOOLS, CHILD WELFARE, AND COURT SYSTEMS (INCLUDING DETENTION CENTERS) THIS IMPROVED PR OFESSIONALS' RESPONSES TO TRAUMATIZED YOUTH SUCH THAT THE ADULTS RESPOND IN A CALMER MANNE R, REDUCING THE LIKELIHOOD THAT THE YOUTH REACTS WITH AGGRESSION, AND REDUCES THE LIKELIHO OD OF VIOLENCE IN THE OVERALL SYSTEMS 192 YOUTH RECEIVED SERVICES - PROMOTED TO, AND EDU CATED, FOUR (4) COMMUNITY AGENCIES ABOUT SCREENING FOR ABUSE AND VIOLENCE PROVIDED THREE (3) HOUR TRAINING TO TOLEDO PUBLIC SCHOOL ON TRAUMA-INFORMED CARE IN THE CLASSROOM THIS I NCLUDED STAFF IN THE BEHAVIORAL SCHOOL PROVIDED ALL DAY TRAINING TO LCCS EDUCATIONAL SPEC IALIST IN TRAUMA-INFORMED CARE AND HOW TO HELP ADVOCATE FOR FOSTER YOUTH IN SCHOOLS WHO HA VE BEHAVIORAL AND EMOTIONAL PROBLEMS THAT ARE AFFECTING THEIR SCHOOL WORK CONSULTED WITH JUVENILE COURT STAFF PSYCHOLOGIST ON THEIR ONGOING REFLECTIVE SUPERVISION TRAINING (THAT H ELPS SUPPORT TRAUMA-INFORMED WORK) - ADDITIONAL RELATED OBJECTIVE ATTAINED TEEN PEP AND C ULLEN CENTER SUCCESSFULLY COLLABORATED TO FORM THE LUCAS CO YOUTH SEXUAL AND INTIMATE AND INTIMATE PARTNER VIOLENCE COALITION IN LATE 2016 OTHER PARTNERS INCLUDE YMCA, UNITED WAY , BGSU, UT, JUEVENILE COURT AND LOCAL HEALTH DEPARTMENT, STRATEGIC PLAN TO BE DEVELOPED BY 2018

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

Form and Line Reference	Explanation
HEALTH NEED IDENTIFIED SAFETY/BULLYING (CHILD 0-11 YEARS)	STRATEGY #1 - EACH SCHOOL YEAR THE TEEN PEERS EDUCATING PEERS (PEP) PROGRAM WILL BE OFFERE D TO TEN (10) SCHOOLS IN LUCAS COUNTY THIS PROGRAM ADDRESSES SAFETY AND BULLYING ONE ADD ITIONAL SCHOOL WILL BE ADDED EACH YEAR PER GRANT FUNDING PROGRAM LEAD WILL COLLABORATE WI TH THE LUCAS COUNTY SUICIDE PREVENTION COALITION AND/OR OTHER COMMUNITY ORGANIZATIONS TO D ESIGN AN ANTI-BULLYING CURRICULUM FOR SCHOOLS ACTIONS TAKEN - IMPLEMENTED TEEN PEERS EDUC ATING PEERS (TEEN PEP) PROGRAM IN EIGHT (8) K-6 SCHOOLS INCLUDING ARLINGTON, BEVERLY ELEM ENTARY, GLENDALE FIELBACH ELEMENTARY, IMAGINE, MARITIME ACADEMY OF TOLEDO, OTTAWA HILLS EL EMENTARY, WALBRIDGE ELEMENTARY AND WHITTIER ELEMENTARY WITH 700 PARTICIPANTS IN 2016 ONE (1) ELEMENTARY SCHOOL, WHITTIER ELEMENTARY, WAS ADDED IN 2016 - THE TEEN PEP PROGRAM LEAD COLLABORATED WITH THE LUCAS COUNTY SUICIDE PREVENTION COALITION TO DESIGN A COMPREHENSIVE COMMUNITY STRATEGIC PLAN THAT WILL SERVE AS A GUIDELINE AND RECOMMENDATION FOR NOT ONLY R ESPONDING EFFECTIVELY TO TEEN SUICIDES IN AREA SCHOOLS BUT ALSO IN THE PREVENTION OF SUICI DE BY WAY OF DECREASING BULLYING IN OUR SCHOOLS OBJECTIVE MET IN 2016, ANTI-BULLYING EDUC ATION BEING DELIVERED TO YOUNGER STUDENTS HEALTH NEED IDENTIFIED HEALTH AND DENTAL CARE U TILIZATION (CHILD 0-11 YEARS)STRATEGY #1 IMPROVE ACCESS TO PEDIATRIC PRIMARY CARE PHYSICI ANS AT THE TOLEDO CHILDREN'S HOSPITAL CLINIC OFFER SAME DAY APPOINTMENTS FOR SICK, NEW PA TIENTS MONITOR ACCESS TO CARE REPORT TO DETERMINE LENGTH OF TIME NEW PATIENTS MUST WAIT F OR APPOINTMENT AND ADD AVAILABLE PHYSICIAN HOURS AS NEEDED ACTIONS TAKEN - OFFERED SAME DA Y APPOINTMENTS FOR SICK, NEW AND CURRENT, PATIENTS - MONITORED ACCESS TO CARE REPORT TO DE TERMINE LENGTH OF TIME NEW PATIENTS MUST WAIT FOR APPOINTMENT AND ADD AVAILABLE PHYSICIAN HOURS AS NEEDED - NUMBER OF NEW PATIENTS ATTENDING THE TOLEDO CHILDREN'S HOSPITAL PRIMARY CARE CLINIC WAS 1,431 - ACCESS TO CARE REPORT WAS COMPILED QUARTERLY TO MONITOR PROGRAM ST RATEGY #2 IMPROVE ACCESS FOR CHILDREN TO BE SEEN BY A DENTIST PROVIDE FUNDING SUPPORT FO R THE SMILE EXPRESS MOBILE DENTAL CENTER THROUGH COLLABORATION WITH THE DENTAL CENTER OF N ORTHWEST OHIO ACTIONS TAKEN - PROVIDED $2,500 FUNDING SUPPORT FOR THE SMILE EXPRESS MOBILE DENTAL CENTER THROUGH COLLABORATION WITH THE DENTAL CENTER OF NORTHWEST OHIO - WE WERE UN ABLE TO OBTAIN THE EXACT NUMBER OF DENTAL VISITS THROUGH THIS PROGRAM IN 2016 STRATEGY #3 IMPROVE ASTHMA MANAGEMENT FOR CHILDREN TOLEDO CHILDREN'S HOSPITAL HAS BEEN ACCREDITED BY THE JOINT COMMISSION FOR ASTHMA DISEASE MANAGEMENT AND IS THE ONLY HOSPITAL IN OHIO WITH THIS DISTINCTION THIS IS AN EVIDENCED BASED PROGRAM USING QUALITY MEASURES TO DETERMINE S UCCESS THIS TEAM MEETS REGULARLY TO EVALUATE PROGRESS BASED ON TARGET GOALS UTILIZE EVID ENCED BASED ASTHMA ORDER SETS DESIGNED FOR BOTH THE CHILDREN'S EMERGENCY DEPARTMENT AND TH E CHILDREN'S HOSPITAL PROVIDE ASTHMA EDUCATION TO ALL PARENTS OF CHILDREN ADMITTED TO TOL EDO CHILDREN'S HOSPITAL THAT M

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

Form and Line Reference	Explanation
HEALTH NEED IDENTIFIED SAFETY/BULLYING (CHILD 0-11 YEARS)	EET THE DIAGNOSIS CRITERIA FOR ASTHMA PROVIDE THE NEWLY DESIGNED ASTHMA INSTRUCTION BOOKL ET TO THOSE PARENTS RECEIVING EDUCATION PROVIDE AN ASTHMA ACTION PLAN TO ALL PARENTS OF C HILDREN DISCHARGED WITH AN ASTHMA DIAGNOSIS FROM TOLEDO CHILDREN'S HOSPITAL ACTIONS TAKEN - PROVIDED ASTHMA ORDER SETS TO 84% OF THE CHILDREN SEEN IN PEDS EMERGENCY DEPARTMENT - P ROVIDED ASTHMA ORDER SETS TO 99% OF THE PEDIATRIC INPATIENTS AT TOLEDO CHILDREN'S HOSPITAL AFTER EDUCATION DURING THEIR HOSPITAL ADMISSION, 99% COULD NAME THEIR TRIGGERS TO ASTHMA , AND 100% COULD NAME THEIR "CONTROLLER" MEDICATION 94% WERE DISCHARGED FROM THE HOSPITAL WITH A HOME MANAGEMENT PLAN OF CARE (HMPC) STRATEGY #4 INCREASE CHILDHOOD IMMUNIZATION R ATES TOLEDO CHILDREN'S HOSPITAL WILL PROVIDE NURSE COVERAGE IN COLLABORATION WITH THE LUC AS COUNTY HEALTH DEPARTMENT "SHOTS FOR TOTS" PROGRAM TO PROVIDE IMMUNIZATIONS TO CHILDREN THE TOLEDO CHILDREN'S HOSPITAL PRIMARY CARE CLINIC WILL CONTINUE TO OFFER FREE "VACCINES FOR KIDS" PER THE STATE GUIDELINES TO ALL ELIGIBLE CHILDREN THE STATE REGISTRY WILL BE UP DATED AT EACH VISIT WHERE SHOTS ARE GIVEN THE TOLEDO CHILDREN'S HOSPITAL PRIMARY CARE CLI NIC WILL CONTINUE TO TAKE EVERY OPPORTUNITY AT VISITS TO UPDATE CHILDREN'S IMMUNIZATIONS A CTIONS TAKEN - TOLEDO CHILDREN'S HOSPITAL PROVIDED NURSE COVERAGE IN COLLABORATION WITH TH E TOLEDO LUCAS COUNTY HEALTH DEPARTMENT "SHOTS FOR TOTS N TEENS" PROGRAM TO PROVIDE IMMUNI ZATIONS TO CHILDREN - THE TOLEDO CHILDREN'S HOSPITAL PRIMARY CARE CLINIC CONTINUED TO OFFE R FREE "VACCINES FOR KIDS" PER THE STATE GUIDELINES TO ALL ELIGIBLE CHILDREN THE STATE RE GISTRY WAS UPDATED AT EACH VISIT WHERE SHOTS WERE GIVEN - THE TOLEDO CHILDREN'S HOSPITAL P RIMARY CARE CLINIC CONTINUED TO TAKE EVERY OPPORTUNITY AT VISITS TO UPDATE CHILDREN'S IMMU NIZATIONS - THE NUMBER OF NURSING HOURS PROVIDED TO THE COLLABORATIVE SHOTS FOR TOTS N TEE NS PROGRAM WAS 132 HOURS - THE PERCENTAGE OF CHILDREN IMMUNIZED BY AGE TWO (2) IN THE TOLE DO CHILDREN'S HOSPITAL PRIMARY CARE CLINIC WAS 89% 16,638 TOTAL CHILDREN'S IMMUNIZATION S HOTS WERE GIVEN IN 2016 HEALTH NEED IDENTIFIED OBESITY/HUNGER INITIATIVES (CHILD 0-11 YEA RS)STRATEGY #1 PROVIDE FREE NUTRITION EDUCATION TO ELEMENTARY SCHOOL CHILDREN AND ADULTS IN LUCAS COUNTY OFFER HEALTHY KIDS CONVERSATION MAPS NUTRITION EDUCATION PROGRAM IN SCHOO LS FOR 1ST THROUGH 5TH GRADERS PER GRANT FUNDING ACTIONS TAKEN - THE HEALTHY KIDS CONVERSA TION MAP PROGRAM WAS DISCONTINUED, BUT FREE MAP KITS WERE OFFERED TO ALL TOLEDO PUBLIC ELE MENTARY SCHOOLS IN 2015 AND 2016, WITH 11 CONVERSATION MAP KITS DELIVERED TO INTERESTED SC HOOL NURSES AT TOLEDO PUBLIC SCHOOLS, WITH EDUCATION PROVIDED ABOUT HOW TO FACILITATE THES E PROGRAMS IN THE SCHOOL IN ADDITION, 169 ELEMENTARY SCHOOLS AND AFTERSCHOOL PROGRAMS WER E GIVEN FREE NUTREXITY HEALTHY LIVING BOARD GAMES, WHICH WAS DEVELOPED BY PROMEDICA WITH A PROFESSIONAL LEARNING COMPANY TO ENHANCE THIS LEARNING THROUGHOUT THE SCHOOL YEAR (SEVEN OF THESE GAMES WERE DONATED TO

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Form and Line Reference	Explanation
HEALTH NEED IDENTIFIED SAFETY/BULLYING (CHILD 0-11 YEARS)	SYLVANIA PUBLIC SCHOOLS, BY FLOWER HOSPITAL) - PROMEDICA'S FOOD PHARMACY AT THE CENTER F OR HEALTH SERVICES PROVIDED FOOD FOR PATIENTS IDENTIFIED AS FOOD INSECURE BY THEIR PRIMARY CARE PROVIDER BY THE END OF 2016, A TOTAL OF 15 PROMEDICA PRIMARY CARE PROVIDERS WERE SC REENING AND REFERRING PATIENTS TO THE FOOD PHARMACY, WHERE THEY ARE ABLE TO RECEIVE 2-3 DA YS' WORTH OF HEALTHY FOOD FOR THEIR HOUSEHOLD ON A MONTHLY BASIS PATIENTS ARE ABLE TO CHO OSE WHAT FOOD THEY WOULD LIKE TO TAKE HOME FROM THE FOOD PHARMACY BASED ON FAMILY SIZE AND ANY DIET-RELATED MEDICAL CONDITIONS, AND THEY MAY ALSO CHOOSE TO RECEIVE NUTRITION EDUCAT ION MATERIALS, HEALTHY RECIPES, AND NUTRITION COUNSELING JANUARY-DECEMBER 2016 DATA NUMB ER OF NEW PATIENT VISITS 1,896, NUMBER OF TOTAL PATIENT VISITS (NEW AND RETURN) 6,562, T OTAL HOUSEHOLD MEMBERS SERVED 18,714* (12,369 OUT OF THE 18,714 WERE IN HOUSEHOLDS WITH C HILDREN), NUMBER OF SENIORS 2,755*, NUMBER OF ADULTS 9,305*, NUMBER OF CHILDREN 6,654* (*INCLUDES DUPLICATE PATIENTS) HEALTH NEED IDENTIFIED EARLY CHILDHOOD DEVELOPMENT (CHILD 0-11 YEARS) STRATEGY #1 PROMOTE READING TO YOUNG CHILDREN THROUGH THE TOLEDO HEALTHY TOMOR ROWS/HELP ME GROW (HMG) PROGRAM ON AN ONGOING BASIS EDUCATE YOUNG LOW INCOME PARENTS ABOU T PARENTING AND THE BENEFITS OF READING TO THEIR CHILDREN DURING HOME VISITS PROVIDE FREE CHILDREN'S BOOKS AT EACH VISIT ACTIONS TAKEN - EDUCATED 337 YOUNG LOW INCOME PARENTS ABOU T PARENTING AND THE BENEFITS OF READING TO THEIR CHILDREN DURING HOME VISITS - PROVIDED A TOTAL OF 1,117 FREE CHILDREN'S BOOKS AT VISITS - HELP ME GROW (HMG) PROVIDED 5 BOOKS PER C HILD ENROLLED IN HMG ANNUALLY THROUGHOUT 2016 ALSO CONTINUED TO HAVE OPPORTUNITIES TO PUR CHASE LOW COST BOOKS THROUGH THE FIRST BOOKS PROGRAM AND OUR PROGRAM HAS BEEN THE RECIPIEN T OF BOOK DONATIONS AT CHRISTMAS FROM CLASSROOM COLLECTIONS AT CHRIST THE KING ELEMENTARY SCHOOL

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

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

Form and Line Reference	Explanation
STRATEGY #2 PROVIDE THE SAFE SLEEP PROGRAM TO THE COMMUNITY PROVIDE SAFE	SLEEP EDUCATION TO LOW INCOME CAREGIVERS WITH CHILDREN LESS THAN 6 MONTHS OF AGE THROUGH 10 CLASSES AT TOLEDO CHILDREN'S HOSPITAL AND OTHER COMMUNITY LOCATIONS PROVIDE EDUCATION AND SAFE SLEEP KITS TO SCHOOL-BASED PROGRAMS FOR TEEN PARENTS PER GRANT FUNDING PROVIDE BROCHURES AND A SAFE SLEEP KIT TO EACH PARTICIPANT PER GRANT FUNDING ACTIONS TAKEN - PRINTED EDUCATIONAL MATERIAL IS PROVIDED AT ALL OF OUR COMMUNITY EVENTS THE STEERING COMMITTEE WAS CREATED IN 2014 ONE EARLY INITIATIVE WAS TO PURCHASE SLEEP SACKS FOR ALL THE PEDIATRIC, NICU AND NURSERY INFANTS DURING THEIR STAY TO MODEL THE EDUCATION OF SAFE SLEEP ADDING THIS TO THE EDUCATION PROGRAM THAT ALREADY EXISTS OTHER ACTION PLANS ARE UNDER DEVELOPMENT LACK OF GRANT FUNDING DID NOT ALLOW US TO CONTINUE TO PROVIDE SAFE SLEEP KITS TO ALL CLASS PARTICIPANTS - SAFE SLEEP CLASSES ARE NOW PROVIDED BY THE LUCAS COUNTY HEALTH DEPARTMENT AND ALL OF THE COUNTY HOME VISITING PROGRAMS REFER TO THEM TO REDUCE DUPLICATION AND IMPROVE EFFICACY THERE ARE FOUR, 2-HOUR CLASSES OFFERED PER MONTH OUR "PATHWAYS AND "HELP ME GROW" PROGRAMS MAKE A PAPER REFERRAL, FAX IT TO THE HEALTH DEPARTMENT, PROVIDE REMINDERS TO ATTEND, HELP WITH ARRANGING TRANSPORTATION, AND CONDUCT A THREE (3) PAGE ASSESSMENT A MONTH AFTER THE CLASS TO BE SURE THE CRIB IS SET UP CORRECTLY AND PROVIDE ADDITIONAL EDUCATION TO THE FAMILY ON SAFE SLEEP PRACTICE - THE MEASURES REPORTED FROM OUR "PATHWAYS AND "HELP ME GROW" PROGRAMS, RESPECTIVELY, FOR 2016 ARE AS FOLLOWS 146 ATTENDED SAFE SLEEP CLASSES WITH 315 CRIBS DISTRIBUTED AT THESE CLASSES, AND SAFE SLEEP EDUCATION WAS PROVIDED IN 308 HOMES WITH 137 HOME SAFE SLEEP ASSESSMENTS COMPLETED - FOR INFANTS UNDER ONE (1) YEAR OF AGE, PRIOR TO DISCHARGE, PARENTS ARE PROVIDED EDUCATION ON SAFE SLEEP PRACTICES, INCLUDING VIEWING SAFE SLEEP VIDEO IN NICU, REVIEW OF SLEEP POSITION, SLEEP SURFACE, BEDDING, SMOKING, DRUGS, AND ALCOHOL, SLEEP ENVIRONMENT, PACIFIER USE, OVERHEATING/OVER BUNDLING, POSITIONING AIDS, TUMMY TIME, AND BREASTFEEDING GROUP A-FACILITY 1 -- THE TOLEDO HOSPITALPART V, SECTION B, LINE 16A THE FAP WAS WIDELY AVAILABLE AT THE FOLLOWING URL WWW PROMEDICA ORG/PAGES/PATIENT-RESOURCES/BILLING-INSURANCE/FINANCIAL-ASSISTANCE/DEFAULT ASPXGROUP A-FACILITY 1 -- THE TOLEDO HOSPITALPART V, SECTION B, LINE 16B THE FAP APPLICATION FORM WAS WIDELY AVAILABLE AT THE FOLLOWING URL WWW PROMEDICA ORG/PAGES/PATIENT-RESOURCES/BILLING-INSURANCE/FINANCIAL-ASSISTANCE/DEFAULT ASPXGROUP A-FACILITY 1 -- THE TOLEDO HOSPITALPART V, SECTION B, LINE 16C A PLAIN LANGUAGE SUMMARY OF THE FAP WAS WIDELY AVAILABLE AT THE FOLLOWING URL WWW PROMEDICA ORG/PAGES/PATIENT-RESOURCES/BILLING-INSURANCE/FINANCIAL-ASSISTANCE/DEFAULT ASPX

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

Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL	PART V, SECTION B, LINE 11 WILDWOOD ORTHOAPAEDIC & SPINE HOSPITAL CONDUCTED AND ADOPTED I TS SECOND COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) DURING TAX YEAR 2016 AND INTENDS TO ADD RESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS, LISTED IN ORDER OF PRIORITY - HUNGER- OBESITY NO ACTIONS WERE TAKEN DURING TAX YEAR 2016 TO ADDRESS THE SIGNIFICANT HEALTH NEEDS IDENTIF IED THROUGH WILDWOOD ORTHOAPAEDIC & SPINE HOSPITAL'S MOST RECENTLY CONDUCTED CHNA IN 2016 THE SECOND CHNA WAS CONDUCTED AND ADOPTED AT THE END OF TAX YEAR 2016, THEREFORE, THESE H EALTH NEEDS WILL BE ADDRESSED OVER THE NEXT THREE TAX YEARS WILDWOOD ORTHOAPAEDIC & SPINE HOSPITAL DOES NOT INTEND TO ADDRESS ALL OF THE NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDU CTED COMMUNITY HEALTH NEEDS ASSESSMENT GIVEN THAT SOME OF THE IDENTIFIED HEALTH NEEDS ARE EITHER BEING ADDRESSED DURING PHYSICIAN VISITS, GO BEYOND THE SCOPE OF THE HOSPITAL, OR AR E BEING ADDRESSED BY, OR WITH, OTHER ORGANIZATIONS IN THE COMMUNITY TO SOME EXTENT, RESOU RCE RESTRICTIONS DO NOT ALLOW THE HOSPITAL TO ADDRESS ALL OF THE HEALTH NEEDS IDENTIFIED T HROUGH THE HEALTH NEEDS ASSESSMENT, BUT MOST IMPORTANTLY TO PREVENT DUPLICATION OF EFFORTS AND INEFFICIENT USE OF RESOURCES, MANY OF THESE ISSUES ARE ADDRESSED BY, AND WITH, OTHER COMMUNITY ORGANIZATIONS AND COALITIONS THE 2016 SIGNIFICANT HEALTH NEEDS IDENTIFIED, SPECI FICALLY NOT ADDRESSED BY THE HOSPITAL IN ITS 2016 IMPLEMENTATION PLAN, INCLUDE HEALTH CAR E COVERAGE STATUS PERCEPTIONS, HEALTH CARE ACCESS AND UTILIZATION, CARDIOVASCULAR HEALTH, CANCER, DIABETES, ARTHRITIS, ASTHMA, TOBACCO USE, ALCOHOL CONSUMPTION, DRUG USE, WOMEN'S H EALTH, MEN'S HEALTH, PREVENTIVE MEDICINE AND HEALTH SCREENINGS, SEXUAL BEHAVIOR AND PREGNA NCY OUTCOMES, QUALITY OF LIFE, SOCIAL CONTEXT AND SAFETY, MENTAL HEALTH AND SUICIDE, ORAL HEALTH, AND HEALTH ISSUES SPECIFIC TO YOUTH OR CHILDREN WILDWOOD ORTHOAPAEDIC & SPINE HOSP ITAL DID TAKE THE FOLLOWING ACTIONS DURING TAX YEAR 2016 WITH RESPECT TO ITS PREVIOUSLY CO NDUCTED CHNA IN 2013 HEALTH NEED IDENTIFIED OBESITY/HUNGER INITIATIVESSTRATEGY #1 - EDUCA TE THE PUBLIC ABOUT SUGARY DRINKS, HOW TO READ MENU OPTIONS IN RESTAURANTS AND HOW TO READ LABELS IN THE GROCERY STORE OFFER AT LEAST THREE (3) VENUES ANNUALLY ACTIONS TAKEN - OFF ERED THREE EDUCATIONAL VENUES ANNUALLY, WITH APPROXIMATELY 720 PARTICIPANTS STRATEGY #2 - CONDUCT BIANNUAL COME TO THE TABLE FOOD DRIVE ACTIONS TAKEN - CONDUCTED BIANNUAL FOOD DRIV E, WITH A TOTAL OF 175 POUNDS OF FOOD COLLECTED FROM DONATIONS AND DONATED THESE COLLECTIO NS TO PROMEDICA FOOD PHARMACY (PANTRY, BY PHYSICIAN SCREENING AND REFERRAL) HEALTH NEED ID ENTIFIED TOBACCO USESTRATEGY #1 - DETERMINE EVIDENCED BASED PROGRAMS AND MATERIALS, AND O FFER AT LEAST FIVE (5) PROGRAMS EACH YEAR ACTIONS TAKEN - USING EVIDENCED BASED PROGRAMS AND MATERIALS, OFFERED FIVE (5) PROGRAMS WITH A TOTAL OF APPROXIMATELY 820 PARTICIPANTS HE ALTH NEED IDENTIFIED ARTHRITISSTRATEGY #1 - IN SPECIFIC COLLABORATION WITH PARAMOUNT HEAL TH CARE, "OWN THE BONE" CRITER

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GROUP A-FACILITY 2 -- WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL	IA WILL BE IMPLEMENTED AND MONITORED ANNUALLY WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL INITI ATED AND IS AN ACTIVE PARTICIPANT IN "OWN THE BONE" PROGRAM IN COLLABORATION WITH THE ORTH OPAEDIC INSTITUTE, FLOWER HOSPITAL GYNECOLOGY DEPARTMENT, TOLEDO HOSPITAL TRAUMA DEPARTMEN T AND PARAMOUNT HEALTH CARE ACTIONS TAKEN - "OWN THE BONE" WAS NOT ABLE TO BE IMPLEMENTED FURTHER DUE TO LICENSING RESTRICTIONS STRATEGY #2 WAS IMPLEMENTED INSTEAD STRATEGY #2 - WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL STAFF WILL DESIGN AN EDUCATIONAL PROGRAM WHICH CAN B E SHARED IN JUNIOR HIGH SCHOOLS AND HIGH SCHOOLS ABOUT BONE HEALTH STARTING IN YOUNGER CHI LDREN ACTIONS TAKEN - STAFF DESIGNED AN EDUCATIONAL PROGRAM ABOUT BONE HEALTH STARTING IN YOUNGER CHILDREN WHICH WAS SHARED IN THREE (3) JUNIOR HIGH/MIDDLE SCHOOLS, WITH A TOTAL OF APPROXIMATELY 506 PARTICIPANTS STRATEGY #3 - FOR FALL PREVENTION, PHYSICAL THERAPY STAFF AND NURSING STAFF WILL DESIGN AND IMPLEMENT A FALL PREVENTION PROGRAM THAT CAN BE SHARED W ITH LOCAL ECF/NURSING HOMES ACTIONS TAKEN - FOR FALL PREVENTION, PHYSICAL THERAPY STAFF AN D NURSING STAFF DESIGNED AND IMPLEMENTED THREE (3) FALL PREVENTION PROGRAMS THAT WERE SHAR ED WITH LOCAL NURSING HOMES, WITH A TOTAL OF APPROXIMATELY 38 PARTICIPANTS GROUP A-FACILIT Y 2 -- WILDWOOD ORTHOPAEDIC & SPINE HOSPITALPART V, SECTION B, LINE 16A THE FAP WAS WIDEL Y AVAILABLE AT THE FOLLOWING URL WWW PROMEDICA ORG/PAGES/PATIENT-RESOURCES/BILLING-INSURA NCE/FINANCIAL-ASSISTANCE/DEFAULT ASPXGROUP A-FACILITY 2 -- WILDWOOD ORTHOPAEDIC & SPINE HO SPITALPART V, SECTION B, LINE 16B THE FAP APPLICATION FORM WAS WIDELY AVAILABLE AT THE FO LLOWING URL WWW PROMEDICA ORG/PAGES/PATIENT-RESOURCES/BILLING-INSURANCE/FINANCIAL-ASSISTA NCE/DEFAULT ASPXGROUP A-FACILITY 2 -- WILDWOOD ORTHOPAEDIC & SPINE HOSPITALPART V, SECTION B, LINE 16C A PLAIN LANGUAGE SUMMARY OF THE FAP WAS WIDELY AVAILABLE AT THE FOLLOWING UR L WWW PROMEDICA ORG/PAGES/PATIENT-RESOURCES/BILLING-INSURANCE/FINANCIAL-ASSISTANCE/DEFAUL T ASPX

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

Form and Line Reference	Explanation
GROUP B-FACILITY 3 -- ARROWHEAD BEHAVIORAL HEALTH	PART V, SECTION B, LINE 7B THE CHNA REPORT WAS MADE WIDELY AVAILABLE AT THE FOLLOWING URL HTTPS //WWW PROMEDICA ORG/FLOWER-HOSPITAL/DOCUMENTS/PROMEDICA%20TOLEDO% 20FLOWER%20WILDWOO D%20AND%20ARROWHEAD%20BEHAVIORAL%20HOSPITALS%202016% 20JOINT%20COMMUNITY%20HEALTH%20NEEDS%2 0ASSESSMET PDFGROUP B-FACILITY 3 -- ARROWHEAD BEHAVIORAL HEALTHPART V, SECTION B, LINE 11 ARROWHEAD BEHAVIORAL HEALTH HOSPITAL CONDUCTED AND ADOPTED ITS SECOND COMMUNITY HEALTH NE EDS ASSESSMENT (CHNA) DURING TAX YEAR 2016 AND INTENDS TO ADDRESS THE FOLLOWING SIGNIFICAN T HEALTH NEEDS, LISTED IN ORDER OF PRIORITY - SUBSTANCE ABUSE- MENTAL HEALTHNO ACTIONS WER E TAKEN DURING TAX YEAR 2016 TO ADDRESS THE SIGNIFICANT HEALTH NEEDS IDENTIFIED THROUGH AR ROWHEAD BEHAVIORAL HEALTH HOSPITAL'S MOST RECENTLY CONDUCTED CHNA IN 2016 THE SECOND CHNA WAS CONDUCTED AND ADOPTED AT THE END OF TAX YEAR 2016, THEREFORE, THESE HEALTH NEEDS WILL BE ADDRESSED OVER THE NEXT THREE TAX YEARS ARROWHEAD BEHAVIORAL HEALTH HOSPITAL DOES NOT INTEND TO ADDRESS ALL OF THE NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED COMMUNITY HEA LTH NEEDS ASSESSMENT GIVEN THAT SOME OF THE IDENTIFIED HEALTH NEEDS ARE EITHER BEING ADDRE SSED DURING PHYSICIAN VISITS, GO BEYOND THE SCOPE OF THE HOSPITAL, OR ARE BEING ADDRESSED BY, OR WITH, OTHER ORGANIZATIONS IN THE COMMUNITY TO SOME EXTENT, RESOURCE RESTRICTIONS D O NOT ALLOW THE HOSPITAL TO ADDRESS ALL OF THE HEALTH NEEDS IDENTIFIED THROUGH THE HEALTH NEEDS ASSESSMENT, BUT MOST IMPORTANTLY TO PREVENT DUPLICATION OF EFFORTS AND INEFFICIENT U SE OF RESOURCES, MANY OF THESE ISSUES ARE ADDRESSED BY, AND WITH, OTHER COMMUNITY ORGANIZA TIONS AND COALITIONS THE 2016 SIGNIFICANT HEALTH NEEDS IDENTIFIED, SPECIFICALLY NOT ADDRES SED BY THE HOSPITAL IN ITS 2016 IMPLEMENTATION PLAN, INCLUDE HEALTH CARE COVERAGE/ACCESS/ UTILIZATION, CARDIOVASCULAR DISEASE, CANCER, DIABETES, ARTHRITIS, ASTHMA AND OTHER RESPIRA TORY DISEASES, WEIGHT STATUS, TOBACCO USE, ALCOHOL AND DRUG USE, WOMEN'S HEALTH, MEN'S HEA LTH, PREVENTIVE MEDICINE, ADULT SEXUAL BEHAVIOR AND PREGNANCY OUTCOMES, QUALITY OF LIFE, S OCIAL CONTEXT AND SAFETY, MENTAL HEALTH AND SUICIDE, ORAL HEALTH, YOUTH HEALTH OR CHILD HE ALTH ARROWHEAD BEHAVIORAL HEALTH HOSPITAL DID TAKE THE FOLLOWING ACTIONS DURING TAX YEAR 2 016 WITH RESPECT TO ITS PREVIOUSLY CONDUCTED CHNA IN 2013 HEALTH NEED IDENTIFIED MENTAL H EALTHSTRATEGY #1 - INCREASE MENTAL HEALTH (DEPRESSION, ANXIETY, STIGMA REDUCTION) SCREENIN GS, PREVENTION EDUCATION AND RESOURCE INFORMATION IN COMMUNITY ACTIONS TAKEN - PROVIDED FR EE MENTAL HEALTH EDUCATION TO LOCAL UNIVERSITIES, RELIGIOUS ORGANIZATIONS, HIGH SCHOOLS, A ND OTHER COMMUNITY GROUPS IN LUCAS COUNTY TO ENSURE EDUCATION IS WIDELY DISPERSED 15 EDUC ATIONAL SESSIONS WERE PROVIDED AND APPROXIMATELY 826 TOTAL PARTICIPANTS ATTENDED THESE SES SIONS HEALTH NEED IDENTIFIED SUBSTANCE ABUSESTRATEGY #1 - INCREASE FREE DRUG AND ALCOHOL SCREENINGS, EDUCATION AND RESOURCE INFORMATION IN THE COMMUNITY ACTIONS TAKEN - PROVIDED N INE (9) DRUG/ALCOHOL SCREENING

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

Form and Line Reference	Explanation
GROUP B-FACILITY 3 -- ARROWHEAD BEHAVIORAL HEALTH	S AND EDUCATIONAL SESSIONS AT COMMUNITY ORGANIZATIONS IN LUCAS COUNTY, SCREENING A TOTAL O F 82 PARTICIPANTS, WITH AN AVERAGE OF NINE (9) PARTICIPANTS PER EDUCATIONAL SESSION GROUP B-FACILITY 3 -- ARROWHEAD BEHAVIORAL HEALTHPART V, SECTION B, LINE 20E PRIOR TO PURSUING COLLECTION ACTIONS, THE HOSPITAL FACILITY INITIATED THE FOLLOWING ACTIONS - PATIENTS ARE OFFERED PAYMENT PLANS TO WORK WITH THE HOSPITAL FACILITY TO PAY THEIR OUTSTANDING BALANCES WITH COMMUNICATION MADE TO THE PATIENT ON A MONTHLY BASIS VIA PAPER INVOICES AND PHONE CA LLS- PATIENT ACCOUNTS WILL NOT GO TO BAD DEBT COLLECTION IF THE PATIENT MAKES MONTHLY PAYM ENTS AS AGREED TO WITH THE HOSPITAL FACILITY OR IF THE PATIENT COMMUNICATES THEIR INABILIT Y TO MAKE PAYMENTS TIMELY- PATIENT ACCOUNTS WILL GO TO BAD DEBT COLLECTION IF THE PATIENT DOES NOT COMMUNICATE WITH THE HOSPITAL FACILITY OR RESPOND TO PAPER INVOICES AND PHONE CAL LS FOR MULTIPLE MONTHS

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 - PROMEDICA TRANSPORTATION NETWORK 2142 NORTH COVE BLVD TOLEDO, OH 43606	GROUND AND AIR TRANSPORT
2 - PARKWAY SURGERY CENTER 3500 EXECUTIVE PARKWAY TOLEDO, OH 43606	SURGICAL CENTER/LAB
3 - ENDOSCOPY CENTER 3439 GRANITE CIRCLE TOLEDO, OH 43617	ENDOSCOPY
4 - NORTHWEST OHIO CARDIOLOGY 2940 N MCCORD RD TOLEDO, OH 43615	CARDIOLOGY
5 - REYNOLDS ROAD SURGICAL CENTER 2865 N REYNOLDS RD TOLEDO, OH 43615	SURGERY CENTER
6 - PROMEDICA LABS 2141 GIANT ST TOLEDO, OH 43606	LAB
7 - HARRIS MCINTOSH RADIOLOGY 2121 HUGHES DR TOLEDO, OH 43623	RADIOLOGY
8 - WEST CENTRAL SURGICAL CENTER 7055 W CENTRAL AVE TOLEDO, OH 43617	SURGERY CENTER
9 - PROMEDICA HEALTH & WELLNESS CENTER 5700 MONROE ST SUITE 109 SYLVANIA, OH 43560	RADIOLOGY
10 - TOLEDO CHILDRENS HEART CENTER 2121 HUGHES DR TOLEDO, OH 43606	CARDIOLOGY
11 - SPORTSCARE AT WILDWOOD MEDICAL CENTER 2865 N REYNOLDS RD SUITE 110 TOLEDO, OH 43615	PHYSICAL THERAPY
12 - PROMEDICA HEALTH & WELLNESS CENTER 5700 MONROE ST SUITE 109 SYLVANIA, OH 43560	LAB
13 - TOTAL REHAB PEDIATRICS 4041 W SYLVANIA AVE SUITE 100 TOLEDO, OH 43623	PHYSICAL THERAPY
14 - TOTAL REHAB WILDWOOD 2865 N REYNOLDS RD SUITE 101 TOLEDO, OH 43615	PHYSICAL THERAPY
15 - CHS WOMENS 2150 W CENTRAL TOLEDO, OH 43606	WOMENS CARE

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)
16 - MONROE CARDIOLOGY TESTING CENTER 730 N MACOMB ST MONROE, MI 48162	CARDIOLOGY
17 - TOLEDO HOSPITAL TOTAL REHAB AT CTR 2150 W CENTRAL AVE TOLEDO, OH 43606	PHYSICAL THERAPY
18 - JOBST VASCULAR LAB - TOLEDO 2109 HUGHES DR TOLEDO, OH 43606	VASCULAR
19 - CENTER FOR WOUND CARE OF NW OHIO 3110 W CENTRAL AVE SUITE A TOLEDO, OH 43606	WOUND CARE
20 - TOLEDO HOSPITAL AT CONRAD JOBST TOWER 2109 HUGHES DR SUITE 130 TOLEDO, OH 43606	RADIOLOGY
21 - PROMEDICA WILDWOOD 2865 N REYNOLDS RD SUITE 130 TOLEDO, OH 43615	RADIOLOGY
22 - WW KNIGHT CLINIC 2051 W CENTRAL AVE TOLEDO, OH 43606	FAMILY MEDICINE CLINIC/LAB
23 - PROMEDICA HEALTH CENTER ARROWHEAD 660 BEAVER CREEK CIRCLE SUITE 120 MAUMEE, OH 43537	LAB
24 - CENTER FOR HEALTH SVCS 2150 W CENTRAL AVE TOLEDO, OH 43606	LAB
25 - PROMEDICA HEALTH CENTER ARROWHEAD 660 BEAVER CREEK CIRCLE SUITE 120 MAUMEE, OH 43537	RADIOLOGY
26 - PERRYSBURG MEDICAL CTR 1601 BRIGHAM DR SUITE 180 PERRYSBURG, OH 43551	LAB
27 - TOLEDO HOSPITAL CARDIAC TESTING CTR 1601 BRIGHAM DR PERRYSBURG, OH 43551	CARDIOLOGY
28 - TOTAL REHAB AT PERRYSBURG 1601 BRIGHAM DR SUITE 100 PERRYSBURG, OH 43551	PHYSICAL THERAPY
29 - PROMEDICA VASCULAR LAB - SYLVANIA 5700 MONROE ST SYLVANIA, OH 43560	VASCULAR
30 - PROMEDICA CARDIAC TESTING CENTER - SUNFOREST 3949 SUNFOREST CT TOLEDO, OH 43623	CARDIOLOGY

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)
31 - TOLEDO HOSPITAL AT CONRAD JOBST TOWER 2109 HUGHES DR SUITE 130 TOLEDO, OH 43606	LAB
32 - TOTAL REHAB OF MAUMEE ARROWHEAD 650 BEAVER CREEK CIRCLE SUITE 210 MAUMEE, OH 43537	PHYSICAL THERAPY
33 - PROMEDICA HEALTH CTR LAMBERTVILLE 7579 SECOR RD LAMBERTVILLE, MI 48114	LAB
34 - PROMEDICA PERRYSBURG 1601 BRIGHAM DR SUITE 180 PERRYSBURG, OH 43551	RADIOLOGY
35 - NWO BREAST MRI 2121 HUGHES DR SUITE 300 TOLEDO, OH 43606	RADIOLOGY
36 - PROMEDICA LABS MCCORD RD 3020 N MCCORD RD SUITE 101 TOLEDO, OH 43615	LAB
37 - CENTER FOR HEALTH SVCS 2150 W CENTRAL TOLEDO, OH 43606	RADIOLOGY
38 - PROMEDICA LABS POINT PLACE 4805 SUDER RD TOLEDO, OH 43611	LAB
39 - PROMEDICA HEALTH CTR SWANTON 22 TURTLE CREEK CIRCLE SWANTON, OH 43558	LAB
40 - PROMEDICA LAB - TOLEDO HOSPITAL MEDICAL LAB 2100 W CENTRAL AVE TOLEDO, OH 43606	LAB
41 - PROMEDICA ROSSFORD 1209 DIXIE HWY ROSSFORD, OH 43460	LAB
42 - PROMEDICA WILDWOOD 2865 N REYNOLDS RD SUITE 130 TOLEDO, OH 43615	LAB
43 - PROMEDICA HEALTH CTR EAST 3156 DUSTIN RD SUITE 101 OREGON, OH 43616	LAB
44 - JOBST ANTICOAGULATION - TOLEDO 2109 HUGHES DR SUITE 550 TOLEDO, OH 43606	ANTICOAGULATION THERAPY
45 - PROMEDICA MARY ELLEN FALZONE DIABETES CENTER 2100 W CENTRAL AVE TOLEDO, OH 43606	DIABETES CARE

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)
46 - PROMEDICA LABS - PARKWAY 3500 EXECUTIVE PARKWAY TOLEDO, OH 43606	LAB
47 - PROMEDICA HEALTH CENTER WEST 3740 W SYLVANIA AVE TOLEDO, OH 43623	LAB
48 - PROMEDICA HEALTH CENTER WOODLEY 3909 WOODLEY RD SUITE 450 TOLEDO, OH 43606	LAB
49 - PROMEDICA PORT SYLVANIA 7140 PORT SYLVANIA SUITE 550 TOLEDO, OH 43617	RADIOLOGY
50 - PROMEDICA LABS HARROUN RD 4848 HOLLAND-SYLVANIA RD SYLVANIA, OH 43560	LAB
51 - PROMEDICA LABS WESTGATE MEADOW 3516 W CENTRAL AVE TOLEDO, OH 43606	LAB
52 - REGENCY COURT 2000 REGENCY COURT SUITE 206 TOLEDO, OH 43623	LAB
53 - CHS HEMOPHILIA 2150 W CENTRAL AVE TOLEDO, OH 43606	HEMOPHILIA
54 - JULIE MILLER DO 2150 W CENTRAL AVE TOLEDO, OH 43606	PHYSICAL MEDICINE
55 - PROMEDICA LABS MONCLOVA 6005 MONCLOVA RD SUITE 210 MAUMEE, OH 43537	LAB
56 - PROMEDICA LAB - FINDLAY 15054 US 224 EAST FINDLAY, OH 45840	LAB
57 - PROMEDICA HEALTH CTR WEST 3740 W SYLVANIA AVE TOLEDO, OH 43623	LAB
58 - TOTAL REHAB - PROMEDICA OWENS CORNING 1 OWENS CORNING PARKWAY TOLEDO, OH 43659	PHYSICAL THERAPY
59 - PROMEDICA HEALTH CTR WEST 3740 W SYLVANIA AVE TOLEDO, OH 43623	RADIOLOGY
60 - PROMEDICA HEALTH CTR PORT SYLVANIA 7140 PORT SYLVANIA SUITE 550 TOLEDO, OH 43617	LAB

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

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

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

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

Name and address	Type of Facility (describe)
61 - PROMEDICA HEALTH CTR PORT SYLVANIA 7140 PORT SYLVANIA SUITE 550 TOLEDO, OH 43617	RADIOLOGY
62 - CHS INTERNAL MEDICINE 2150 W CENTRAL AVE TOLEDO, OH 43606	INTERNAL MEDICINE
63 - PROMEDICA HEALTH CTR WOODLEY 3909 WOODLEY RD SUITE 450 TOLEDO, OH 43606	RADIOLOGY
64 - PROMEDICA HEALTH CTR WOODLEY 3909 WOODLEY RD SUITE 450 TOLEDO, OH 43606	LAB
65 - CHARLES FAY HEALTH CTR 811 W COOMER STREET MORENCI, MI 49256	LAB
66 - TECUMSEH HEALTH CENTER 501 E CUMMINS TECUMSEH, MI 49186	LAB
67 - URGENT CARE CENTER 4235 SECOR RD TOLEDO, OH 43623	URGENT CARE
68 - PROMEDICA CHILDREN'S AUTISM CENTER 2040 W CENTRAL TOLEDO, OH 43606	AUTISM CENTER

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," 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*.**

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
THE TOLEDO HOSPITAL

Employer identification number
34-4428256

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" 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

(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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 5

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) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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: 34-4428256
Name: THE TOLEDO HOSPITAL

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 CONTINUING CARE SERVICES CORPORATION 2142 N COVE BLVD TOLEDO, OH 43606	34-4492440	501(C)(3)	10,500,000				OPERATING GRANT
PROMEDICA HEALTH SYSTEM INC 1801 RICHARDS RD TOLEDO, OH 43607	34-1517671	501(C)(3)	112,000,000				OPERATING GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PROMEDICA FOUNDATION 2142 N COVE BLVD TOLEDO, OH 43606	34-1517672	501(C)(3)	3,146,502				OPERATING GRANT
PROMEDICA PHYSICIAN GROUP 5855 MONROE ST SYLVANIA, OH 43560	34-1899439	501(C)(3)	50,725,000				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
THE ABILITY CENTER 5605 MONROE ST SYLVANIA, OH 43560	34-4428597	501(C)(3)	5,920				OPERATING GRANT

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
THE TOLEDO HOSPITAL

Employer identification number
34-4428256

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported 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 THE TOLEDO HOSPITAL, USES THE FOLLOWING TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - COMPENSATION SURVEY OR STUDY - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
PART I, LINE 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 KATHLEEN S HANLEY $462,102 KHURRAM KAMRAN $148,913
PART I, LINE 4B	ELIGIBLE EMPLOYEES PARTICIPATE IN VARIOUS NONQUALIFIED DEFERRED COMPENSATION PLANS ORGANIZED UNDER CODE SECTION 457(F) THE EXACT PURPOSE OF EACH PLAN VARIES, BUT THEY INCLUDE COMPENSATION LIMITATION MAKE-UP PLANS, VOLUNTARY DEFERRAL PLANS, DEFERRAL OF A PORTION OF INCENTIVE BONUS TYPE PLANS, ETC ANY AMOUNT ULTIMATELY PAID UNDER THE PROGRAM TO THE EMPLOYEE IS REPORTED AS COMPENSATION ON FORM 990, SCHEDULE J, PART II, COLUMN B IN THE YEAR PAID SUPPLEMENTAL NONQUALIFIED PLAN PAYMENTS WERE MADE DURING THE YEAR TO THE FOLLOWING LISTED PERSONS IN PART VII KATHLEEN S HANLEY $572,279 KHURRAM KAMRAN $66,666

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 ARTURO POLIZZI PRESIDENT, EX OFFICIO	(I)	0	0	0	0	0	0	0
	(II)	469,413	199,444	10,008	137,925	-22,637	-839,427	0
1 DAWN M BUSKEY EX OFFICIO	(I)	0	0	0	0	0	0	0
	(II)	255,583	65,795	35,263	60,295	-12,235	-429,171	0
2 DEBORAH A GUNTSCH MD TRUSTEE	(I)	5,625	0	0	0	0	5,625	0
	(II)	228,795	114,752	3,943	6,940	-21,150	-375,580	0
3 DONALD G CRESCENZO MD TRUSTEE	(I)	0	0	0	0	0	0	0
	(II)	848,017	19,500	4,757	7,950	-27,071	-907,295	0
4 KEVIN C WEBB PHD EX OFFICIO	(I)	0	0	0	0	0	0	0
	(II)	497,931	205,085	13,735	120,129	-14,857	-851,737	0
5 LEE W HAMMERLING MD TRUSTEE	(I)	0	0	0	0	0	0	0
	(II)	659,409	266,640	31,052	196,820	-17,646	-1,171,567	0
TODD J COOPERIDER MD 6 MBA TRUSTEE	(I)	0	0	0	0	0	0	0
	(II)	594,564	0	18,018	17,000	-37,380	-666,962	0
7 ALAN M SATTLER TREASURER (THRU 2/16)	(I)	0	0	0	0	0	0	0
	(II)	453,183	182,107	5,772	53,128	-23,550	-717,740	0
8 GARY AKENBERGER INTERIM TREASURER (3/16 TO 7/16)	(I)	0	0	0	0	0	0	0
	(II)	334,448	103,978	22,790	70,694	-21,859	-553,769	0
9 JEFFREY C KUHN SECRETARY	(I)	0	0	0	0	0	0	0
	(II)	468,368	174,744	31,808	121,789	-21,406	-818,115	0
10 MICHAEL P BROWNING TREASURER	(I)	0	0	0	0	0	0	0
	(II)	212,431	75,000	9,093	0	-4,420	-300,944	0
11 ALISON AVENDT VP SUPPORT SERVICES TTH, PRES PTN	(I)	0	0	0	0	0	0	0
	(II)	160,756	37,340	1,658	24,695	-1,401	-225,850	0
DAVID SCOTT MIERZWIAK 12 MD VP, MEDICAL AFFAIRS, TTH	(I)	0	0	0	0	0	0	0
	(II)	342,676	0	4,202	39,766	-12,399	-399,043	0
13 DEANA SIEVERT VP, PATIENT SERVICES, METRO	(I)	0	0	0	0	0	0	0
	(II)	197,792	47,262	8,843	42,831	-22,786	-319,514	0
14 JOSEPH SFERRA VP, SURGICAL SERVICES, TTH	(I)	0	0	0	0	0	0	0
	(II)	687,190	0	3,607	41,930	-2,892	-735,619	0
15 LORI FERGUSON VP, PATIENT CARE, TCH	(I)	0	0	0	0	0	0	0
	(II)	143,131	33,973	6,645	48,549	-19,901	-252,199	0
16 SCOTT FOUGHT VP, FINANCE	(I)	0	0	0	0	0	0	0
	(II)	178,144	42,174	1,155	22,438	-20,379	-264,290	0
17 ANTHONY COMEROTA DIR JOBST VASCULAR CTR	(I)	560,639	0	1,526	24,033	4,350	590,548	0
	(II)	0	0	0	0	-0	-0	0
18 FEDOR LURIE ASSOC DIR RESEARCH ED VASC	(I)	205,620	0	826	10,978	15,911	233,335	0
	(II)	0	0	0	0	-0	-0	0
19 JACKLYN KIEFER ASSOC DIR ED FAMILY PRACTICE	(I)	196,974	0	617	14,065	6,010	217,666	0
	(II)	0	0	0	0	-0	-0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
21 LOUITO C EDJE MD DIR ED FAMILY PRACTICE	(I)	221,053	0	1,125	15,684	8,536	246,398	0
	(II)	0	0	0	0	0	0	0
1 PIERRE VAUTHY PHYSICIAN/PHILANTHROPIC ADVOCATE	(I)	62,312	0	5,003	16,715	7,255	91,285	0
	(II)	136,060	0	6,206	0	0	142,266	0
2 KATHLEEN S HANLEY FORMER OFFICER	(I)	0	0	0	0	0	0	0
	(II)	15,801	203,480	1,036,718	26,039	12,364	1,294,402	534,189
3 KHURRAM KAMRAN FORMER KEY EMPLOYEE	(I)	0	0	0	0	0	0	0
	(II)	198,474	71,953	253,127	158,485	9,967	692,006	33,300
4 NEERAJ K KANWAL MD FORMER KEY EMPLOYEE	(I)	0	0	0	0	0	0	0
	(II)	314,957	104,858	13,008	31,638	32,420	496,881	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
THE TOLEDO HOSPITAL

Employer identification number
34-4428256

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	COUNTY OF LUCAS OHIO	34-6400806	549310VL1	09-30-2015	45,586,125	SEE PART VI		X		X		X
B	SERIES 2008 BONDS - SEE PART VI FOR DETAIL		549310TT7	05-15-2008	183,217,907	SEE PART VI	X			X		X
C	SERIES 2011 A & B BONDS - SEE PART VI FOR DETAIL		549310UL2	02-09-2011	197,051,617	SEE PART VI		X		X		X
D	COUNTY OF LUCAS OHIO	34-6400806	549310TT7	03-31-2011	62,500,000	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired		132,000,000	455,000	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	45,598,957	186,791,298	199,572,288	62,500,000
4	Gross proceeds in reserve funds	71			
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	586,084	2,224,707	2,337,157	
8	Credit enhancement from proceeds		133,953		
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	45,010,574	54,105,888	127,520,671	
11	Other spent proceeds		130,326,750	69,714,460	62,500,000
12	Other unspent proceeds	2,299			
13	Year of substantial completion		2011	2014	

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV **Arbitrage** (Continued)

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

Part V **Procedures To Undertake Corrective Action**

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

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

Return Reference	Explanation
SCHEDULE K, SUPPLEMENTAL INFORMATION	PART I SERIES 2015 BOND DETAIL ISSUER NAME 2015 SERIES B - COUNTY OF LUCAS OHIO ISSUER E IN 34-6400806 CUSIP# 549310VL1 DATE ISSUED 09/30/2015 ISSUE PRICE $45,586,125 PURPOSE FINANCE THE CONSTRUCTION AND EQUIPPING OF A 302 BED PATIENT TOWER ON THE CAMPUS OF THE TO LEDO HOSPITAL MATURITY 11/15/2045 SERIES 2008 BOND DETAIL ISSUER NAME 2008 SERIES A - C OUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP# 549310TT7 DATE ISSUED 05/15/2008 CONVE RTED 03/31/2011 ISSUE PRICE $62,500,000 PURPOSE REFINANCE A PORTION OF THE BANK LOAN ISS UED 03/17/2008 USED TO FINANCE THE EARLY OPTIONAL REDEMPTION OF THE PROMEDICA HEALTHCARE O BLIGATED GROUP SERIES 2005A BONDS ISSUED 04/28/2005 MATURITY 11/15/2034 ISSUER NAME 200 8 SERIES B - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP# 549310TU4 DATE ISSUED 05 /15/2008 ISSUE PRICE $52,855,000 PURPOSE REFINANCE A PORTION OF THE BANK LOAN ISSUED 03/ 17/2008 USED TO FINANCE THE EARLY OPTIONAL REDEMPTION OF THE PROMEDICA HEALTHCARE OBLIGATE D GROUP SERIES 2005A BONDS ISSUED 04/28/2005 FINANCE THE CONSTRUCTION AND EQUIPPING OF A 36 BED ORTHOPEDIC HOSPITAL MATURITY MATURED ISSUER NAME 2008 SERIES C - COUNTY OF LENAW EE HOSPITAL FINANCE AUTHORITY ISSUER EIN 38-6005798 CUSIP # 52601PAY4 DATE ISSUED 05/15 /2008 ISSUE PRICE $16,645,000 PURPOSE REFINANCE A PORTION OF THE BANK LOAN ISSUED 03/17/ 2008 USED TO FINANCE THE EARLY OPTIONAL REDEMPTION OF THE PROMEDICA HEALTHCARE OBLIGATED G ROUP SERIES 2005B BONDS ISSUED 04/28/2005 MATURITY MATURED ISSUER NAME 2008 SERIES D - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP # 549310YV2 DATE ISSUED 05/15/2008 ISS UE PRICE $33,803,818 PURPOSE REFINANCE A PORTION OF THE BANK LOAN ISSUED 03/17/2008 USED TO FINANCE THE EARLY OPTIONAL REDEMPTION OF THE PROMEDICA HEALTHCARE OBLIGATED GROUP SERI ES 2005A BONDS ISSUED 04/28/2005 FINANCE THE ACQUISITION OF A CT, MRI AND CERTAIN OTHER E QUIPMENT ON THE CAMPUS OF FOSTORIA HOSPITAL ASSOCIATION MATURITY 11/15/2038 ISSUER NAME 2008 SERIES D - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP # 549310TW0 DATE ISSUE D 05/15/2008 ISSUE PRICE $17,414,088 PURPOSE REFINANCE A PORTION OF THE BANK LOAN ISSUE D 03/17/2008 USED TO FINANCE THE EARLY OPTIONAL REDEMPTION OF THE PROMEDICA HEALTHCARE OBL IGATED GROUP SERIES 2005A BONDS ISSUED 04/28/2005 FINANCE THE ACQUISITION OF A CT, MRI AN D CERTAIN OTHER EQUIPMENT ON THE CAMPUS OF FOSTORIA HOSPITAL ASSOCIATION MATURITY 11/15/ 2040 SERIES 2011 BOND DETAIL ISSUER NAME 2011 SERIES A - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP# 549310UL2 & 549310UJ7 DATE ISSUED 02/09/2011 ISSUE PRICE $180,148,53 5 PURPOSE REFINANCE THE PROMEDICA HEALTHCARE 2008B BONDS ISSUED 05/15/2008 FINANCE THE C OST OF ACQUISITION, CONSTRUCTION, RENOVATION AND EQUIPPING OF CERTAIN OTHER OHIO HEALTHCAR E FACILITIES OF THE MEMBERS OF THE OBLIGATED GROUP MATURITY 11/15/2041 ISSUER NAME 2011 SERIES B - COUNTY OF LENAWEE HOSPITAL FINANCE AUTHORITY ISSUER EIN 38-6005798 CUSIP# 52 601PBE7 DATE ISSUED 02/09/201

Return Reference	Explanation
SCHEDULE K, SUPPLEMENTAL INFORMATION	1 ISSUE PRICE $16,903,082 PURPOSE REFINANCE THE REDEMPTION OF THE PROMEDICA HEALTH CARE OBLIGATED GROUP SERIES 2008C BONDS ISSUED 05/15/2008 MATURITY 11/15/2035 ISSUER NAME 20 11 SERIES C - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP# N/A DATE ISSUED 05/25/2 011 ISSUE PRICE $29,645,000 PURPOSE REFINANCE A PORTION OF THE EARLY OPTIONAL REDEMPTION OF THE PROMEDICA HEALTHCARE OBLIGATED GROUP SERIES 1999 BONDS ISSUED 07/01/1999 MATURITY 11/15/2019 ISSUER NAME 2011 SERIES D - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSI P# 549310VD9 DATE ISSUED 12/01/2011 ISSUE PRICE $142,575,271 PURPOSE TO FINANCE THE EA RLY OPTIONAL REDEMPTION OF THE REMAINING OUTSTANDING MATURITIES OF THE PROMEDICA HEALTHCAR E OBLIGATED GROUP SERIES 1999 BONDS ISSUED 04/01/1999 AND 07/26/1999 MATURITY 11/15/2030 ISSUER NAME 2011 SERIES E - COUNTY OF LENAWEE HOSPITAL FINANCE AUTHORITY ISSUER EIN 38- 6005798 CUSIP# 52601PB56 DATE ISSUED 12/01/2011 ISSUE PRICE $9,429,057 PURPOSE REFINAN CE THE EARLY OPTIONAL REDEMPTION OF THE LENAWEE HEALTH ALLIANCE OBLIGATED GROUP SERIES 199 9A BONDS ISSUED 04/01/1999 AND 07/26/1999 MATURITY 11/15/2028 ISSUER NAME COUNTY OF LUC AS, OHIO ISSUER EIN 34-6400806 CUSIP # 549310TT7 DATE ISSUED 03/31/2011 ISSUE PRICE $6 2,500,000 PURPOSE DEEMED REFUNDING (REISSUANCE) OF SERIES 2008A BONDS ISSUED 05/15/2008 PART I, COLUMN (E) DIFFERENCES BETWEEN THE ISSUE PRICES SHOWN IN PART I, COLUMN (E) AND T OTAL PROCEEDS SHOWN IN PART II, LINE 3 ARE DUE TO INVESTMENT EARNINGS PART II, COLUMN (A) , LINE 4, SERIES 2015 B BONDS $71 IS IN A DEBT SERVICE FUND PART III, COLUMN (A), COUNTY OF LUCAS, OHIO BONDS PART III HAS NOT BEEN COMPLETED WITH RESPECT TO THE COUNTY OF LUCAS , OHIO BONDS, SINCE SUCH BONDS REFUNDED PRE-2003 BOND ISSUES PART III, COLUMN (B), SERIES 2011 D & E BONDS PART III HAS NOT BEEN COMPLETED WITH RESPECT TO THE SERIES 2011 D & E B ONDS, SINCE SUCH BONDS REFUNDED PRE-2003 BOND ISSUES PART IV, COLUMN (C), LINE 2C, SERIES 2011 A & B BONDS DATE THE REBATE COMPUTATION WAS PERFORMED 02/22/2016

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
THE TOLEDO HOSPITAL

Employer identification number
34-4428256

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	COUNTY OF LUCAS OHIO	34-6400806	000000000	05-25-2011	29,645,000	SEE PART VI		X		X		X
B	SERIES 2011 D & E BONDS - SEE PART VI FOR DETAIL		549310VD9	12-01-2011	152,004,328	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	16,525,000	5,635,000		
2	Amount of bonds legally defeased				
3	Total proceeds of issue	29,645,000	152,004,328		
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	263,825	1,505,879		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	29,381,175	150,498,449		
12	Other unspent proceeds				
13	Year of substantial completion				

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV **Arbitrage** (Continued)

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

Part V **Procedures To Undertake Corrective Action**

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

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

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Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE TOLEDO HOSPITAL

Employer identification number
34-4428256

Part I **Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II **Loans to and/or From Interested Persons.**
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III **Grants or Assistance Benefiting Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SEE PART V	SEE PART V	37,981	SEE PART V		No
(2) SEE PART V	SEE PART V	53,141	SEE PART V		No
(3) SEE PART V	SEE PART V	11,299	SEE PART V		No
(4) SEE PART V	SEE PART V	1,665,456	SEE PART V		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(A) NAME OF INTERESTED PERSON CHRISTINE WEBER(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION CHRISTINE WEBER IS A FAMILY MEMBER OF JAMES F WEBER (TRUSTEE) (C) AMOUNT OF TRANSACTION $37,981(D) DESCRIPTION OF TRANSACTION EMPLOYMENT(E) SHARING OF ORGANIZATION REVENUES? = NO
SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(A) NAME OF INTERESTED PERSON KATELYN AVENDT(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION KATELYN AVENDT IS A FAMILY MEMBER OF ALISON AVENDT (KEY EMPLOYEE) (C) AMOUNT OF TRANSACTION $53,141(D) DESCRIPTION OF TRANSACTION EMPLOYMENT(E) SHARING OF ORGANIZATION REVENUES? = NO
SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(A) NAME OF INTERESTED PERSON BENJAMIN SCHWANKE(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION BENJAMIN SCHWANKE IS A FAMILY MEMBER OF ALISON AVENDT (KEY EMPLOYEE) (C) AMOUNT OF TRANSACTION $11,299(D) DESCRIPTION OF TRANSACTION EMPLOYMENT(E) SHARING OF ORGANIZATION REVENUES? = NO
SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(A) NAME OF INTERESTED PERSON SUBSTANTIAL CONTRIBUTOR(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION SUBSTANTIAL CONTRIBUTOR(C) AMOUNT OF TRANSACTION $1,665,456(D) DESCRIPTION OF TRANSACTION MEDICAL SUPPLIES(E) SHARING OF ORGANIZATION REVENUES? = NO

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493313032757

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
THE TOLEDO HOSPITAL

Employer identification number
34-4428256

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	THOMAS G PADANILAM, MD AND DAWN M BUSKEY HAVE A BUSINESS RELATIONSHIP

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	PROMEDICA HEALTH SYSTEM, INC AND AFFILIATES (PHS) HAVE STANDARDS OF CONDUCT THAT APPLY TO ALL PHS BOARD MEMBERS AND EMPLOYEES BOARD MEMBERS AND EMPLOYEES ARE EXPECTED TO CERTIFY THEIR COMPLIANCE WITH THE APPLICABLE STANDARDS PRIOR TO ELECTION/APPOINTMENT OR PRIOR TO B EGINNING 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 CE RTIFICATION STATEMENT WITHIN 30 DAYS OF DISSEMINATION BOARD MEMBER CERTIFICATION STATEMEN TS 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 REV IEW 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 & COMPLIAN CE DEPARTMENT THEN CONDUCTS AN AUDIT OF ALL BOARD MEMBER CERTIFICATION STATEMENTS (ALONG W ITH 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 FAI R 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 T HE AUDIT PROCEDURES PERFORMED, ANY SIGNIFICANT CONCERNS IDENTIFIED AND THEIR RESOLUTION A NY UNRESOLVED CONFLICTS ARE ADDRESSED BY THE AUDIT COMMITTEE WITH RECOMMENDATIONS TO THE F ULL 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 CONFLIC TS OF INTEREST THAT MAY ARISE, OR FAILURE TO COOPERATE WITHOUT CONDITION, HONESTLY AND COM PLETELY 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 EMPL OYEES AND SPECIFICALLY IDENTIFIED HOURLY EMPLOYEES, EXCLUDING EMPLOYED PHYSICIANS, ARE REQ UIRED TO COMPLETE AND SUBMIT AN ELECTRONIC EMPLOYEE CERTIFICATION QUESTIONNAIRE BY AN ESTA BLISHED DEADLINE THAT IS COMMUNICATED TO THE EMPLOYEE THE HUMAN RESOURCES DEPARTMENT ENSU RES THAT ALL QUESTIONNAIRES, WHICH ARE STORED ELECTRONICALLY, ARE COMPLETED AND PROVIDES N OTIFICATION 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, EXCLU DING EMPLOYED PHYSICIANS, ARE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	PROVIDED EITHER AN ELECTRONIC OR PAPER COPY OF THE EMPLOYEE STANDARD OF CONDUCT AND THE EM PLOYEE CERTIFICATION STATEMENT WHICH THE NEW EMPLOYEE IS REQUIRED TO COMPLETE PRIOR TO BEG INNING EMPLOYMENT THE AUDIT & COMPLIANCE DEPARTMENT HAS ACCESS TO A REPORT THAT IDENTIFIE S ALL NEW HIRES A SAMPLE OF EMPLOYEES IS IDENTIFIED AND AN AUDIT IS CONDUCTED TO ENSURE T HAT 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 WH ICH THE EMPLOYEE WORKS, AND GENERAL COUNSEL IF THE CONFLICT IS CONSIDERED A SIGNIFICANT E XPOSURE RISK FOR PHS, A RECOMMENDATION WILL BE PREPARED FOR FINAL APPROVAL OF THE PHS PRES IDENT/CEO RESULTS OF THE EMPLOYEE PROCESS AUDIT ARE INCLUDED IN THE ABOVE REPORT TO THE C HAIR OF THE AUDIT & COMPLIANCE COMMITTEE FAILURE TO COMPLETE THE CERTIFICATION QUESTIONNA IRE, 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 COOPERAT E WITHOUT CONDITION, HONESTLY AND COMPLETELY WITH ANY INVESTIGATION OR REVIEW OF THE EMPLO YEE'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 C OMPLETE 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, WH ICH ARE STORED ELECTRONICALLY, ARE COMPLETED AND REVIEWED AND ENSURES NOTIFICATION IS PROV IDED TO THE V P , AUDIT & COMPLIANCE OF THE NUMBER OF ANNUAL PHYSICIAN CERTIFICATION QUEST IONNAIRES SENT AND RECEIVED AND ALSO ENSURES COPIES OF ANY QUESTIONNAIRES CONTAINING DISCL OSURES THAT WARRANT FURTHER REVIEW BY THE AUDIT & COMPLIANCE DEPARTMENT ARE FORWARDED ACCO RDINGLY ALL NEW EMPLOYED PHYSICIANS ARE PROVIDED EITHER AN ELECTRONIC OR PAPER COPY OF TH E EMPLOYED PHYSICIAN STANDARD OF CONDUCT AND THE PHYSICIAN CERTIFICATION STATEMENT WHICH T HE NEW PHYSICIAN IS REQUIRED TO COMPLETE PRIOR TO BEGINNING EMPLOYMENT IDENTIFIED CONFLIC TS ARE INITIALLY REVIEWED BY THE PPG PRESIDENT/CHIEF MEDICAL OFFICER, CHIEF OPERATING OFFI CER 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 PH S, A RECOMMENDATION WILL BE PREPARED FOR FINAL APPROVAL BY THE PHS PRESIDENT/CHIEF EXECUTI VE OFFICER RESULTS OF THE EMPLOYED PHYSICIAN AUDIT ARE INCLUDED IN THE ABOVE REPORT TO TH E CHAIR OF THE AUDIT & COMPLIANCE COMMITTEE ANY ITEMS THAT MEET CRITERIA FOR PUBLIC DISCL OSURE WILL BE COMMUNICATED TO THE APPROPRIATE PHYSICIAN BY THE PPG PRESIDENT/CHIEF MEDICAL OFFICER OR DESIGNEE IN ADVANC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	E OF THE POSTING THE PPG PRESIDENT/CHIEF MEDICAL OFFICER OR DESIGNEE WILL PROVIDE THE PHY SICIAN-INDUSTRY RELATIONSHIP DISCLOSURES TO THE APPLICABLE PHS MARKETING/COMMUNICATIONS RE PRESENTATIVE THE PUBLIC DISCLOSURE WILL BE POSTED ON THE PROMEDICA HEALTH SYSTEM, INC WE BSITE (HTTPS //WWW PROMEDICA ORG/PAGES/ABOUT-US/INDUSTRY-RELATIONSHIPS ASPX) DATABASE BY T HE PHS MARKETING/COMMUNICATIONS REPRESENTATIVE

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PENSION/POST-RETIREMENT EXPENSE ADJUSTMENT 391,865 BENEFICIAL INTEREST IN FOUNDATION -34,009,868 SECTION 337(D) GAIN -195,467 TRANSFER OF BOND PROCEEDS TO PROMEDICA HEALTH SYSTEM, INC -109,773,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4	PROMEDICA HEALTH SYSTEM, INC - PROGRAM SERVICE ACCOMPLISHMENTS ESTABLISHED IN 1986, PROME DICA HEALTH SYSTEM, INC (PROMEDICA) IS A MISSION-BASED, LOCALLY OWNED, NOT-FOR-PROFIT HEA LTHCARE ORGANIZATION HIGHLY FOCUSED ON ACHIEVING CORE VALUES HEADQUARTERED IN TOLEDO, OHI O, PROMEDICA SERVES 27 COUNTIES IN NORTHWEST OHIO AND SOUTHEAST MICHIGAN AND IS ONE OF THE REGION'S LEADING HEALTHCARE PROVIDERS OUR STEWARDSHIP OF RESOURCES HAS ENABLED US TO WIS ELY INVEST IN CUTTING-EDGE TECHNOLOGY, INNOVATIVE PROGRAMS AND FAMILY-CENTERED FACILITIES THAT HELP TO ENSURE PATIENTS AND AREA RESIDENTS HAVE EQUAL ACCESS TO HIGH-QUALITY, SAFE CA RE IN THE MOST APPROPRIATE SETTING, REGARDLESS OF A PATIENT'S ABILITY TO PAY BASED ON NEE DS THAT WE HAVE ASSESSED WITHIN THE COMMUNITIES WE SERVE, PROMEDICA LAUNCHED NEW SERVICES AND PROGRAMS IN 2016 TO HELP MEET THE GROWING DEMANDS OF LOCAL CONSUMERS ACROSS ALL SPECTR UMS OF LIFE, INCLUDING THOSE INDIVIDUALS WHO ARE OFTEN THE MOST VULNERABLE WHEN IT COMES T O HEALTH CARE THE ELDERLY, POOR AND UNDERSERVED PROMEDICA'S MISSION IS TO IMPROVE THE HE ALTH AND WELL-BEING OF THOSE WE SERVE THIS IS REFLECTED IN OUR FOUR CORE VALUES, INCLUDIN G COMPASSION - WE TREAT OUR PATIENTS AND EACH OTHER WITH RESPECT, INTEGRITY AND DIGNITY, INNOVATION - WE CONTINUALLY SEARCH TO FIND A BETTER WAY FORWARD, TEAMWORK - WE PARTNER WIT H OTHERS BECAUSE WE ARE BETTER TOGETHER THAN APART, AND EXCELLENCE - WE STRIVE TO BE THE B EST IN ALL WE DO PROMEDICA AND ITS AFFILIATES COMPRISE 332 SITES, MORE THAN 2,300 PHYSICI ANS AND APPROXIMATELY 15,000 EMPLOYEES AND VOLUNTEERS DURING 2016, PROMEDICA DISCHARGED 7 3,502 INPATIENTS AND SERVED MORE THAN 1,327,996 OUTPATIENTS, WHILE HANDLING 317,795 EMERGE NCY VISITS SYSTEM-WIDE AMONG THE REGION'S LARGEST EMPLOYERS, PROMEDICA PLAYS A SIGNIFICAN T ROLE IN ECONOMIC DEVELOPMENT AND STABILITY IN OUR REGION DURING 2016, FOR EVERY ONE DOL LAR OF REVENUE, ANOTHER 27 CENTS WAS CREATED IN OUR SERVICE-AREA ECONOMY, WITH A TOTAL ECO NOMIC OUTPUT OF $4 0 BILLION WE ALSO CREATE A DIRECT ECONOMIC IMPACT WITH OUR REVENUE, PA YROLL AND EMPLOYMENT ADDITIONALLY, SPENDING ON SERVICES AND MATERIALS WITH VENDORS IN OUR REGION CREATES AN INDIRECT ECONOMIC BENEFIT OUR PHYSICIANS AND PROVIDERS, LEADERSHIP TEA M MEMBERS AND EMPLOYEES INDIVIDUALLY CONTRIBUTE PERSONAL RESOURCES TO THE COMMUNITY IN NUM EROUS WAYS - SUCH AS THROUGH TUTORING ELEMENTARY STUDENTS IN READING AND OTHER LIFE SKILLS , PROVIDING MONTHLY HEALTH LECTURES AT LOCAL SENIOR CENTERS, GENEROUSLY CONTRIBUTING TO CO MMUNITY FUNDRAISING CAMPAIGNS SUCH AS UNITED WAY, PARTICIPATING IN MEDICAL MISSIONS, SERVI NG 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 O PERATED PROMEDICA'S MEMBER AND AFFILIATE HOSPITALS INCLUDE THE TOLEDO HOSPITAL, TOLEDO C HILDREN'S HOSPITAL (OPERATING AS PART OF THE TOLEDO HOSPITAL), PROMEDICA WILDWOOD ORTHOPAE DIC AND SPINE HOSPITAL (A DIVI

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4	SION OF THE TOLEDO HOSPITAL), FLOWER HOSPITAL, FOSTORIA HOSPITAL ASSOCIATION, DEFIANCE HOS PITAL, INC , BAY PARK COMMUNITY HOSPITAL, HERRICK MEMORIAL HOSPITAL, INC , EMMA L BIXBY M EDICAL CENTER, MEMORIAL HOSPITAL, AND MERCY MEMORIAL HOSPITAL CORPORATION IN 2016, PROMED ICA 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 PHY SICIAN GROUP (PROMEDICA PHYSICIANS), WITH APPROXIMATELY 900 HEALTHCARE PROVIDERS, INCLUDIN G PRIMARY CARE, OBSTETRICS AND SPECIALTY PHYSICIANS, AS WELL AS ADVANCED PRACTICE PROVIDER S TOGETHER, THIS GROUP HELPS PROMEDICA BROADEN THE CARE WE OFFER TO AREA RESIDENTS, INCLU DING IN SMALLER, OUTLYING COMMUNITIES - PROMEDICA INSURANCE CORPORATION, THE LARGEST HEAL TH MAINTENANCE ORGANIZATION PHYSICALLY LOCATED IN NORTHWEST OHIO IN 2016, PARAMOUNT ADVAN TAGE PROVIDED MEDICAID COVERAGE TO MORE THAN 235,000 MEMBERS ACROSS ALL OF OHIO'S 88 COUNT IES - PROMEDICA INDEMNITY CORPORATION, PROVIDING MEDICAL PROFESSIONAL AND COMPREHENSIVE G ENERAL LIABILITY COVERAGE FOR PROMEDICA, INCLUDING IN OUTLYING AREAS WHERE PRIMARY-CARE PH YSICIAN RECRUITMENT IS DIFFICULT - TWELVE CONTROLLED FOUNDATIONS THAT SERVE AS FUNDRAISIN G ENTITIES FOR THEIR RESPECTIVE HOSPITALS/BUSINESS UNITS AND FACILITIES, SUCH AS THE EBEID HOSPICE RESIDENCE ON THE FLOWER HOSPITAL CAMPUS AND THE MARY ELLEN FALZONE DIABETES CENTE R ON THE CAMPUS OF THE TOLEDO HOSPITAL PROMEDICA'S SPECIALIZED CARE INCLUDES ONCOLOGY, OR THOPAEDICS, HEART AND VASCULAR, NEUROLOGY, REHABILITATIVE, AND BEHAVIORAL MEDICINE, AS WEL L AS WOMEN'S AND PEDIATRIC CARE A FUNDAMENTAL PART OF OUR MISSION IS THAT OUR SERVICES AR E TAILORED TO THE NEEDS OF OUR COMMUNITIES AND THEY ARE AVAILABLE TO EVERYONE IN OUR COMMU NITY, REGARDLESS OF THEIR ABILITY TO PAY IN ADDITION TO BEING A STRONG ADVOCATE FOR THE H EALTH AND WELL-BEING OF OTHERS, PROMEDICA PROVIDES AND PROMOTES COMMUNITY WELLNESS, COLLAB ORATING WITH APPROXIMATELY 300 NONPROFIT AGENCIES AND ORGANIZATIONS ACROSS OUR REGION IN 2 016 THAT HAD VALUES AND MISSIONS SIMILAR TO OUR OWN PROMEDICA IS CONTINUALLY IMPROVING IT S 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 20 16 INCLUDE THE FOLLOWING - IN 2016, PROMEDICA WELCOMED ITS FIRST WAVE OF 30 MEDICAL RESID ENTS FROM THE UNIVERSITY OF TOLEDO COLLEGE OF MEDICINE AND LIFE SCIENCES AS PART OF THE AC ADEMIC AFFILIATION CREATED IN 2015 THE COLLABORATION WILL HELP ADVANCE MEDICAL EDUCATION AND CLINICAL RESEARCH IN NORTHWEST OHIO, BUILDING A LEGACY MODEL OF HEALTH CARE THAT WILL BENEFIT COMMUNITY MEMBERS ACROSS THE REGION FOR GENERATIONS TO COME - PROMEDICA CONTINUED TO ROLL OUT ITS NEW ELECTRONIC HEALTH RECORD (EHR), EPIC THE NOVEMBER GO-LIVE FOR PROMED ICA TOLEDO AND TOLEDO CHILDREN

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4	'S HOSPITALS, PROMEDICA BAY PARK HOSPITAL, AND MORE THAN 350 PROMEDICA PHYSICIANS PROVIDER S, WAS THE LARGEST TO DATE ALSO ON THE NEW EPIC PLATFORM ARE PROMEDICA FLOWER, DEFIANCE R EGIONAL, AND FOSTORIA COMMUNITY HOSPITALS AND AFFILIATED PROMEDICA PHYSICIANS PROVIDERS T HE SYSTEM'S REMAINING HOSPITALS AND PROVIDERS WILL GO-LIVE WITH EPIC IN THE SECOND QUARTER OF 2017 THE NEW PLATFORM FURTHER ENABLES ONE PATIENT, ONE RECORD, AND ONE BILL FOR PATIE NTS REGARDLESS OF SERVICE PROVIDED OR THE LOCATION OF SERVICE ACROSS PROMEDICA - PROMEDIC A BROKE GROUND FOR CONSTRUCTION OF ITS NEW GENERATIONS BED TOWER ON THE CAMPUS OF PROMEDIC A TOLEDO AND TOLEDO CHILDREN'S HOSPITALS THE NEW FACILITY WILL BE 13 STORIES TALL WITH MO RE 300 PATIENT BEDS AND WILL OFFER IMPROVED ACCESS FOR PATIENTS WHILE PROVIDING THE LATEST TECHNOLOGY AND PROCESSES TO ENSURE SAFE, HIGH QUALITY ENVIRONMENT FOR PATIENT CARE AND HE ALING UPON COMPLETION, THE GENERATIONS TOWER WILL REPLACE THE CURRENT LEGACY TOWER PORTIO N OF TOLEDO HOSPITAL IT IS EXPECTED TO OPEN FOR PATIENT CARE BY THE END OF 2019 - PROMED ICA OPENED ITS NEW HEALTH AND WELLNESS CENTER, IN SYLVANIA, OHIO, TO PROVIDE CONVENIENT AC CESS TO MORE THAN 100 PRIMARY CARE AND SPECIALTY PROVIDERS AS WELL AS LABORATORY AND DIAGN OSTIC IMAGING SERVICES, FULL SERVICE PHARMACY, ENDOSCOPY CENTER, AN OPTICAL CENTER, AND MO RE THE CENTER WAS DESIGNED TO PROVIDE A FULL RANGE OF PATIENT CARE SERVICES IN A SINGLE, CONVENIENT LOCATION AND TO ENHANCE COLLABORATION AMONG PROVIDERS AND OTHER HEALTHCARE SERV ICES - PROMEDICA CANCER INSTITUTE AND THE CLEVELAND CLINIC CANCER CENTER ESTABLISHED A FO RMAL ALLIANCE TO EXPAND ACCESS TO SPECIALIZED CANCER TREATMENTS, CLINICAL EXPERTISE, AND R ESEARCH STUDIES FOR PATIENTS IN OUR REGION THE NEW ALLIANCE ALSO INCLUDES A STREAMLINED R EFERRAL PROCESS AND MAKES IT EASIER FOR PATIENTS TO OBTAIN SECOND OPINION CONSULTATIONS WI TH A CLEVELAND CLINIC CANCER SPECIALIST - PROMEDICA PARTNERED WITH STRATEGIC HEALTHCARE T O LAUNCH THE PROMEDICA VETERAN CONNECTION PROGRAM TO IMPROVE HEALTHCARE ACCESS FOR LOCAL V ETERANS WHO HAVE SUFFERED SERVICE-RELATED INJURIES THE PROGRAM ALLOWS VETERANS, WHO PREVI OUSLY HAD TO TRAVEL TO VETERAN'S ADMINISTRATION (VA) MEDICAL CENTERS, TO RECEIVE TREATMENT FROM PROMEDICA PROVIDERS AND FACILITIES UPON MEETING CERTAIN PROGRAM GUIDELINES AND RECEI VING PRE-AUTHORIZATIONS FROM THE VA - PROMEDICA OPENED ADDITIONAL URGENT CARE CENTERS IN THE METRO-TOLEDO AREA, TO SERVE PATIENTS WHO HAVE MEDICAL CONCERNS THAT DO NOT REQUIRE AN EMERGENCY CENTER A TOTAL OF FIVE URGENT CARE CENTERS ARE NOW OPEN 10 A M TO 10 P M , 365 DAYS PER YEAR, AND ARE STAFFED BY HIGHLY-TRAINED CERTIFIED NURSE PRACTITIONERS

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Return Reference	Explanation
- PROMEDICA PHYSICIANS EXPANDED CARE TO BETTER COVER LOCAL AND RURAL	COMMUNITIES, ADDING ABOUT 135 NEW PRIMARY CARE PHYSICIANS, SPECIALISTS AND ADVANCED PRACTI CE PROVIDERS IN 2016 - PROMEDICA PARTICIPATED IN DOZENS OF COMMUNITY HEALTH FAIRS THAT IN CLUDED MORE THAN 7,000 FREE PUBLIC SCREENINGS FOR HIGH BLOOD PRESSURE, HIGH CHOLESTEROL, B ODY MASS INDEX AND BONE DENSITY - A NEW COLLABORATION BETWEEN PROMEDICA PHYSICIANS CARDIO LOGISTS AND HEMATOLOGISTS/ONCOLOGISTS BROUGHT A NEW SERVICE TO PROMEDICA CANCER INSTITUTE PATIENTS AT RISK FOR HEART DAMAGE LOCATED AT FLOWER HOSPITAL, THE CLINIC SEES CANCER PATI ENTS WITH A HISTORY OF HEART DISEASE, AND PATIENTS WHO DEVELOP HEART COMPLICATIONS DURING TREATMENT IT IS ESTIMATED THAT NEARLY ONE THIRD OF CANCER PATIENTS EXPERIENCE LONG-LASTIN G HEART DAMAGE AS A RESULT OF THEIR TREATMENT - AS PART OF ITS HUNGER-FREE INITIATIVE, PR OMEDICA CONTINUED TO IMPLEMENT A FOOD RECLAMATION PROGRAM MORE THAN 315,000 POUNDS OF FOO D HAVE BEEN RECLAIMED FROM PARTNERS SUCH AS HOLLYWOOD CASINO, TOLEDO HOSPITAL, AND FLOWER HOSPITAL SINCE THE PROGRAM STARTED IN 2013 THE FOOD IS DISTRIBUTED DIRECTLY TO COMMUNITY ORGANIZATIONS THAT PROVIDE MEALS FOR THOSE IN NEED - PROMEDICA CANCER INSTITUTE'S (PCI) C OMMUNITY OUTREACH INCLUDED CANCER SCREENINGS AND EDUCATION TO THE MOST VULNERABLE IN OUR C OMMUNITY FREE SCREENING MAMMOGRAMS, AS WELL AS SKIN CANCER AND LUNG CANCER SCREENINGS WER E PROVIDED FOR EARLY DETECTION PROSTATE CANCER SCREENING, COLORECTAL CANCER EDUCATION, AN D NUTRITIONAL PROGRAMS WERE DEVELOPED TO KEEP PEOPLE HEALTHY PCI ALSO HOSTED ANNUAL CANCE R SURVIVOR CELEBRATIONS FOR SURVIVORS, FRIENDS AND CAREGIVERS ACROSS THE REGION AND SPONSO RED COMMUNITY EVENTS INCLUDING THE ANNUAL NW OHIO SUSAN G KOMEN, RACE FOR THE CURE AND AM ERICAN CANCER SOCIETY RELAY FOR LIFE IN LUCAS COUNTY - A SECOND FOOD PHARMACY OPENED IN P ROMEDICA'S NEW HEALTH AND WELLNESS CENTER, SERVING PATIENTS WHO SCREEN POSITIVE FOR FOOD I NSECURITY AND HAVE A REFERRAL FROM THEIR PRIMARY CARE PROVIDER PATIENTS ARE ABLE TO RECEI VE FOOD FOR THEM AND THEIR FAMILY FROM THIS LOCATION OR THE ORIGINAL FOOD PHARMACY LOCATED AT PROMEDICA'S CENTER FOR HEALTH SERVICES AS PART OF THE PROGRAM, EACH PATIENT RECEIVES TWO TO THREE DAYS OF SUPPLEMENTAL FOOD FOR THEIR FAMILY THROUGH DECEMBER 2016, MORE THAN 6,500 HOUSEHOLDS (2,700 UNIQUE HOUSEHOLDS) PARTICIPATED IN THE PROGRAM AND A TOTAL OF 18,7 00 PEOPLE WERE SERVED THIS TRANSLATES TO ABOUT 46,800 DAYS' WORTH OF FOOD, THE EQUIVALENT OF 140,000 MEALS - PROMEDICA LAUNCHED AN EMPLOYEE FOOD ASSISTANCE PROGRAM IN 2016 THAT I S AVAILABLE AT EACH HOSPITAL SYSTEM-WIDE IT ALLOWS PROMEDICA EMPLOYEES WHO NEED ASSISTANC E TO RECEIVE A BAG OF FOOD ONCE PER MONTH IN THE FIRST SIX MONTHS, MORE THAN 650 EMPLOYEE S WERE ABLE TO PARTICIPATE IN THIS PROGRAM - THROUGH ITS ADVOCACY FUND, PROMEDICA CONTINU ED 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 AM OUNTED TO GRANTS TOTALING MORE

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Return Reference	Explanation
- PROMEDICA PHYSICIANS EXPANDED CARE TO BETTER COVER LOCAL AND RURAL	THAN $81,000 IN 2016 - PROMEDICA'S SUMMER YOUTH EMPLOYMENT PROGRAM PARTNERED 71 CENTRAL- CITY TEENS AGES 16 - 19 WITH MENTORS IN DEPARTMENTS SUCH AS HUMAN RESOURCES, RADIOLOGY, DI ETARY, AND INFORMATION TECHNOLOGY TO LEARN SKILLS INCLUDING CUSTOMER SERVICE, PUNCTUALITY AND BEING ACCOUNTABLE TO OTHERS - TO HELP MEET THE NEED FOR SCHOOL NURSES IN THE TOLEDO P UBLIC SCHOOL SYSTEM (TPS), PROMEDICA IS FUNDING NINE ADDITIONAL SCHOOL NURSES, ENABLING AL L TPS ELEMENTARY SCHOOLS TO HAVE A FULL-TIME SCHOOL NURSE STUDIES HAVE SHOWN THAT FULL-TI ME NURSES IN PUBLIC SCHOOLS CAN HAVE A POSITIVE IMPACT ON HEALTH AND STRONG ACADEMIC OUTCO MES PROMEDICA AND TPS CONTINUE TO TRACK AND EVALUATE STUDENT HEALTH STATISTICS TO DEVELOP A SUSTAINABILITY PLAN AND SUPPORT ONGOING FUNDING FOR THE PROGRAM - POSITIONED TO BE A R EGIONAL LEADER IN RESEARCH AND INNOVATIONS, PROMEDICA PARTICIPATED IN MORE THAN 220 INDUST RY-SPONSORED CLINICAL RESEARCH TRIALS AS WELL AS APPROXIMATELY 100 INTERNAL RESEARCH PROJE CTS CONDUCTED BY PHYSICIANS, NURSES AND OTHER HEALTH PROFESSIONALS - ADDITIONALLY, PROMED ICA INNOVATION'S BUSINESS INCUBATOR ALLOWS CLIENT COMPANIES IN THE HEALTHCARE FIELD TO ACC ELERATE DEVELOPMENT AND COMMERCIALIZATION OF MEDICAL DEVICES AND HEALTH INFORMATION TECHNO LOGY TO IMPROVE PATIENT CARE LOCALLY AND NATIONALLY - FLOWER HOSPITAL EXPANDED ITS DIAGNO STIC IMAGING CAPABILITIES BY INSTALLING A 64-SLICE CT SCANNER THAT WILL IMPROVE IMAGE QUAL ITY AND THE ADDITION OF A SECOND SCANNER IN 2017 WILL PROVIDE EXPANDED AND MORE EFFICIENT PATIENT CARE AND SERVICE - THE DOROTHY L KERN CANCER CENTER OPENED NEAR THE CAMPUS OF PR OMEDICA MEMORIAL HOSPITAL, EXPANDING CANCER CARE TO PATIENTS IN THE FREMONT, OHIO, AREA T HE CANCER CENTER OFFERS OUTPATIENT RADIATION, CHEMOTHERAPY, AND INFUSION SERVICES AS WELL AS COMPLEMENTARY SERVICES SUCH AS GENETIC TESTING AND COUNSELING, HEALING CARE, AND SURVIV ORSHIP CARE PLANNING - PROMEDICA BECAME A MAJOR SPONSOR OF THE LUCAS COUNTY TRANSPORTATIO N PROGRAM THAT HELPS INDIVIDUALS WHO NEED A RIDE TO WORK SO THEY CAN REMAIN EMPLOYED AND U LTIMATELY SECURE THEIR OWN TRANSPORTATION IN 2016, PROMEDICA CONTRIBUTED $181,263,000 IN COMMUNITY BENEFIT THROUGH COMMUNITY BENEFIT EXPENDITURES, FINANCIAL ASSISTANCE AND GOVERNM ENT-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 IMPROV ING THE HEALTH AND WELL-BEING OF RESIDENTS IN THE COMMUNITIES WE SERVE SPECIFICALLY, THRO UGH COMMUNITY HEALTH IMPROVEMENT SERVICES, HEALTH PROFESSIONS EDUCATION, SUBSIDIZED HEALTH SERVICES, RESEARCH, CASH AND IN-KIND CONTRIBUTIONS, AND OTHER COMMUNITY BENEFIT OPERATION S, PROMEDICA CONTRIBUTED $53,649,000 IN 2016 THESE PROGRAMS INCLUDED FREE COMMUNITY HEALT H SCREENINGS, SUCH AS DIABETES TESTING, BLOOD PRESSURE, BONE DENSITY, BODY MASS, AND CANCE R CHECKUPS, MAMMOGRAM SCREENINGS FOR LOW-INCOME AND UNINSURED WOMEN, CHILDHOOD IMMUNIZATIO NS, REDUCED-COST SCHOOL-ATHLET

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Return Reference	Explanation
- PROMEDICA PHYSICIANS EXPANDED CARE TO BETTER COVER LOCAL AND RURAL	IC PHYSICALS, FIRST-AID COVERAGE AT COMMUNITY EVENTS, VOLUNTEER ELEMENTARY SCHOOL MENTORS, PUBLIC HEALTH EDUCATION LECTURES AND SEMINARS, A CHILDHOOD OBESITY PROGRAM, AND MANY OTHE R COMMUNITY-BASED INITIATIVES PROMEDICA ALSO CONTRIBUTED $11,711,000 IN FINANCIAL ASSISTA NCE FOR PATIENTS WHO DID NOT HAVE THE FINANCIAL RESOURCES TO PAY FOR HOSPITAL SERVICES TH IS AMOUNT REPRESENTS THE COST TO PROVIDE SERVICE AND DOES NOT INCLUDE THE COSTS FOR ACCOUN TS THAT ARE WRITTEN OFF TO BAD DEBT FOR PATIENTS WHO DO NOT PAY THEIR BILLS IN ADDITION, PROMEDICA'S COST OF BAD DEBT FOR 2016 WAS $27,877,000 THIS AMOUNT IS NOT INCLUDED IN THE COMMUNITY BENEFIT AMOUNT OF $181,263,000 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 TO LEDO, AND OTHERS CARENET WAS CREATED TO PROVIDE FREE OR LOWER-COST HEALTH CARE FOR LOW-IN COME LUCAS COUNTY RESIDENTS ESTABLISHED IN 2003, CARENET BRIDGES THE GAP BETWEEN ADULTS W ITHOUT 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 INDI VIDUALS THAT CARENET WAS ESTABLISHED

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ADDITIONALLY DURING 2016, PROMEDICA PROVIDED $115,903,000 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 2016 WAS $152,400,000 AND IS NOT REFLECTED IN THE COMMUNITY BENEFIT AMOUNT OF $181,263,000 NOTED ABOVE INDEED, PROMEDICA GOES BEYOND INDUSTRY STANDARDS IN MEETING THE GOAL OF PROVIDING CARE TO EVERYONE, REGARDLESS OF THEIR ABILITY TO PAY WE PROVIDE HOSPITAL CARE FREE-OF-CHARGE TO ALL FAMILIES WITHOUT INSURANCE WITH INCOMES AT OR BELOW 200% OF THE FEDERAL POVERTY LEVEL IN ADDITION TO FREE CARE FOR THOSE FAMILIES UNDER THIS FEDERAL POVERTY LEVEL, PROMEDICA HOSPITALS PROVIDE SIGNIFICANT DISCOUNTS TO FAMILIES WITH INCOMES OF UP TO 400% OF THE FEDERAL POVERTY LEVEL IN MANY SITUATIONS, OTHER FUNDING SOURCES ARE SECURED AND ACCOMMODATIONS MADE PROMEDICA'S POLICIES ARE POSTED AND AVAILABLE IN WRITING IN ALL PROMEDICA FACILITIES ALSO, FINANCIAL ADVOCATES ARE AVAILABLE TO HELP PATIENTS BY EXPLAINING OUR FREE CARE AND DISCOUNT PROGRAMS, AND TO ASSIST WITH THE PAPERWORK NECESSARY TO QUALIFY FOR GOVERNMENT FUNDING PATIENT BILLS PROVIDE CLEAR EXPLANATIONS, QUALIFICATIONS AND REMINDERS OF THESE PROGRAMS IN SUMMARY, PROMEDICA DEMONSTRATES ITS MISSION AND CORE VALUES BY PROVIDING HIGH-QUALITY HEALTH CARE TO ALL PATIENTS, REGARDLESS OF THEIR RACE, CREED, SEX, NATIONAL ORIGIN, DISABILITY, OR AGE AND, WE RECOGNIZE THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL CARE THEREFORE, WE PROVIDE THESE HEALTHCARE SERVICES, RECRUIT AND TRAIN HEALTHCARE PROFESSIONALS TO SERVE THE BROADER COMMUNITY, PROVIDE APPROPRIATE FINANCIAL ASSISTANCE, OFFER SERVICES AND CONTRIBUTIONS TO OTHER NONPROFIT ORGANIZATIONS THAT ALLOW THEM TO PROVIDE KEY SERVICES TO THEIR CONSTITUENTS, AND PRESENT FREE EDUCATIONAL CLASSES, HEALTH FAIRS AND OTHER ACTIVITIES TO OUR LOCAL COMMUNITY TO HELP ENSURE ALL MEMBERS HAVE EQUAL ACCESS TO CARE

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Return Reference	Explanation
THE TOLEDO HOSPITAL - PROGRAM SERVICE ACCOMPLISHMENTS	THE TOLEDO HOSPITAL (D/B/A PROMEDICA TOLEDO HOSPITAL) IS THE ADULT TERTIARY HOSPITAL OF PR OMEDICA HEALTH SYSTEM, INC (PROMEDICA), A MISSION-BASED, LOCALLY OWNED, NONPROFIT HEALTHC ARE ORGANIZATION HIGHLY FOCUSED ON ACHIEVING CORE VALUES HEADQUARTERED IN TOLEDO, OHIO, P ROMEDICA SERVES 27 COUNTIES IN NORTHWEST OHIO AND SOUTHEAST MICHIGAN, AND IS ONE OF THE RE GION'S LEADING HEALTHCARE PROVIDERS OUR STEWARDSHIP OF RESOURCES HAS ENABLED US TO WISELY INVEST IN PATIENT-CENTERED CARE, ADVANCED TECHNOLOGY, INNOVATIVE PROGRAMS, AND FAMILY-ORI ENTED FACILITIES THAT HELP TO ENSURE PATIENTS AND AREA RESIDENTS HAVE EQUAL ACCESS TO HIGH -QUALITY, SAFE CARE IN THE MOST APPROPRIATE SETTING, REGARDLESS OF PATIENTS' ABILITY TO PA Y FOR MORE THAN 130 YEARS, PROMEDICA TOLEDO HOSPITAL (TH) HAS SERVED METROPOLITAN TOLEDO AND SURROUNDING COMMUNITIES WITH STATE-OF-THE-ART EMERGENCY, MEDICAL, DIAGNOSTIC, AND SURG ICAL SERVICES THE 792-BED HOSPITAL OFFERS ACCESS TO THE AREA'S LARGEST BOARD-CERTIFIED ME DICAL STAFF, WITH MORE THAN 1,000 PRIMARY CARE AND SPECIALTY PHYSICIANS AS WELL AS ADVANCE PRACTICE PROVIDERS ADDITIONALLY, TH OFFERS A NUMBER OF KEY SERVICES TO THE METRO-TOLEDO AREA, SUCH AS THE CENTER FOR WOMEN'S HEALTH, WHICH INCLUDES MATERNAL-FETAL MEDICINE AND A LEVEL III PERINATAL UNIT, JOBST VASCULAR INSTITUTE, PROMEDICA BREAST CARE, AND A LEVEL I T RAUMA CENTER OTHER PROGRAMS AND SERVICES INCLUDE WELL-ESTABLISHED NEUROSCIENCES, CARDIOVA SCULAR AND ORTHOPAEDIC DEPARTMENTS, A NATIONALLY RECOGNIZED BARIATRIC PROGRAM, A CERTIFIED COMPREHENSIVE STROKE CENTER, AND AN EMERGENCY CENTER THAT TREATS MORE THAN 100,000 PATIEN TS ANNUALLY ALL SERVICES ARE FULLY BACKED BY ACCREDITED ANCILLARY SERVICES, SUCH AS LABOR ATORY, RADIOLOGY, AS WELL AS PHYSICAL, SPEECH, AND OCCUPATIONAL THERAPIES PROMEDICA TOLED O CHILDREN'S HOSPITAL (TCH), OPERATING AS PART OF TH, PROVIDES PEDIATRIC TERTIARY CARE TC H EXCLUSIVELY SERVES THE HEALTHCARE NEEDS OF CHILDREN AND ADOLESCENTS UNDER THE AGE OF 18 TCH'S MEDICAL STAFF INCLUDES BOARD-CERTIFIED PHYSICIANS AND ADVANCE PRACTICE PROVIDERS, W HILE A NEWBORN INTENSIVE CARE UNIT INCLUDES A NEONATAL PHYSICIAN AND PEDIATRIC HOSPITALIST WHO ARE ON DUTY 24 HOURS A DAY OTHER TCH SPECIALTY SERVICES INCLUDE A PEDIATRIC CANCER C ENTER, ASTHMA TREATMENT AND EDUCATION SERVICES, PEDIATRIC PSYCHIATRY, AND A DEDICATED LEVE L II PEDIATRIC TRAUMA CENTER IN 2016, TH AND TCH BOTH WENT LIVE WITH THE PROMEDICA ELECTR ONIC HEALTH RECORD PLATFORM, EPIC, DESIGNED TO IMPROVE PATIENT CARE AND SAFETY IN 2016, T H ALSO BROKE GROUND FOR CONSTRUCTION OF ITS NEW GENERATIONS BED TOWER THE NEW FACILITY WI LL BE 13 STORIES TALL WITH MORE 300 PATIENT BEDS AND WILL OFFER IMPROVED ACCESS FOR PATIEN TS WHILE PROVIDING THE LATEST TECHNOLOGY AND PROCESSES TO ENSURE A SAFE, HIGH QUALITY ENVI RONMENT FOR PATIENT CARE AND HEALING THE GENERATIONS TOWER IS EXPECTED TO OPEN FOR PATIEN T CARE BY THE END OF 2019 IN 2016, TH WAS NAMED ONE OF THE BEST 100 HOSPITALS IN THE NATI ON BY HEALTHGRADES AMERICA'S 1

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THE TOLEDO HOSPITAL - PROGRAM SERVICE ACCOMPLISHMENTS	00 BEST HOSPITALS FOR THE SECOND YEAR IN A ROW THE AWARD RECOGNIZES THE TOP 2% OF HOSPITA LS IN THE NATION FOR EXHIBITING CLINICAL EXCELLENCE FOR AT LEAST FOUR CONSECUTIVE YEARS H EALTHGRADES ALSO HAS RECOGNIZED BOTH TH AND TCH WITH ITS DISTINGUISHED HOSPITAL FOR CLINIC AL EXCELLENCE AWARD THIS HONOR PLACES EACH HOSPITAL IN THE TOP 5% OF HOSPITALS NATIONWIDE FOR PROVIDING CLINICAL EXCELLENCE ACROSS A BROAD RANGE OF CLINICAL PROCEDURES AND CONDITI ONS TH ALSO WAS RECOGNIZED BY TRUVEN HEALTH ANALYTICS AS ONE OF THE COUNTRY'S 50 TOP CARD IOVASCULAR HOSPITALS THIS RANKING PUTS TH IN THE TOP 5% OF HOSPITALS NATIONWIDE FOR CARDI OVASCULAR OUTCOMES A DIVISION OF TH, PROMEDICA WILDWOOD ORTHOPAEDIC AND SPINE HOSPITAL IS AN ALL-DIGITAL, ACUTE CARE FACILITY THAT PROVIDES INPATIENT AND OUTPATIENT ORTHOPAEDIC SU RGERY TO ADDRESS THE NEEDS OF AGING BABY BOOMERS AND OTHERS WHO EXPERIENCE CHRONIC PAIN FR OM JOINT DISEASE THIS UNIQUE, FREE-STANDING HOSPITAL SERVES ONLY ORTHOPAEDIC AND SPINE PA TIENTS, OFFERING DIAGNOSTIC, SURGICAL AND REHABILITATION SERVICES ALL IN ONE CONVENIENT AN D EASILY ACCESSIBLE LOCATION IN 2016, TH SERVED 35,042 INPATIENTS, 553,464 OUTPATIENTS, A ND 100,949 EMERGENCY CENTER PATIENTS TH CONTRIBUTED $75,548,000 IN COMMUNITY BENEFIT THRO UGH COMMUNITY BENEFIT EXPENDITURES, FINANCIAL ASSISTANCE AND GOVERNMENT-SPONSORED, MEANS-T ESTED HEALTH CARE THROUGH COMMUNITY HEALTH IMPROVEMENT SERVICES, HEALTH PROFESSIONS EDUCA TION, SUBSIDIZED HEALTH SERVICES, RESEARCH ACTIVITIES, AND OTHER COMMUNITY BENEFIT OPERATI ONS, TH CONTRIBUTED $31,192,000 TO THE COMMUNITY DURING 2016 INCLUDED IN THIS FIGURE ARE PROGRAMS SUCH AS - THE COME TO THE TABLE INITIATIVE THAT PROVIDES 24 HOURS' WORTH OF FOOD TO PATIENTS WHO QUALIFY FOR FOOD INSECURITY BY COMPLETING A QUESTIONNAIRE - THE AUTISM C OLLABORATIVE - A COLLABORATION BETWEEN TCH AND LOCAL AUTISM ORGANIZATIONS AND UNIVERSITIES - TO PROVIDE EXPERT KNOWLEDGE AND SERVICES UNDER ONE UMBRELLA ORGANIZATION, ALLOWING THOS E WITH AUTISM AND THEIR FAMILIES TO RESEARCH AND FIND THE BEST POSSIBLE CARE - SUPPORT GR OUPS FOR PATIENTS' FAMILIES TO ASSIST WITH MANAGING CHRONIC DISEASE AND TO OFFER SOCIAL SE RVICES INFORMATION - WITH THE GOAL OF IMPROVING INFANT MORTALITY RATES IN OUR REGION, A N URSING MOTHERS SUPPORT GROUP IS OFFERED AT NO CHARGE THROUGHOUT THE YEAR - THE TEEN PEP (PEERS EDUCATING PEERS) PROGRAM EXTENDS CARE AND EDUCATION OUTSIDE THE HOSPITAL, IN MORE NO NTRADITIONAL WAYS, BY ENCOURAGING TEENS TO TALK WITH THEIR PEERS ABOUT IMPORTANT TOPICS SU CH AS TEEN RELATIONSHIPS, BULLYING, AND PHYSICAL AND EMOTIONAL ABUSE - FREE AND LOW-COST OUTPATIENT CLINICS THAT OFFER A WIDE ARRAY OF HEALTH SERVICES INCLUDING IMMUNIZATIONS, VAS CULAR SCREENINGS AND TREATMENT OF MINOR ILLNESSES THAT MIGHT NOT REQUIRE AN EMERGENCY CENT ER VISIT BUT STILL REQUIRE MEDICAL ATTENTION - PREPARATION FOR PARENTHOOD CLASSES THAT HE LP PREPARE EXPECTANT PARENTS FOR A HEALTHY LABOR AND DELIVERY, AND OFFER INFANT SAFETY TIP S, AS WELL AS NEW MOTHER CARE

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THE TOLEDO HOSPITAL - PROGRAM SERVICE ACCOMPLISHMENTS	AND HEALTHY BABY EDUCATION - FREE SCREENING MAMMOGRAMS AND BREAST CARE EDUCATION THAT EMP HASIZES THE IMPORTANCE OF ROUTINE SELF-BREAST EXAMS FOR UNINSURED AND UNDERINSURED WOMEN I N THE TOLEDO AREA - IN-KIND DONATIONS AND GENERAL CONTRIBUTIONS, WHICH SUPPORT LOCAL NON- PROFIT ORGANIZATIONS WITH SIMILAR VALUES TH ALSO PROVIDED A SIGNIFICANT AMOUNT OF FINANCI AL ASSISTANCE TO THE COMMUNITY DURING 2016, OF WHICH $6,475,000 REPRESENTED UNCOMPENSATED AMOUNTS FOR TREATMENT TO THOSE PATIENTS WHO DID NOT HAVE THE FINANCIAL RESOURCES TO PAY FO R HOSPITAL SERVICES FINANCIAL ASSISTANCE REPRESENTS THE COST TO PROVIDE SERVICE AND DOES NOT INCLUDE THE COSTS FOR ACCOUNTS THAT ARE WRITTEN OFF TO BAD DEBT FOR PATIENTS WHO DID N OT PAY THEIR BILLS TH'S COST OF BAD DEBT FOR 2016 WAS $6,981,000 THIS AMOUNT IS NOT INCL UDED IN THE COMMUNITY BENEFIT TOTAL OF $75,548,000 INDICATED ABOVE TH PROVIDED $37,881,00 0 OF COMMUNITY SUPPORT WHICH REPRESENTS THE COSTS - NOT REIMBURSED BY THE GOVERNMENT - FOR TREATING MEDICAID AND OTHER MEANS-TESTED PATIENTS IN 2016, THE TOTAL COSTS - NOT REIMBUR SED BY THE GOVERNMENT - FOR TREATING MEDICARE PATIENTS WAS $49,123,000 AND IS NOT INCLUDED IN THE COMMUNITY BENEFIT AMOUNT OF $75,548,000 NOTED ABOVE DURING 2016, TH EXPENDED $182 ,019,000 IN NET PAYROLL, PROVIDING 4,634 JOBS IN NORTHWEST OHIO A TOTAL OF $11,580,000 WA S WITHHELD FROM HOSPITAL EMPLOYEES IN STATE AND LOCAL TAXES IN SUMMARY, TH DEMONSTRATES P ROMEDICA'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 RECOGNI ZE THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL CARE THEREF ORE, WE PROVIDE THESE HEALTHCARE SERVICES, RECRUIT AND TRAIN HEALTHCARE PROFESSIONALS TO S ERVE THE BROADER COMMUNITY, PROVIDE APPROPRIATE FINANCIAL ASSISTANCE, OFFER SERVICES AND C ONTRIBUTIONS TO OTHER NONPROFIT ORGANIZATIONS THAT ALLOW THEM TO PROVIDE KEY SERVICES TO T HEIR 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

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COMMUNITY BENEFIT DEFINITIONS	PROMEDICA HEALTH SYSTEM, INC AND ITS SUBSIDIARIES (PROMEDICA) PREPARES ITS COMMUNITY BENE FIT REPORTS CONSISTENT WITH GUIDELINES PUBLISHED BY THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES AND CONSISTENT WITH FORM 990, SCHEDULE H, HOSPITALS, REPORTING COMMUNITY B ENEFITS ARE PROGRAMS AND ACTIVITIES THAT PROVIDE TREATMENT AND/OR PROMOTE HEALTH AND HEALI NG AS A RESPONSE TO IDENTIFIED COMMUNITY NEEDS COMMUNITY BENEFITS REPORTED BY PROMEDICA R ESPOND TO IDENTIFIED COMMUNITY NEEDS AND MEET AT LEAST ONE OF THE FOLLOWING CRITERIA - IM PROVE ACCESS TO HEALTHCARE SERVICE - ENHANCE THE HEALTH OF THE COMMUNITY - ADVANCE HEALT HCARE 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 PROMEDIC A HOSPITALS PROVIDE FREE CARE TO THOSE UNINSURED PATIENTS WITH INCOMES UP TO 200% OF THE F EDERAL POVERTY LEVEL SIGNIFICANT DISCOUNTS ARE ALSO PROVIDED ON A SLIDING SCALE TO UNINSU RED 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 RECEIVE D FROM STATE PROGRAMS DESIGNED TO RELIEVE THE BURDEN OF PROVIDING FINANCIAL ASSISTANCE TH E COST OF FINANCIAL ASSISTANCE DOES NOT INCLUDE THE COSTS FOR ACCOUNTS THAT ARE WRITTEN OF F TO BAD DEBT FOR PATIENTS THAT DO NOT PAY THEIR BILL GOVERNMENT-SPONSORED HEALTH CARE GO VERNMENT-SPONSORED HEALTH CARE INCLUDE SERVICES THAT ARE REIMBURSED OR PARTIALLY REIMBURSE D THROUGH GOVERNMENT 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 COS TS OF PROVIDING SERVICES THE UNPAID COSTS OF TREATING MEDICARE PATIENTS IS REPORTED SEPAR ATELY 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 CO MMUNITY HEALTH IMPROVEMENT SERVICES & COMMUNITY BENEFIT OPERATIONS COMMUNITY HEALTH IMPROV EMENT SERVICES INCLUDE ACTIVITIES CARRIED OUT FOR THE EXPRESS PURPOSE OF IMPROVING COMMUNI TY HEALTH THESE ACTIVITIES GENERALLY DO NOT GENERATE INPATIENT OR OUTPATIENT BILLS AS THE Y EXTEND BEYOND PATIENT CARE ACTIVITIES AND ARE SUBSIDIZED BY PROMEDICA COMMUNITY BENEFIT OPERATIONS INCLUDE COSTS ASSOCIATED WITH DEDICATED STAFF, COMMUNITY HEALTH NEED AND/OR AS SESSMENT, AND OTHER COSTS ASSOCIATED WITH COMMUNITY BENEFIT PLANNING AND ADMINISTRATION H EALTH 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 SUBSI DIZED HEALTH SERVICES SUBSIDIZED HEALTH SERVICES ARE SERVICES PROVIDED TO THE COMMUNITY DE SPITE A FINANCIAL LOSS THESE

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COMMUNITY BENEFIT DEFINITIONS	SERVICES GENERATE A BILL FOR REIMBURSEMENT, AND INCLUDE CLINICAL PATIENT CARE SERVICES THA T 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 M EET COMMUNITY NEEDS RESEARCH RESEARCH ACTIVITIES INCLUDE CLINICAL AND COMMUNITY HEALTH RE SEARCH, AS WELL AS STUDIES ON HEALTHCARE DELIVERY THE AMOUNT REPORTED FOR PROMEDICA IS RE DUCED BY ANY EXTERNAL SUBSIDIES, SUCH AS GRANTS CASH AND IN-KIND CONTRIBUTIONS CASH AND I N-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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
THE TOLEDO HOSPITAL

Employer identification number
34-4428256

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

See Additional Data Table

(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

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.

See Additional Data Table

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

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.

See Additional Data Table

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

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.

See Additional Data Table

(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	(i) Section 512(b)(13) controlled entity? No

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

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

See Additional Data Table

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

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) COBRA VENTURES LLC 5901 MONCLOVA RD MAUMEE, OH 43537 20-4671613	LAND LEASING	OH	642,604	736,960	ST LUKE'S HOSPITAL FOUNDATION
(1) MIDWEST CARDIOVASCULAR CONSULTANTS LLC 100 MADISON AVE TOLEDO, OH 43604 61-1448753	EMPLOYS PHYSICIANS	OH	0	535,504	PROMEDICA PHYSICIAN GROUP
(2) PROMEDICA CENTRAL PHYSICIANS LLC 100 MADISON AVE TOLEDO, OH 43604 34-1881137	EMPLOYS PHYSICIANS	OH	301,674,026	170,974,642	PROMEDICA PHYSICIAN GROUP
(3) PROMEDICA NORTHWEST OHIO CARDIOLOGY CONSULTANTS LLC 100 MADISON AVE TOLEDO, OH 43604 26-3888045	EMPLOYS PHYSICIANS	OH	17,511,703	-83,313,139	PROMEDICA PHYSICIAN GROUP
(4) WELLCARE PHYSICIANS LLC 5901 MONCLOVA RD MAUMEE, OH 43537 61-1528443	EMPLOYS PHYSICIANS	OH	-2,244,991	8,156,765	PROMEDICA PHYSICIAN GROUP
(5) THE PHARMACY COUNTER LLC 100 MADISON AVE TOLEDO, OH 43604 27-1325141	MEDICAL EQUIPMENT & PHARMACY	OH	66,763,882	19,351,361	PROMEDICA PHYSICIAN GROUP
(6) WOLF CREEK ASSOCIATES LLC 901 KIMOLE LN ADRIAN, MI 49221 38-3164818	FACILITY LEASING	MI	122,499	1,417,049	EMMA L BIXBY MEDICAL CENTER
(7) PROMEDICA MONROE CARDIOLOGY PLLC 100 MADISON AVE TOLEDO, OH 43604 27-2920342	EMPLOYS PHYSICIANS	MI	1,277,701	-5,105,886	PROMEDICA PHYSICIAN GROUP
(8) ERIE WEST HOSPICE & PALLIATIVE CARE LLC 100 MADISON AVE TOLEDO, OH 43604 20-5752995	PROVIDES HOSPICE CARE	OH	5,923,484	12,156,148	PROMEDICA PHYSICIANS AND CONTINUUM SERVICES
(9) PROMEDICA PHYSICIANS MANAGEMENT SERVICES LLC 100 MADISON AVE TOLEDO, OH 43604 45-3230331	PRACTICE MANAGEMENT	OH	0	-3,066,916	PROMEDICA PHYSICIAN GROUP
(10) PROMEDICA SURGICAL SERVICES LLC 100 MADISON AVE TOLEDO, OH 43604	EMPLOYS PHYSICIANS	OH	0	0	PROMEDICA PHYSICIAN GROUP
(11) MISSION POINTE GOLF COURSE LLC 2142 NORTH COVE TOLEDO, OH 43606	GOLF COURSE	OH	0	392,583	PROMEDICA FOUNDATION
(12) PROMEDICA INNOVATIONS LLC 100 MADISON AVE TOLEDO, OH 43604	INVESTMENT COMPANY	OH	0	0	PROMEDICA HEALTH SYSTEM INC
(13) PROMEDICA GENITO-URINARY SURGEONS LLC 100 MADISON AVE TOLEDO, OH 43604 46-1120436	EMPLOYS PHYSICIANS	OH	6,790,554	-22,865,233	PROMEDICA PHYSICIAN GROUP
(14) PROMEDICA MONROE PHYSICIANS PLLC 100 MADISON AVE TOLEDO, OH 43604 46-1111822	EMPLOYS PHYSICIANS	MI	-529	-423,769	PROMEDICA PHYSICIAN GROUP
(15) PROMEDICA MULTI-SPECIALTY PHYSICIANS LLC 100 MADISON AVE TOLEDO, OH 43604 45-4976786	EMPLOYS PHYSICIANS	OH	0	159,482	PROMEDICA PHYSICIAN GROUP
(16) PROMEDICA HOSPITALISTS LLC 100 MADISON AVE TOLEDO, OH 43604	EMPLOYS PHYSICIANS	OH	0	0	PROMEDICA PHYSICIAN GROUP
(17) PROMEDICA HOSPITALISTS PLLC 100 MADISON AVE TOLEDO, OH 43604	EMPLOYS PHYSICIANS	MI	0	0	PROMEDICA PHYSICIAN GROUP
(18) MEMORIAL ANESTHESIA LTD 715 SOUTH TAFT AVE FREMONT, OH 43420 20-5763680	EMPLOYS PHYSICIANS	OH	0	0	PROMEDICA PHYSICIAN GROUP
(19) MEMORIAL PROFESSIONAL SERVICES LTD 715 SOUTH TAFT AVE FREMONT, OH 43420 27-3763993	EMPLOYS PHYSICIANS	OH	8,167,211	-4,298,164	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) PHS VENTURES LLC 100 MADISON AVE TOLEDO, OH 43604 34-1880473	HEALTH CARE MANAGEMENT SERVICES	DE	0	0	PROMEDICA HEALTH SYSTEM INC
(1) 300 MADISON BUILDING LLC 100 MADISON AVE TOLEDO, OH 43604 82-2062486	REAL ESTATE	OH	939,747	15,910,656	PROMEDICA HEALTH SYSTEM INC
(2) FORT INDUSTRY SQUARE LLC 100 MADISON AVE TOLEDO, OH 43604	REAL ESTATE	OH	96,489	3,014,067	PROMEDICA HEALTH SYSTEM INC
(3) MARINA DISTRICT DEVELOPMENT LLC 100 MADISON AVE TOLEDO, OH 43604	REAL ESTATE	OH	0	3,915,257	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	(g) No
(1) 2801 BAY PARK DR OREGON, OH 43616 34-1883132	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
(1) 5901 MONCLOVA RD MAUMEE, OH 43537 34-1366709	FACILITY LEASING	OH	501(C)(3)	12B, II	N/A	Yes	
(2) 1200 RALSTON DEFIANCE, OH 43512 51-0173779	HOSPITAL / FOUNDATION SUPPORT	OH	501(C)(3)	12D, III-O	DEFIANCE HOSPITAL INC	Yes	
(3) 1200 RALSTON DEFIANCE, OH 43512 34-4446484	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
(4) 818 RIVERSIDE AVE ADRIAN, MI 49221 38-2796005	HOSPITAL	MI	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
(5) 818 RIVERSIDE AVE ADRIAN, MI 49221 38-2149602	HOSPITAL / FOUNDATION SUPPORT	MI	501(C)(3)	12B, II	EMMA L BIXBY MEDICAL CENTER	Yes	
(6) 5200 HARROUN RD SYLVANIA, OH 43560 34-4428794	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
(7) 501 VAN BUREN STREET FOSTORIA, OH 44830 34-0898745	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
(8) PO BOX 907 FOSTORIA, OH 44830 34-6517634	HOSPITAL / FOUNDATION SUPPORT	OH	501(C)(3)	12A, I	FOSTORIA HOSPITAL ASSOCIATION	Yes	
(9) 500 E POTTAWATAMIE ST TECUMSEH, MI 49286 38-3076105	HOSPITAL / FOUNDATION SUPPORT	MI	501(C)(3)	12B, II	HERRICK MEMORIAL HOSPITAL INC	Yes	
(10) 500 E POTTAWATAMIE ST TECUMSEH, MI 49286 38-3049015	HOSPITAL	MI	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
(11) 700 LAKESHIRE TR ADRIAN, MI 49221 38-2879330	LONG TERM CARE	MI	501(C)(3)	10	EMMA L BIXBY MEDICAL CENTER	Yes	
(12) 100 MADISON AVE TOLEDO, OH 43604 34-4492440	LONG TERM AND HOME HEALTH CARE	OH	501(C)(3)	10	PROMEDICA PHYSICIANS AND CONTINUUM SERVICES	Yes	
(13) 3170 W CENTRAL AVE TOLEDO, OH 43606 26-0324790	COURIER SERVICE	OH	501(C)(3)	12B, II	PROMEDICA PHYSICIANS AND CONTINUUM SERVICES	Yes	
(14) 100 MADISON AVE TOLEDO, OH 43604 34-1517671	PARENT COMPANY OF HEALTH SYSTEM	OH	501(C)(3)	12B, II	N/A		No
(15) ONE CHURCH ST 5TH FLOOR BURLINGTON, VT 05401 34-1931936	PROFESSIONAL & GENERAL LIABILITY	VT	501(C)(3)	12B, II	PROMEDICA HEALTH SYSTEM INC	Yes	
(16) 100 MADISON AVE TOLEDO, OH 43604 34-1880767	PHYSICIAN MANAGEMENT SERVICES	OH	501(C)(3)	12B, II	PROMEDICA HEALTH SYSTEM INC	Yes	
(17) 100 MADISON AVE TOLEDO, OH 43604 34-1899439	PHYSICIAN HEALTH CARE SERVICES	OH	501(C)(3)	10	PROMEDICA HEALTH SYSTEM INC	Yes	
(18) 5901 MONCLOVA RD MAUMEE, OH 43537 34-4428232	HOSPITAL	OH	501(C)(3)	3	N/A	Yes	
(19) 5901 MONCLOVA RD MAUMEE, OH 43537 34-1292849	FOUNDATION	OH	501(C)(3)	12B, II	N/A	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(21) 444 N SUMMIT ST TOLEDO, OH 43604 34-1517672	FOUNDATION	OH	501(C)(3)	12B, II	PROMEDICA HEALTH SYSTEM INC	Yes	
(1) 1946 N 13TH STREET TOLEDO, OH 43624 34-4427949	SKILLED HOME CARE	OH	501(C)(3)	10	PROMEDICA PHYSICIANS AND CONTINUUM SERVICES	Yes	
(2) 5855 MONROE ST SYLVANIA, OH 43560 34-1831624	HOSPICE HOME CARE	OH	501(C)(3)	10	PROMEDICA PHYSICIANS AND CONTINUUM SERVICES	Yes	
(3) 1260 RALSTON AVE DEFIANCE, OH 43512 45-4781053	RESPITE CARE	OH	501(C)(3)	10	DEFIANCE HOSPITAL INC	Yes	
(4) 715 SOUTH TAFT AVE FREMONT, OH 43420 34-4430849	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
(5) 800 STEWART RD MONROE, MI 48162 27-1302183	CANCER CENTER	MI	501(C)(3)	10	MERCY MEMORIAL HOSPITAL CORPORATION	Yes	
(6) 718 N MACOMB MONROE, MI 48162 38-2934134	LONG TERM CARE	MI	501(C)(3)	10	MERCY MEMORIAL HOSPITAL CORPORATION	Yes	
(7) 718 N MACOMB MONROE, MI 48162 38-1984289	HOSPITAL	MI	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
(8) 1901 INDIAN WOOD CIR MAUMEE, OH 43537 20-3376102	HEALTH INSURANCE	OH	501(C)(3)	10	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) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) BIXBY MEDICAL OFFICE LIMITED PARTNERSHIP 818 RIVERSIDE AVE ADRIAN, MI 49221 38-2972398	FACILITY LEASING	MI	EMMA L BIXBY MEDICAL CENTER	RELATED	590,528	205,342		No		Yes		64 600 %
(1) REYNOLDS ROAD SURGICAL CENTER LLC 2865 N REYNOLDS RD TOLEDO, OH 43615 31-1569454	FREESTANDING AMBULATORY SURGICAL CENTER	OH	THE TOLEDO HOSPITAL	RELATED	593,234	2,488,278		No			No	67 200 %
(2) WATERVILLE MEDICAL CENTER LLC 5901 MONCLOVA RD MAUMEE, OH 43537 32-0160784	FACILITY LEASING	OH	N/A									
(3) NORTHWEST OHIO DEDICATED BREAST MRI LLC 100 MADISON AVE TOLEDO, OH 43604 26-0679898	MEDICAL DIAGNOSTICS	OH	THE TOLEDO HOSPITAL	RELATED	212,065	478,795		No			No	50 000 %
(4) WEST CENTRAL SURGICAL CENTER LLC 7055 W CENTRAL TOLEDO, OH 43617 20-0088459	AMBULATORY SURGICAL CENTER	OH	THE TOLEDO HOSPITAL	RELATED	294,994	3,087,673		No		Yes		50 000 %
(5) OHIO CARE AMBULATORY SURGICAL CENTER LLC 5959 MONCLOVA RD MAUMEE, OH 43537 34-1863472	AMBULATORY SURGICAL CENTER	OH	N/A									
(6) LENAWEE PHYSICIAN HOSPITAL ORGANIZATION LLC 818 RIVERSIDE AVE ADRIAN, MI 49221 38-3605511	PHYSICIAN MANAGEMENT SERVICES	MI	EMMA L BIXBY MEDICAL CENTER	RELATED	-56,130	234,194		No		Yes		50 000 %
(7) PROMEDICA SURGICAL SERVICES CO-MANAGEMENT CO LLC 100 MADISON AVE TOLEDO, OH 43604 46-1989695	PHYSICIAN MANAGEMENT SERVICES	OH	PROMEDICA HEALTH SYSTEM INC	RELATED	710,041	711,752		No			No	50 450 %
(8) EAST-WEST HOLDINGS LTD 715 SOUTH TAFT AVE FREMONT, OH 43420 20-4066818	REAL ESTATE	OH	MEMORIAL HOSPITAL	RELATED	9,186	304,990		No			No	50 000 %
(9) SURGICAL INSTITUTE OF MONROE LLC 1051 S TELEGRAPH RD MONROE, MI 48161 27-0843485	AMBULATORY SURGICAL CENTER	MI	PROMEDICA PHYSICIANS AND CONTINUUM SERVICES	RELATED	326,937	3,626,251		No			No	54 000 %
(10) PROMEDICA MASTER TENANT LLC 100 MADISON AVE TOLEDO, OH 43604 47-5288490	REAL ESTATE	OH	PROMEDICA MANAGER MEMBER LLC	RELATED	-38	108,128		No		Yes		1 000 %
(11) PROMEDICA DOWNTOWN CAMPUS LANDLORD LLC 100 MADISON AVE TOLEDO, OH 43604 47-3163945	REAL ESTATE	OH	PROMEDICA MANAGER MEMBER LLC	RELATED	-10,580	27,579,007		No		Yes		90 000 %
(12) ROCKET VENTURE FUND II LLC 2865 N REYNOLDS RD STE 220 TOLEDO, OH 43615 47-5603627	INVESTMENT FUND	OH	PROMEDICA HEALTH SYSTEM INC	UNRELATED	-4,100	295,900		No			No	66 660 %
(13) APM PLUS LLC 1120 G ST NW STE 1000 WASHINGTON, DC 20005 81-3082229	ALTERNATIVE PAYMENT MODEL DEVELOPMENT	DE	PROMEDICA HEALTH SYSTEM INC	UNRELATED	-284,065	715,935		No		Yes		50 000 %
(14) KAPION LLC 2865 N REYNOLDS RD STE 220 TOLEDO, OH 43615 81-2624635	SOFTWARE DEVELOPMENT	OH	PROMEDICA HEALTH SYSTEM INC	UNRELATED	-1,641	247,636		No		Yes		50 000 %

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	N/A	C				Yes	
(1) HERRICK MEMORIAL DEVELOPMENT CORP 500 E POTTAWATAMIE TR ADRIAN, MI 49221 38-3146907	FACILITY LEASING	MI	EMMA L BIXBY MEDICAL CENTER	C	50,707	1,000,420	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			100 000 %	Yes	
(3) PHYSICIANS ADVANTAGE MSO 5901 MONCLOVA RD MAUMEE, OH 43537 06-1811760	PHYSICIAN MANAGEMENT SERVICES	OH	N/A	C				Yes	
(4) PROMEDICA CENTRAL CORPORATION OF MICHIGAN 100 MADISON AVE TOLEDO, OH 43604 38-3322278	PHYSICIAN HEALTH CARE SERVICES	OH	PROMEDICA PHYSICIAN GROUP	C	1,197,691	4,584,064	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	38,622,854	370,594,769	100 000 %	Yes	
(6) PROMEDICA NORTH PHYSICIAN CORPORATION 100 MADISON AVE TOLEDO, OH 43604 38-3482148	PHYSICIAN HEALTH CARE SERVICES	OH	PROMEDICA PHYSICIAN GROUP	C		149,134	100 000 %	Yes	
(7) PROMEDICA RETAIL GROUP INC 3890 MONROE ST TOLEDO, OH 43606 34-1159928	FLORIST	OH	PROMEDICA PHYSICIANS AND CONTINUUM SERVICES	C	937	760,746	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	28	74,777	71 800 %	Yes	
(9) PROMEDICA HEALTH NETWORK INC 100 MADISON AVE TOLEDO, OH 43604 47-4006496	PHYSICIAN MANAGEMENT SERVICES	OH	PROMEDICA HEALTH SYSTEM INC	C	-1,165,706		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 100 MADISON AVE TOLEDO, OH 43604 47-5168737	REAL ESTATE	OH	PROMEDICA HEALTH SYSTEM INC	C	-13,118	9,998,989	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 CONTINUING CARE SERVICES CORPORATION	B	10,500,000	FMV
(1)	PROMEDICA FOUNDATION	B	3,146,502	FMV
(2)	PROMEDICA HEALTH SYSTEM INC	B	112,000,000	FMV
(3)	PROMEDICA PHYSICIAN GROUP	B	50,725,000	FMV
(4)	PROMEDICA FOUNDATION	C	52,050,653	FMV
(5)	FLOWER HOSPITAL	G	271,862	FMV
(6)	FLOWER HOSPITAL	J	122,844	FMV
(7)	PROMEDICA CONTINUING CARE SERVICES CORPORATION	J	468,563	FMV
(8)	PROMEDICA HEALTH SYSTEM INC	J	2,037,275	FMV
(9)	PROMEDICA PHYSICIAN GROUP	J	7,223,764	FMV
(10)	PROMEDICA PHYSICIANS AND CONTINUUM SERVICES	J	590,802	FMV
(11)	REYNOLDS ROAD SURGICAL CENTER LLC	J	157,500	FMV
(12)	EMMA L BIXBY MEDICAL CENTER	O	341,150	FMV
(13)	FLOWER HOSPITAL	O	106,884	FMV
(14)	PROMEDICA CONTINUING CARE SERVICES CORPORATION	O	90,072	FMV
(15)	PROMEDICA INSURANCE CORP INC & SUBSIDIARIES	O	146,804	FMV
(16)	PROMEDICA PHYSICIAN GROUP	O	871,971	FMV
(17)	BAY PARK COMMUNITY HOSPITAL	P	55,190	FMV
(18)	FLOWER HOSPITAL	P	75,639	FMV
(19)	LENAWEE LONG TERM CARE	P	63,619	FMV
(20)	PROMEDICA CONTINUING CARE SERVICES CORPORATION	P	190,773	FMV
(21)	PROMEDICA COURIER SERVICES INC	P	2,653,264	FMV
(22)	PROMEDICA HEALTH SYSTEM INC	P	116,119,520	FMV
(23)	PROMEDICA INSURANCE CORP INC & SUBSIDIARIES	P	2,505,246	FMV
(24)	PROMEDICA PHYSICIANS AND CONTINUUM SERVICES	P	443,364	FMV

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	PROMEDICA PHYSICIAN GROUP	P	62,874,699	FMV
(1)	BAY PARK COMMUNITY HOSPITAL	Q	1,956,352	FMV
(2)	DEFIANCE HOSPITAL INC	Q	1,386,651	FMV
(3)	EMMA L BIXBY MEDICAL CENTER	Q	4,122,370	FMV
(4)	FLOWER HOSPITAL	Q	2,864,212	FMV
(5)	FOSTORIA HOSPITAL ASSOCIATION	Q	1,456,323	FMV
(6)	HERRICK MEMORIAL HOSPITAL INC	Q	411,905	FMV
(7)	MEMORIAL HOSPITAL	Q	2,035,592	FMV
(8)	MERCY MEMORIAL HOSPITAL CORPORATION	Q	1,329,733	FMV
(9)	PROMEDICA HEALTH SYSTEM INC	Q	2,363,607	FMV
(10)	PROMEDICA PHYSICIAN GROUP	Q	210,088	FMV
(11)	PROMEDICA PHYSICIANS AND CONTINUUM SERVICES	Q	355,493	FMV
(12)	ST LUKE'S HOSPITAL	Q	1,366,676	FMV
(13)	PROMEDICA HEALTH SYSTEM INC	R	109,773,000	FMV