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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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](#)

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

PROMEDICA HEALTH SYSTEM INC

Doing business as

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

100 MADISON AVE

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

TOLEDO, OH 43604

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 ▶

D Employer identification number

34-1517671

E Telephone number

(567) 585-9601

G Gross receipts \$ 494,602,134

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 1986

M State of legal domicile OH

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

PROMEDICA HEALTH SYSTEM, INC IS A NOT-FOR-PROFIT, INTEGRATED HEALTHCARE DELIVERY NETWORK WHOSE MISSION IS TO IMPROVE THE HEALTH AND WELL-BEING OF OTHERS

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

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Prior Year

Current Year

Beginning of Current Year

End of Year

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

2018-11-15

Date

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

Firm's name ▶ DELOITTE TAX LLP

Firm's EIN ▶ 86-1065772

Firm's address ▶ 111 MONUMENT CIRCLE STE 4200

Phone no (317) 464-8600

INDIANAPOLIS, IN 462045108

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code	) (Expenses \$	266,309,382	including grants of \$	21,585,446) (Revenue \$	356,971,610)
	See Additional Data					

4b	(Code	) (Expenses \$	11,971,989	including grants of \$	) (Revenue \$	629,772)
	See Additional Data					

4c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
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4d	Other program services (Describe in Schedule O)					
	(Expenses \$		including grants of \$		) (Revenue \$	)

4e	Total program service expenses ▶	278,281,371
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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	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	253	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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	2,498	
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)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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	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)?	Yes	
b	BR, CI, CH, EZ, GR, HU, ID, IS, JA, KS, MY, NI, PL, PO, SW, TU 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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
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		
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		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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: **▶** STANTON E RISSER 100 MADISON AVE TOLEDO, OH 43604 (567) 585-3618

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

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

Form **990** (2017)

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	17,896,094	2,405,472	4,229,542

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 ▶ 190

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PRICEWATERHOUSECOOPERS 4040 W BOY SCOUT BLVD TAMPA, FL 33607	CONSULTING SERVICES	36,372,422
RUDOLPH LIBBE INC 6494 LATCHA RD WALBRIDGE, OH 434659738	GENERAL CONTRACTING	26,712,715
TRIMEDX INC 5451 LAKEVIEW PARKWAY S DRIVE INDIANAPOLIS, IN 46268	HEALTHCARE EQUIPMENT SERVICES	21,149,348
CSI HEALTHCARE IT 9995 GATE PARKWAY N STE 100 JACKSONVILLE, FL 32246	SUBSCRIPTION SERVICES	10,861,734
SODEXO INC & AFFILIATES 4880 PAYSHERE CR CHICAGO, IL 60674	FOOD SERVICES	3,395,443

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 ► 145	
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Part VIII Statement of RevenueCheck 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	124,509,995				
	e Government grants (contributions)	1e	20,000				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	168,241				
	g Noncash contributions included in lines 1a-1f \$ <u>96,681</u>						
	h Total. Add lines 1a-1f		124,698,236				
Program Service Revenue		Business Code					
	2a ADMIN SUPPORT SERV	551114	300,591,133	300,417,918	173,215		
	b INVEST IN AFFILIATES	551114	54,044,515	54,044,515			
	c COMMUNITY WELLNESS	900099	265,411	265,411			
	d CPR TRAINING CENTER	900099	153,952	153,952			
	e EDUCATION	900099	1,800	1,800			
	f All other program service revenue						
	g Total. Add lines 2a-2f		355,056,811				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		-901,299		-1,982,506	1,081,207	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		2,004,869					
		b Less rental expenses	3,237,771				
		c Rental income or (loss)	-1,232,902				
	d Net rental income or (loss)		-1,232,902			-1,232,902	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		5,200,314	7,000,000				
		b Less cost or other basis and sales expenses	4,911,007	5,217,222			
		c Gain or (loss)	289,307	1,782,778			
	d Net gain or (loss)		2,072,085	1,782,778		289,307	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
	b Less direct expenses b						
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities See Part IV, line 19 a						
	b Less direct expenses b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances a							
b Less cost of goods sold b							
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11a PARKING		812930	555,321	15,497	539,824		
b DIETARY		722514	149,120	80,749	68,371		
c MEDICAL RECORDS		900099	147,574	147,574			
d All other revenue			691,188	691,188			
e Total. Add lines 11a-11d			1,543,203				
12 Total revenue. See Instructions			481,236,134	357,601,382	-1,201,096	137,612	

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	21,585,446	21,585,446		
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.	16,328,763	16,328,763		
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.	114,816,171	91,852,937	22,963,234	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	4,754,376	3,803,501	950,875	
9 Other employee benefits.	18,066,536	14,453,229	3,613,307	
10 Payroll taxes.	9,365,317	7,492,254	1,873,063	
11 Fees for services (non-employees):				
a Management.	11,964	9,571	2,393	
b Legal.	3,021,783		3,021,783	
c Accounting.	1,358,800		1,358,800	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	26,375		26,375	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	24,886,754	19,909,403	4,977,351	
12 Advertising and promotion.	3,961,880	3,169,504	792,376	
13 Office expenses.	6,912,579	5,530,063	1,382,516	
14 Information technology.	50,615,313	40,492,250	10,123,063	
15 Royalties.				
16 Occupancy.	4,050,636	3,240,509	810,127	
17 Travel.	1,579,171	1,263,337	315,834	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	5,595,598	4,476,478	1,119,120	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	32,418,380	25,934,704	6,483,676	
23 Insurance.				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a RESTRUCTURING	15,085,360	12,068,288	3,017,072	
b MINOR EQUIPMENT	2,923,938	2,339,150	584,788	
c INTERCOMPANY SERVICES	1,021,695	817,356	204,339	
d UBI TAXES	75,000		75,000	
e All other expenses	4,393,285	3,514,628	878,657	
25 Total functional expenses. Add lines 1 through 24e.	342,855,120	278,281,371	64,573,749	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		2,601,839	1	2,477,961
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		1,176,865	5	1,706,035
	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		45,971,718	7	10,991,927
	8	Inventories for sale or use		62,880	8	73,283
	9	Prepaid expenses and deferred charges		33,325,306	9	54,843,489
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	366,341,913		
	b	Less: accumulated depreciation	10b	122,445,100		
				219,209,414	10c	243,896,813
	11	Investments—publicly traded securities		22,047,151	11	11,315,687
	12	Investments—other securities. See Part IV, line 11		51,742,712	12	69,434,166
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11		2,105,944,744	15	2,237,276,028	
16	Total assets. Add lines 1 through 15 (must equal line 34)		2,482,082,629	16	2,632,015,389	
Liabilities	17	Accounts payable and accrued expenses		120,138,074	17	94,868,313
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		4,684,788	23	4,437,515
	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		76,918,260	25	65,208,143
	26	Total liabilities. Add lines 17 through 25		201,741,122	26	164,513,971
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		2,278,685,165	27	2,448,744,301
	28	Temporarily restricted net assets		1,656,342	28	18,757,117
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		2,280,341,507	33	2,467,501,418
	34	Total liabilities and net assets/fund balances		2,482,082,629	34	2,632,015,389

Part XI Reconciliation of Net AssetsCheck 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	481,236,134
2	Total expenses (must equal Part IX, column (A), line 25)	2	342,855,120
3	Revenue less expenses Subtract line 2 from line 1	3	138,381,014
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,280,341,507
5	Net unrealized gains (losses) on investments	5	4,989,177
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	43,789,720
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,467,501,418

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

Additional Data

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

Form 990 (2017)

Form 990, Part III, Line 4a:
PROMEDICA HEALTH SYSTEM, INC (PHS) IS AN OHIO NOT-FOR-PROFIT CORPORATION WHICH SERVES AS A HOLDING COMPANY FOR SEVERAL CORPORATIONS IN A SYSTEM THAT PROVIDES VARIOUS TYPES OF HEALTH CARE SERVICES PHS PROVIDES MANAGEMENT SERVICES AND SUPPORT TO ALL ENTITIES WITHIN PROMEDICA HEALTH SYSTEM, INC - SEE SCHEDULE O

Form 990, Part III, Line 4b:

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

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			
BILLIE JOHNSON TRUSTEE	1 00 0 00	X						0	0	0
BRIAN P KENNEDY TRUSTEE	1 00 0 00	X						0	0	0
BRUCE A BARNETT MD TRUSTEE	1 00 40 00	X						0	583,652	17,935
DANIEL W FARRELL JR EX OFFICIO	1 00 1 00	X						0	0	0
DAVID A SNAVELY TRUSTEE	1 00 0 00	X						0	0	0
DONALD L MENNEL TRUSTEE	1 00 0 00	X						0	0	0
DOUGLAS L KAPNICK TRUSTEE	1 00 0 00	X						0	0	0
ELAINE CANNING EX OFFICIO	1 00 0 00	X						0	0	0
ELIZABETH C BRADY EX OFFICIO	1 00 1 00	X						0	0	0
EMMETT T BOYLE JR MD EX OFFICIO	1 00 40 00	X						0	577,400	37,696

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			
EMORY M SCHMIDT EX OFFICIO	1 00 9 00	X						0	0	0
JAMES A HOFFMAN TRUSTEE	1 00 0 00	X						0	0	0
JAMES F BINGLE MD TRUSTEE	1 00 40 00	X						0	446,008	23,583
JAMES F WHITE JR EX OFFICIO	1 00 1 00	X						0	0	0
JANE M MILLER EX OFFICIO	1 00 0 00	X						0	0	0
KAREN S CALENDER RN EX OFFICIO	1 00 2 00	X						0	0	0
KENNETH A MYERS TRUSTEE	1 00 1 00	X						0	0	0
KEVIN J SAUDER TRUSTEE	1 00 0 00	X						0	0	0
KURT L DARROW EX OFFICIO	1 00 2 00	X						0	0	0
LARRY C PETERSON EX OFFICIO	1 00 1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LESLIE A CHAPMAN EX OFFICIO	1 00 1 00	X						0	0	0
MARK A KLEIN EX OFFICIO	1 00 2 00	X						0	0	0
MARNA I RAMNATH RN TRUSTEE	1 00 0 00	X						0	0	0
MARY ELLEN K PIZZA MD TRUSTEE	1 00 40 00	X						0	157,436	4,695
MICHAEL M HYLANT TRUSTEE	1 00 0 00	X						0	0	0
NANCY PARIS KABAT EX OFFICIO	1 00 3 00	X						0	487	0
PAUL JOHN FENTON MD TRUSTEE	1 00 0 00	X						0	0	0
PRAVEEN K TAMIRISA MD TRUSTEE	1 00 40 00	X						0	640,489	41,269
RANDALL OOSTRA PRESIDENT, EX OFFICIO	40 00 15 00	X		X				1,749,816	0	483,218
RICHARD SCOTT TRUMBULL TRUSTEE	1 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT W LACLAIR CHAIRPERSON	1 00 9 00	X		X				0	0	0
RUSSELL J EBEID TRUSTEE	1 00 0 00	X						0	0	0
STEPHEN H STAELIN VICE-CHAIR	1 00 1 00	X		X				0	0	0
SYLVESTER D HOLMES TRUSTEE	1 00 0 00	X						0	0	0
JEFFREY C KUHN SECRETARY	40 00 12 50			X				616,424	0	244,159
MICHAEL P BROWNING TREASURER	40 00 11 00			X				697,115	0	246,414
ARTURO POLIZZI PRESIDENT, METRO REGION	0 50 42 00				X			635,788	0	264,600
BARBARA J PETEE CHIEF ADVOCACY/GOVT REL OFF	40 00 2 00				X			343,902	0	64,916
BENET S RUPP SR VP, HUMAN RESOURCES	40 00 0 00				X			269,576	0	44,134
BRIAN K MILLER MD CHIEF MEDICAL INFO OFFICER	40 00 7 00				X			331,810	0	32,039

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DANIEL K CASSAVAR MD PRESIDENT & CMO, PPG	0 50 49 00				X			772,876	0	174,395
DARRIN M ARQUETTE SR VP, NEURO, HEART AND VASC	0 50 45 50				X			335,318	0	46,341
DAWN BUSKEY COO, METRO REGION ACUTE CARE	0 50 41 00				X			360,870	0	75,823
GARY M CATES CHIEF PHILANTHROPIC OFFICER	40 00 1 00				X			346,626	0	72,340
GARY W AKENBERGER SR VP DIAG, FACILITIES & SEC	0 50 44 00				X			379,804	0	91,320
HOLLY BRISTOLL CIO, ACADEMIC AFFAIRS	0 50 40 00				X			373,715	0	165,222
JERED WILSON VP, MANAGED CARE	40 00 0 00				X			322,873	0	47,451
JOHN C RANDOLPH PRESIDENT, PIC	0 50 43 00				X			598,199	0	253,053
KAREN L STRAUSS CHIEF STRAT , MKTG , COMM , HR OFF	40 00 2 00				X			556,542	0	216,101
KATHLEEN M KRUEGER SR VP, SPEC PROJ & PRES , AHIS	40 00 1 00				X			298,410	0	28,411

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			
KEVIN C WEBB PHD CHIEF ACUTE & POST ACUTE OFFICER	40 00 13 50				X			655,627	0	240,675
LEE W HAMMERLING MD CHIEF PHYSICIAN EXECUTIVE/CMO	40 00 2 00				X			1,753,774	0	330,103
LORI JOHNSTON CHIEF INFORMATION OFFICER	40 00 0 00				X			564,973	0	222,818
PAUL FAVORITE SR VP, SYSTEM OPTIMIZATION	40 00 0 00				X			288,867	0	32,498
ROBERT S FREDRICK SR VP ACADEMIC AFFAIRS	40 00 0 00				X			321,199	0	51,187
SCOTT FOUGHT VP, FINANCE, ACUTE CARE OPS	0 50 44 50				X			281,158	0	46,283
DAVID SCOTT MIERZWIAK MD VP, MEDICAL AFFAIRS, TH	1 00 42 00					X		386,739	0	72,216
DEE A BIALECKI-HAASE MD VP, MED OP, PPG & PRES , CIN	1 00 41 00					X		377,694	0	30,299
GARY L MOORMAN VP, MEDICAL AFFAIRS, MONROE	1 00 40 00					X		396,833	0	33,414
JOHN D MEIER VP, MED DIRECTOR, PARAMOUNT	1 00 40 50					X		361,329	0	57,483

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			
VIVIEN TOWNSEND FORMER KEY EMPLOYEE	40 00 0 00						X	206,996	0	32,831
WILLIAM MUELLER FORMER KEY EMPLOYEE	0 00 0 00						X	230,352	0	9,690

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

PROMEDICA HEALTH SYSTEM INC

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

2017

Open to Public Inspection

Employer identification number

34-1517671

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

The organization is not a private foundation because it is (For lines 1 through 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

16
- 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total	16				17,145,107	0

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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 2017 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2016 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2017. 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—2016. 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—2017. 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—2016. 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 in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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? <i>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.</i>		No
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		No
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		No
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		No
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		No
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		No
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		No
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? <i>If "Yes," provide detail in Part VI.</i>		No
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? <i>If "Yes," provide detail in Part VI.</i>		No
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)? <i>If "Yes," answer line 10b below.</i>		No
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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

Section B. Type I Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	3	

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

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

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	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? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	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 (explain in Part VI) **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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION A, LINE 1	PROMEDICA HEALTH SYSTEM, INC (34-1517671) AFFILIATES DESIGNATED BY CLASS AND PURPOSE LISTED IN SCHEDULE R, PART II THAT ARE ORGANIZATIONS DESCRIBED IN INTERNAL REVENUE CODE SECTION 501(C)(3) THAT ARE NOT PRIVATE FOUNDATIONS BECAUSE THEY ARE DESCRIBED IN CODE SECTION 509(A)(1) OR SECTION 509(A)(2)

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION C, LINE 1	PROMEDICA HEALTH SYSTEM, INC (PHS) IS THE PARENT OF AN INTEGRATED HEALTH CARE DELIVERY NETWORK MADE UP OF AN AFFILIATED GROUP OF EXEMPT ORGANIZATIONS WHICH INCLUDES HOSPITALS, HEALTH CARE PROVIDERS, CONTINUING CARE SERVICES, SPECIALIZED HEALTH SERVICES, ENTITIES PROVIDING SUPPORT SERVICES, AND FOUNDATIONS PHS PROVIDES OVERALL DIRECTION, MANAGEMENT AND CONTROL TO ITS FIRST TIER SUBSIDIARIES, AND INDIRECTLY THROUGH ITS FIRST TIER SUBSIDIARIES, TO ALL AFFILIATED SECOND TIER SUBSIDIARIES OF EACH FIRST TIER SUBSIDIARY THE ACTIVITIES OF PHS SUPPORT THE EXEMPT PURPOSES OF THE AFFILIATED ORGANIZATIONS IN THE PHS NETWORK AND ENHANCE AND IMPROVE THE DELIVERY OF EFFECTIVE HEALTH CARE SERVICES TO THE COMMUNITIES SERVED BY THE PHS NETWORK CONTROL AND MANAGEMENT EFFECTIVELY IS VESTED IN THE SAME PERSONS THAT CONTROL AND MANAGE ALL SUBSIDIARY ORGANIZATIONS THROUGH RESERVED POWERS PHS HAS RESERVED POWERS IN EACH SUBSIDIARY'S CODE OF REGULATIONS OR BYLAWS ALONG WITH THE RIGHT TO APPROVE CERTAIN ACTIONS OF EACH SUBSIDIARY'S BOARD OF TRUSTEES THE FIRST TIER SUBSIDIARIES HAVE IN TURN RESERVED SIMILAR POWERS OVER THE SECOND TIER SUBSIDIARIES TO INTEGRATE OVERALL DIRECTION, MANAGEMENT, AND CONTROL THE RESERVED POWERS AND OVERALL SYSTEM CONTROL ENSURE THAT PHS WILL BE RESPONSIVE TO THE NEEDS OF EACH SUPPORTED ORGANIZATION PHS IS AN INTEGRAL PART OF THE PHS NETWORK PHS QUALIFIES AS A TYPE II SUPPORTING ORGANIZATION BECAUSE IT IS SUPERVISED AND CONTROLLED IN CONNECTION WITH ALL FIRST AND SECOND TIER SUBSIDIARY ORGANIZATIONS THAT ARE EXEMPT AFFILIATED MEMBERS OF PHS COMMON SUPERVISION AND CONTROL ARE SHARED THROUGH THE STRUCTURAL RELATIONSHIP OF PHS THERE HAS ALSO BEEN A HISTORIC AND CONTINUING RELATIONSHIP BETWEEN PHS AND ALL SUPPORTED ORGANIZATIONS AND A SUBSTANTIAL IDENTITY OF INTERESTS BETWEEN THE ORGANIZATIONS AS A RESULT OF THIS RELATIONSHIP SUPPORTING COMMON CONTROL CONSISTENT WITH TYPE II SUPPORTING ORGANIZATION CLASSIFICATION PHS HAS MAINTAINED, AND WILL CONTINUE TO MAINTAIN, A SIGNIFICANT INVOLVEMENT IN EACH SUPPORTED ORGANIZATION'S OPERATIONS

Additional Data

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

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) BAY PARK COMMUNITY HOSPITAL	341883132	3		No	0	0
(A) DEFIANCE HOSPITAL INC	344446484	3		No	0	0
(B) EMMA L BIXBY MEDICAL CENTER	382796005	3		No	0	0
(C) FLOWER HOSPITAL	344428794	3		No	0	0
(D) FOSTORIA HOSPITAL ASSOCIATION	340898745	3		No	0	0
(E) HERRICK MEMORIAL HOSPITAL INC	383049015	3		No	0	0
(F) MEMORIAL HOSPITAL	344430849	3		No	5,000,000	0
(G) THE TOLEDO HOSPITAL	344428256	3		No	0	0
(H) MERCY MEMORIAL HOSPITAL CORPORATION	381984289	3		No	12,145,107	0
(I) MONROE COMMUNITY HEALTH SERVICES	382934134	10		No	0	0
(J) KAITLYN'S COTTAGE INC	454781053	10		No	0	0
(K) LENAWEE LONG TERM CARE	382879330	10		No	0	0
(L) PROMEDICA CONTINUING CARE SERVICES CORPORATION	344492440	10		No	0	0
(M) PROMEDICA PHYSICIAN GROUP	341899439	10		No	0	0
(N) TOLEDO DISTRICT NURSE ASSOCIATION	344427949	10		No	0	0

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(P) VISITING NURSE HOSPICE AND HEALTHCARE	341831624	10		No	0	0

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SCHEDULE D

(Form 990)

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

2017

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

PROMEDICA HEALTH SYSTEM INC

Employer identification number

34-1517671

Part I

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

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

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

(a) Donor advised funds

(b) Funds and other accounts

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

2a

2b

2c

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

1b

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

► \$

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

Cat No 52283D

Schedule D (Form 990) 2017

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

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

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

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

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	3,925,257	6,348,536		10,273,793
b Buildings	2,194,738	68,488,390	5,096,681	65,586,447
c Leasehold improvements		4,847,531	1,953,113	2,894,418
d Equipment		264,557,807	114,318,644	150,239,163
e Other		15,979,654	1,076,662	14,902,992
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				243,896,813

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) INVESTMENT IN AFFILIATES	2,074,451,870
(2) DUE FROM AFFILIATES	56,598,805
(3) OTHER SEGREGATED INVESTMENTS	137,051
(4) OTHER NON-CURRENT ASSETS	38,229,310
(5) OTHER RECEIVABLES	14,019,212
(6) BENEFICIAL INTEREST IN FOUNDATION	18,760,316
(7) DEFERRED COMPENSATION	35,079,464
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	2,237,276,028

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	20,798,811
DEFERRED COMPENSATION	35,079,464
MALPRACTICE TAIL LIABILITY	3,224,300
ASBESTOS REMEDIATION	6,105,568
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	65,208,143

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	
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Part XIII	Supplemental Information <i>(continued)</i>
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Return Reference	Explanation
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**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
PROMEDICA HEALTH SYSTEM INC

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

34-1517671

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			73,734,676
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			73,734,676

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☒ Yes ☐ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)* ☐ Yes ☒ No

Part V **Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 3, COLUMN (F)	THE EXPENDITURES REPORTED IN COLUMN (F) WERE DETERMINED USING THE ACCRUAL METHOD OF ACCOUNTING

Additional Data

Software ID:

Software Version:

EIN: 34-1517671

Name: PROMEDICA HEALTH SYSTEM INC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA & THE CARIBBEAN			INVESTMENTS		73,692,556
EAST ASIA AND THE PACIFIC	0	0	UNRELATED TRADE OR BUSINESS		42,120

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493319110598

Schedule I
(Form 990)

OMB No 1545-0047

2017

Open to Public
Inspection

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.

Name of the organization
PROMEDICA HEALTH SYSTEM INC

Employer identification number
34-1517671

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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 46

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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 THE PARENT COMPANY OF PROMEDICA HEALTH SYSTEM, INC (PHS), CORPORATE TREASURY, WITH THE APPROVAL AND OVERSIGHT OF THE FINANCE COMMITTEE, ENSURES THAT FUNDS ARE DISTRIBUTED APPROPRIATELY ACCORDING TO PHS'S STRATEGIC BUSINESS PLAN AND CONSISTENT WITH CORPORATE TREASURY POLICIES AND PROCEDURES

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADRIAN COLLEGE 110 S MADISON ST ADRIAN, MI 49221	38-1357980	501(C)(3)	9,000				CHARITABLE DONATION
ALZHEIMER'S ASSOCIATION NORTHWEST OHIO CHAPTER 2500 NORTH REYNOLDS ROAD TOLEDO, OH 43615	13-3039601	501(C)(3)	6,000				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY 740 COMMERCE DR SUITE B PERRYSBURG, OH 43551	13-1788491	501(C)(3)	9,000				CHARITABLE DONATION
AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES 2025 E STREET NW WASHINGTON, DC 200065009	53-0196605	501(C)(3)	8,000				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTS COMMISSION OF GREATER TOLEDO 1838 PARKWOOD AVE NO 120 TOLEDO, OH 43624	34-1358701	501(C)(3)	100,000				CHARITABLE DONATION
BOYS AND GIRLS CLUBS OF TOLEDO 2250 N DETROIT AVE TOLEDO, OH 43606	34-4427933	501(C)(3)	20,650				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHERRY STREET MISSION MINISTRIES 105 17TH STREET TOLEDO, OH 43604	34-1133369	501(C)(3)	1,006,000				CHARITABLE DONATION
CYSTIC FIBROSIS FOUNDATION 2265 LIVERNOISE SUITE 410 TROY, MI 480831606	38-1723341	501(C)(3)	5,250				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEFIANCE AREA YMCA 1599 PALMER DRIVE DEFIANCE, OH 43512	34-1014167	501(C)(3)	6,500				CHARITABLE DONATION
DESTINATION TOLEDO CONVENTION AND VISITORS BUREAU 401 JEFFERSON AVE TOLEDO, OH 436041067	34-1480959	501(C)(6)	25,000				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOWNTOWN FREMONT INC 315 GARRISON ST FREMONT, OH 43420	34-1940487	501(C)(3)	10,500				CHARITABLE DONATION
ERNST & YOUNG FOUNDATION 200 PLAZA DR SECAUCUS, NJ 07094	13-6094489	501(C)(3)	20,000				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EVANS SCHOLARS FOUNDATION ONE BRIAR RD GOLF, IL 60029	36-2518129	501(C)(3)	7,000				CHARITABLE DONATION
FELLOWSHIP BIBLE CHURCH MINISTRIES 503 WEBBER DR TEMPERANCE, MI 48182	27-2271805	501(C)(3)	10,000				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST TEE OF LAKE ERIE LLC PO BOX 351142 TOLEDO, OH 43635	46-5657531	501(C)(3)	10,000				CHARITABLE DONATION
FRANKLIN WELLS FOR THE WORLD FOUNDATION INC 9255 COVERDALE ROAD FORT WAYNE, IN 46809	26-4065761	501(C)(3)	12,000				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GABBY'S LADDER 431 E ELM AVE MONROE, MI 48162	38-3564824	501(C)(3)	6,750				CHARITABLE DONATION
GOOD GRIEF OF NORTHWEST OHIO 6855 SPRING VALLEY DR NO 100 HOLLAND, OH 43528	46-0765319	501(C)(3)	11,000				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE COMMUNITY CENTER 431 BAKER STREET ADRIAN, MI 49221	38-2177974	501(C)(3)	15,090				CHARITABLE DONATION
LIMA MEMORIAL HOSPITAL FOUNDATION 1001 BELLEFONTAINE RD LIMA, OH 45804	34-1707570	501(C)(3)	10,000				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOCAL INITIATIVES SUPPORT CORP 245 N SUPERIOR 2 TOLEDO, OH 43604	13-3030229	501(C)(3)	1,152,500				CHARITABLE DONATION
LUCAS COUNTY COMMITTEE FOR CHILDREN PO BOX 2202 TOLEDO, OH 43607	34-1509145	GOV'T ENTITY	7,500				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARCH OF DIMES 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	13-1846366	501(C)(3)	6,500				CHARITABLE DONATION
MAUMEE VALLEY HABITAT FOR HUMANITY 1310 CONANT STREET MAUMEE, OH 43537	34-1584728	501(C)(3)	5,400				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEMORIAL HOSPITAL 715 SOUTH TAFT AVE FREMONT, OH 43420	34-4430849	501(C)(3)	5,000,000				OPERATING GRANT
MERCY MEMORIAL HOSPITAL CORPORATION 718 N MACOMB ST MONROE, MI 48162	38-1984289	501(C)(3)	12,145,107				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
MONROE COUNTY CHAMBER OF COMMERCE PO BOX 626 MONROE, MI 48162	38-1566376	501(C)(6)	6,800				CHARITABLE DONATION
MONROE COUNTY CONVENTION & TOURISM BUREAU INC 103 WEST FRONT STREET MONROE, MI 48161	38-2900824	501(C)(6)	10,000				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAMI OF GREATER TOLEDO 2753 WEST CENTRAL AVENUE TOLEDO, OH 43606	34-1723306	501(C)(3)	7,500				CHARITABLE DONATION
PROMEDICA FOUNDATION 444 N SUMMIT ST TOLEDO, OH 43604	34-1517672	501(C)(3)	625,673				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
RONALD MCDONALD HOUSE CHARITIES OF NORTHWEST OHIO 3883 MONROE STREET TOLEDO, OH 43606	34-1349742	501(C)(3)	10,650				CHARITABLE DONATION
RUTHERFORD B HAYES PRESIDENTIAL CENTER SPIEGEL GROVE FREMONT, OH 43420	34-6502740	501(C)(3)	6,000				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST FRANCIS DE SALES HIGH SCHOOL INC 2323 W BANCROFT ST TOLEDO, OH 43607	34-4465715	501(C)(3)	9,000				CHARITABLE DONATION
ST URSULA ACADEMY 4025 INDIAN ROAD TOLEDO, OH 43606	34-0873639	501(C)(3)	22,575				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSAN G KOMEN BREAST CANCER FOUNDATION INC 3100 W CENTRAL AVE STE 206 TOLEDO, OH 43606	75-1835298	501(C)(3)	20,500				CHARITABLE DONATION
SYLVANIA YOUTH HOCKEY INC 7060 SYLVANIA AVENUE SYLVANIA, OH 43560	46-2859736	501(C)(3)	20,000				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE COMMUNITY HEALTH CENTER OF BRANCH COUNTY 274 E CHICAGO STREET COLDWATER, MI 49036	38-6108110	GOV'T ENTITY	8,000				CHARITABLE DONATION
THE DEMOCRACY COLLABORATIVE FOUNDATION 1422 EUCLID AVE STE 616 CLEVELAND, OH 44115	20-0387511	501(C)(3)	10,000				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE VICTORY CENTER 5532 W CENTRAL AVE SUITE B TOLEDO, OH 43615	34-1767997	501(C)(3)	11,200				CHARITABLE DONATION
TOLEDO AREA HUMANE SOCIETY 827 ILLINOIS AVENUE MAUMEE, OH 43537	34-4429093	501(C)(3)	55,000				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOLEDO COMMUNITY FOUNDATION 300 MADISON AVE TOLEDO, OH 43604	23-7284004	501(C)(3)	21,000				CHARITABLE DONATION
TOLEDO MUSEUM OF ART 2445 MONROE ST TOLEDO, OH 43620	34-4434678	501(C)(3)	207,750				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOLEDO OPERA ASSOCIATION 425 JEFFERSON AVE SUITE 601 TOLEDO, OH 436041066	34-6556139	501(C)(3)	28,000				CHARITABLE DONATION
TOLEDO ORCHESTRA ASSOCIATION INC 1838 PARKWOOD AVE TOLEDO, OH 436242502	34-4005365	501(C)(3)	508,000				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOLEDO ROADRUNNERS CLUB PO BOX 8818 MAUMEE, OH 43537	34-1237238	501(C)(3)	15,000				CHARITABLE DONATION
TOLEDO ROWING CLUB PO BOX 8072 TOLEDO, OH 43605	34-1899756	501(C)(3)	10,000				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TOLEDO FOUNDATION 2801 BANCROFT ST TOLEDO, OH 43606	34-6555110	501(C)(3)	64,000				CHARITABLE DONATION
YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER TOLEDO 1500 N SUPERIOR ST 2ND FLOOR TOLEDO, OH 43604	34-4428262	501(C)(3)	7,500				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF NW OHIO 1018 JEFFERSON AVENUE TOLEDO, OH 43604	34-4428265	501(C)(3)	10,000				CHARITABLE DONATION

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- 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.**

Name of the organization
PROMEDICA HEALTH SYSTEM INC

Employer identification number

34-1517671

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| ☐ First-class or charter travel | ☒ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☒ Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

1b Yes

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 Yes

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 Yes

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 nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

7 Yes

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

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

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.

See Additional Data Table

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE 1 OFFICER INCLUDED IN TAXABLE COMPENSATION PERSONAL SERVICES 3 OFFICERS INCLUDED IN TAXABLE COMPENSATION 14 KEY EMPLOYEES INCLUDED IN TAXABLE COMPENSATION 4 FORMER KEY EMPLOYEES INCLUDED IN TAXABLE COMPENSATION
PART I, LINE 4A	UNDER A VOLUNTARY TERMINATION AGREEMENT ENTERED INTO BY THE EMPLOYEE AND THE ORGANIZATION OR UPON A QUALIFYING TERMINATION DEFINED AS AN INVOLUNTARY SEPARATION FROM SERVICE OTHER THAN FOR CAUSE, THE EMPLOYEE IS ENTITLED TO SEVERANCE PAY BASED UPON YEARS OF SERVICE. THE TERMS AND CONDITIONS TO RECEIVE SEVERANCE PAYMENTS REQUIRE THE EMPLOYEE TO SIGN A RELEASE OF CLAIMS FORM THAT COVERS ALL SITUATIONS SURROUNDING THE EMPLOYEE'S EMPLOYMENT AND SEPARATION FROM PROMEDICA. SEVERANCE PAYMENTS WERE MADE DURING THE YEAR TO THE FOLLOWING LISTED PERSONS IN PART VII: ANNETTE S. PHILLIPS \$428,064; KATHLEEN S. HANLEY \$258,776; MARTIN DANSACK \$169,853; SUSAN PAYDEN \$180,170; WILLIAM MUELLER \$215,494.
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: LEE W. HAMMERLING, MD \$886,875. IN ADDITION, THE ORGANIZATION PROVIDES A SPLIT-DOLLAR LIFE INSURANCE PLAN TO ITS CHIEF EXECUTIVE OFFICER FROM WHICH NO CASH PAYMENTS WERE MADE DURING THE YEAR.
PART I, LINE 6	CERTAIN LISTED PERSONS RECEIVED INCENTIVES BASED ON INDIVIDUAL PRODUCTIVITY NET EARNINGS. PART I, LINE 7: AN INCENTIVE BONUS IS PAID TO ALL EXECUTIVES BASED ON ATTAINMENT OF GOALS IN THE AREAS OF 1) PATIENT SATISFACTION, 2) EMPLOYEE SATISFACTION, 3) PHYSICIAN SATISFACTION, 4) QUALITY AND SAFETY, AND 5) OPERATING INCOME MARGIN.

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1BRUCE A BARNETT MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	566,994	9,500	7,158	8,100	9,835	601,587	0
1EMMETT T BOYLE JR MD EX OFFICIO	(i)	0	0	0	0	0	0	0
	(ii)	497,655	46,275	33,470	8,100	29,596	615,096	0
2JAMES F BINGLE MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	374,394	34,850	36,764	8,100	15,483	469,591	0
3MARY ELLEN K PIZZA MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	95,883	42,140	19,413	3,406	1,289	162,131	0
4PRAVEEN K TAMIRISA MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	473,171	131,036	36,282	8,100	33,169	681,758	0
5RANDALL OOSTRA PRESIDENT, EX OFFICIO	(i)	1,086,659	577,159	85,998	468,579	14,639	2,233,034	159,048
	(ii)	0	0	0	0	0	0	0
6JEFFREY C KUHN SECRETARY	(i)	479,712	108,013	28,699	229,520	14,639	860,583	0
	(ii)	0	0	0	0	0	0	0
7MICHAEL P BROWNING TREASURER	(i)	586,938	70,000	40,177	222,483	23,931	943,529	0
	(ii)	0	0	0	0	0	0	0
8ARTURO POLIZZI PRESIDENT, METRO REGION	(i)	473,390	147,815	14,583	238,803	25,797	900,388	0
	(ii)	0	0	0	0	0	0	0
9BARBARA J PETEE CHIEF ADVOCACY/GOV'T REL OFF	(i)	282,149	52,536	9,217	62,561	2,355	408,818	0
	(ii)	0	0	0	0	0	0	0
10BENET S RUPP SR VP, HUMAN RESOURCES	(i)	241,546	26,438	1,592	35,173	8,961	313,710	0
	(ii)	0	0	0	0	0	0	0
11BRIAN K MILLER MD CHIEF MEDICAL INFO OFFICER	(i)	327,453	2,000	2,357	13,305	18,734	363,849	0
	(ii)	0	0	0	0	0	0	0
12DANIEL K CASSAVAR MD PRESIDENT & CMO, PPG	(i)	522,372	229,800	20,704	146,597	27,798	947,271	0
	(ii)	0	0	0	0	0	0	0
13DARRIN M ARQUETTE SR VP, NEURO, HEART AND VASC	(i)	215,123	92,356	27,839	20,942	25,399	381,659	0
	(ii)	0	0	0	0	0	0	0
14DAWN BUSKEY COO, METRO REGION ACUTE CARE	(i)	286,085	49,036	25,749	60,823	15,000	436,693	0
	(ii)	0	0	0	0	0	0	0
15GARY M CATES CHIEF PHILANTHROPIC OFFICER	(i)	273,531	63,876	9,219	58,874	13,466	418,966	0
	(ii)	0	0	0	0	0	0	0
16GARY W AKENBERGER SR VP DIAG, FACILITIES & SEC	(i)	322,399	48,208	9,197	71,258	20,062	471,124	0
	(ii)	0	0	0	0	0	0	0
17HOLLY BRISTOLL CIO, ACADEMIC AFFAIRS	(i)	295,617	70,521	7,577	146,102	19,120	538,937	0
	(ii)	0	0	0	0	0	0	0
18JERED WILSON VP, MANAGED CARE	(i)	238,719	68,128	16,026	39,058	8,393	370,324	0
	(ii)	0	0	0	0	0	0	0
19JOHN C RANDOLPH PRESIDENT, PIC	(i)	481,374	104,968	11,857	232,603	20,450	851,252	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21KAREN L STRAUSS CHIEF STRAT , MKTG , COMM , HR OFF	(i)	432,060	113,052	11,430	198,042	18,059	772,643	0
	(ii)	0	0	0	0	0	0	0
1KATHLEEN M KRUEGER SR VP, SPEC PROJ & PRES , AHIS	(i)	231,995	34,502	31,913	15,364	13,047	326,821	0
	(ii)	0	0	0	0	0	0	0
2KEVIN C WEBB PHD CHIEF ACUTE & POST ACUTE OFFICER	(i)	510,025	135,703	9,899	226,149	14,526	896,302	0
	(ii)	0	0	0	0	0	0	0
3LEE W HAMMERLING MD CHIEF PHYSICIAN EXECUTIVE/CMO	(i)	637,586	163,765	952,423	309,315	20,788	2,083,877	0
	(ii)	0	0	0	0	0	0	0
4LORI JOHNSTON CHIEF INFORMATION OFFICER	(i)	376,134	108,640	80,199	200,677	22,141	787,791	0
	(ii)	0	0	0	0	0	0	0
5PAUL FAVORITE SR VP, SYSTEM OPTIMIZATION	(i)	251,698	31,250	5,919	15,335	17,163	321,365	0
	(ii)	0	0	0	0	0	0	0
6ROBERT S FREDRICK SR VP ACADEMIC AFFAIRS	(i)	270,217	29,000	21,982	41,154	10,033	372,386	0
	(ii)	0	0	0	0	0	0	0
7SCOTT FOUGHT VP, FINANCE, ACUTE CARE OPS	(i)	258,000	21,808	1,350	23,604	22,679	327,441	0
	(ii)	0	0	0	0	0	0	0
8DAVID SCOTT MIERZWIAK MD VP, MEDICAL AFFAIRS, TH	(i)	322,334	40,392	24,013	48,247	23,969	458,955	0
	(ii)	0	0	0	0	0	0	0
9DEE A BIALECKI-HAASE MD VP, MED OP, PPG & PRES , CIN	(i)	285,588	41,310	50,796	23,797	6,502	407,993	0
	(ii)	0	0	0	0	0	0	0
10GARY L MOORMAN VP, MEDICAL AFFAIRS, MONROE	(i)	333,875	33,790	29,168	13,500	19,914	430,247	0
	(ii)	0	0	0	0	0	0	0
11JOHN D MEIER VP, MED DIRECTOR, PARAMOUNT	(i)	284,824	28,301	48,204	34,190	23,293	418,812	0
	(ii)	0	0	0	0	0	0	0
12NEERAJ K KANWAL MD SR VP, PHARM, INTERIM PRES , DH	(i)	324,821	48,616	3,599	31,366	25,084	433,486	0
	(ii)	0	0	0	0	0	0	0
13ALAN M SATTLER FORMER OFFICER	(i)	381,523	0	7,515	54,182	26,751	469,971	0
	(ii)	0	0	0	0	0	0	0
14ANNETTE S PHILLIPS FORMER HIGHEST COMPENSATED EMPLOYEE	(i)	0	0	428,064	0	12,105	440,169	428,064
	(ii)	0	0	0	0	0	0	0
15CHASE CANFIELD FORMER KEY EMPLOYEE	(i)	170,589	17,774	4,969	36,831	29,329	259,492	0
	(ii)	0	0	0	0	0	0	0
16DEANA L SIEVERT FORMER KEY EMPLOYEE	(i)	209,341	24,440	7,212	39,867	25,864	306,724	0
	(ii)	0	0	0	0	0	0	0
17KATHLEEN S HANLEY FORMER OFFICER	(i)	0	0	571,790	0	1,351	573,141	258,776
	(ii)	0	0	0	0	0	0	0
18MARTIN DANSACK FORMER KEY EMPLOYEE	(i)	0	15,356	167,695	4,614	12,414	200,079	169,853
	(ii)	0	0	0	0	0	0	0
19ROBIN WHITNEY FORMER KEY EMPLOYEE	(i)	201,849	28,134	18,884	12,967	14,947	276,781	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
41STEPHEN SADOWSKI FORMER KEY EMPLOYEE	(i)	214,152	25,094	13,757	40,305	18,242	311,550	0
	(ii)	0	0	0	0	0	0	0
1SUSAN PAYDEN FORMER KEY EMPLOYEE	(i)	0	16,288	179,427	7,968	743	204,426	180,170
	(ii)	0	0	0	0	0	0	0
2VIVIEN TOWNSEND FORMER KEY EMPLOYEE	(i)	200,417	0	6,579	22,871	9,960	239,827	0
	(ii)	0	0	0	0	0	0	0
3WILLIAM MUELLER FORMER KEY EMPLOYEE	(i)	0	14,858	215,494	0	9,690	240,042	215,494
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
PROMEDICA HEALTH SYSTEM INC

Employer identification number
34-1517671

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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) PART V	PART V	PART V		X	1,526,035	1,526,035		No	Yes		Yes	
(2) PART V	PART V	PART V		X	450,000	180,000		No	Yes		Yes	
Total						\$ 1,706,035						

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

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS	(A) NAME OF INTERESTED PERSON RANDALL OOSTRA, PRESIDENT(B) RELATIONSHIP WITH ORGANIZATION RANDALL OOSTRA IS PRESIDENT AND CEO OF PROMEDICA HEALTH SYSTEM, INC (C) PURPOSE OF LOAN LIFE INSURANCE PREMIUM PAYMENTS(D) LOAN TO OR FROM THE ORGANIZATION LOAN FROM THE ORGANIZATION(E) ORIGINAL PRINCIPAL AMOUNT \$1,526,035(F) BALANCE DUE \$1,526,035(G) IN DEFAULT? = NO(H) APPROVED BY BOARD OR COMMITTEE? = YES(I) WRITTEN AGREEMENT? = YES
SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS	(A) NAME OF INTERESTED PERSON DANIEL K CASSAVAR, MD, PRESIDENT & CMO, PPG(B) RELATIONSHIP WITH ORGANIZATION DANIEL K CASSAVAR, MD IS A KEY EMPLOYEE FOR PROMEDICA HEALTH SYSTEM, INC (C) PURPOSE OF LOAN SIGNING BONUS(D) LOAN TO OR FROM THE ORGANIZATION LOAN FROM THE ORGANIZATION(E) ORIGINAL PRINCIPAL AMOUNT \$450,000(F) BALANCE DUE \$180,000(G) IN DEFAULT? = NO(H) APPROVED BY BOARD OR COMMITTEE? = YES(I) WRITTEN AGREEMENT? = YES
SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(A) NAME OF INTERESTED PERSON CAITLIN OOSTRA(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION CAITLIN OOSTRA IS A FAMILY MEMBER OF RANDALL OOSTRA (PRESIDENT, EX OFFICIO) (C) AMOUNT OF TRANSACTION \$43,534(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 KELLY MCGAHARAN(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION KELLY MCGAHARAN IS A FAMILY MEMBER OF ROBERT W LACLAIR (CHAIRPERSON) (C) AMOUNT OF TRANSACTION \$58,201(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 MOLLY LACLAIR(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION MOLLY LACLAIR IS A FAMILY MEMBER OF ROBERT W LACLAIR (CHAIRPERSON) (C) AMOUNT OF TRANSACTION \$19,844(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 JUSTIN HAMMERLING(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION JUSTIN HAMMERLING IS A FAMILY MEMBER OF LEE W HAMMERLING, MD (KEY EMPLOYEE) (C) AMOUNT OF TRANSACTION \$151,138(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 ANDREW HYLANT(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION ANDREW HYLANT IS A FAMILY MEMBER OF MICHAEL M HYLANT (TRUSTEE) (C) AMOUNT OF TRANSACTION \$32,572(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 KEVIN KRUEGER(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION KEVIN KRUEGER IS A FAMILY MEMBER OF KATHLEEN M KRUEGER (KEY EMPLOYEE) (C) AMOUNT OF TRANSACTION \$58,966(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 JOHN-CLAUDE ACAMPA(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION JOHN-CLAUDE ACAMPA IS A FAMILY MEMBER OF DAVID A SNAVELY (TRUSTEE) (C) AMOUNT OF TRANSACTION \$77,099(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 THOMAS SNAVELY(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION THOMAS SNAVELY IS A FAMILY MEMBER OF DAVID A SNAVELY (TRUSTEE) (C) AMOUNT OF TRANSACTION \$46,005(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 TAD PETERSON(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION TAD PETERSON IS A FAMILY MEMBER OF LARRY C PETERSON (TRUSTEE) (C) AMOUNT OF TRANSACTION \$34,084(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 DANIEL CASSAVAR(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION DANIEL CASSAVAR IS A FAMILY MEMBER OF DANIEL K CASSAVAR, MD (KEY EMPLOYEE) (C) AMOUNT OF TRANSACTION \$66,418(D) DESCRIPTION OF TRANSACTION EMPLOYMENT(E) SHARING OF ORGANIZATION REVENUES? = NO

Additional Data

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

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) PART V	PART V	43,534	PART V		No
(1) PART V	PART V	58,201	PART V		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(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
(3) PART V	PART V	19,844	PART V		No
(1) PART V	PART V	151,138	PART V		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(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
(5) PART V	PART V	32,572	PART V		No
(1) PART V	PART V	58,966	PART V		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(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
(7) PART V	PART V	77,099	PART V		No
(1) PART V	PART V	46,005	PART V		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(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
(9) PART V	PART V	34,084	PART V		No
(1) PART V	PART V	66,418	PART V		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(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
(11) KELLY DANICKE	KELLY DANICKE IS A FAMILY MEMBER OF KATHLEEN M KRUEGER (KEY EMPLOYEE)	62,207	EMPLOYMENT		No

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
PROMEDICA HEALTH SYSTEM INC

Employer identification number
34-1517671

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	1	91,159	COST OR SELLING PRICE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>SUPPLIES</u>)	X	1	5,522	COST OR SELLING PRIC
26 Other ► (<u> </u>)				
27 Other ► (<u> </u>)				
28 Other ► (<u> </u>)				

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

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

No

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

32a

No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II **Supplemental Information.**

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
PROMEDICA HEALTH SYSTEM INC

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

2017

Open to Public Inspection

Employer identification number

34-1517671

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES CONSISTS OF NOT LESS THAN FIVE (5) TRUSTEES NOR MORE THAN TEN (10) TRUSTEES WITHIN THESE PARAMETERS, THE COMPOSITION OF THE EXECUTIVE COMMITTEE INCLUDES THE CHAIRPERSON, THE VICE CHAIRPERSON/CHAIR ELECT, THE CHIEF EXECUTIVE OFFICER AND SUCH OTHER TRUSTEES AS DESIGNATED BY THE GOVERNANCE COMMITTEE ALL MEMBERS OF THE EXECUTIVE COMMITTEE ARE PROMEDICA HEALTH SYSTEM, INC BOARD MEMBERS WITH THE EXCEPTION OF SPECIFIC DUTIES RESERVED FOR THE FULL BOARD OF TRUSTEES, THE EXECUTIVE COMMITTEE HAS AND EXERCISES ALL OF THE POWER AND AUTHORITY OF THE BOARD OF TRUSTEES DURING THE INTERIM BETWEEN MEETINGS OF THE BOARD OF TRUSTEES

990 Schedule O, Supplemental Information

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

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 BEGINNING EMPLOYMENT BOARD MEMBERS ANNUALLY (OR IMMEDIATELY IF NEW POTENTIAL CONFLICTS OF INTEREST ARISE), ALL BOARD MEMBERS ARE REQUIRED TO COMPLETE AND RETURN THE BOARD MEMBER SOC SURVEY WITHIN 30 DAYS OF DISSEMINATION BOARD MEMBER SOC SURVEYS ARE 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 T HE PRESIDENT AND CHIEF EXECUTIVE OFFICER (PRESIDENT/CEO), BASED UPON THEIR RESPECTIVE KNOW LEDGE OF THE BOARD MEMBERS THE PURPOSE OF THIS REVIEW IS TO BOTH INFORM MANAGEMENT OF THE DISCLOSED CONFLICTS AND TO ALLOW THEM TO IDENTIFY TO THE V P , AUDIT & COMPLIANCE, ANY PO TENTIAL UNDISCLOSED CONFLICTS THE AUDIT & COMPLIANCE DEPARTMENT THEN CONDUCTS AN AUDIT OF ALL BOARD MEMBER SOC SURVEYS (ALONG WITH ANY RELATIONSHIPS NOTED THROUGH THE ABOVE REVIEW) TO IDENTIFY ANY POSITIONAL CONFLICTS OF INTEREST AND TO TEST MATERIAL TRANSACTIONS WITH BOARD MEMBERS/THEIR AFFILIATES FOR FAIR MARKET VALUE THE RESULTS OF THE AUDIT ARE REPORTE D DIRECTLY TO THE CHAIR OF THE AUDIT & COMPLIANCE COMMITTEE WITH A COPY TO THE PRESIDENT/C EO THE REPORT INCLUDES A SUMMARY OF THE AUDIT PROCEDURES PERFORMED, ANY SIGNIFICANT CONCE RNS IDENTIFIED, AND THEIR RESOLUTION ANY UNRESOLVED CONFLICTS ARE ADDRESSED BY THE AUDIT COMMITTEE WITH RECOMMENDATIONS TO THE FULL BOARD AS NEEDED FAILURE TO COMPLETE THE SURVEY OR THE SUBMISSION OF A FALSE OR INCOMPLETE SURVEY, OR FAILURE TO DISCLOSE IMMEDIATELY ANY NEW CONFLICTS OF INTEREST THAT MAY ARISE, OR FAILURE TO COOPERATE WITHOUT CONDITION, HONE STLY AND COMPLETELY WITH ANY INVESTIGATION OR REVIEW OF THE BOARD MEMBER'S SURVEY RESULTS 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 EMPLOY ED PHYSICIANS ANNUALLY (OR IMMEDIATELY IF NEW CONFLICTS OF INTEREST ARISE), ALL SALARIE E EMPLOYEES AND SPECIFICALLY IDENTIFIED HOURLY EMPLOYEES, EXCLUDING EMPLOYED PHYSICIANS, ARE REQUIRED TO COMPLETE AND SUBMIT AN ELECTRONIC EMPLOYEE CERTIFICATION QUESTIONNAIRE BY AN E STABLISHED DEADLINE THAT IS COMMUNICATED TO THE EMPLOYEE THE HUMAN RESOURCES DEPARTMENT E NSURES THAT ALL QUESTIONNAIRES, WHICH ARE STORED ELECTRONICALLY, ARE COMPLETED AND PROVIDE S NOTIFICATION TO THE V P , AUDIT & COMPLIANCE OF THE NUMBER OF ANNUAL EMPLOYEE CERTIFICAT ION QUESTIONNAIRES SENT AND RECEIVED AND COPIES OF ANY QUESTIONNAIRES CONTAINING DISCLOSUR ES THAT WARRANT FURTHER REVIEW BY THE AUDIT & COMPLIANCE DEPARTMENT ALL NEW EMPLOYEES, EX CLUDING EMPLOYED PHYSICIANS, ARE PROVIDED EITHER AN ELECTRONIC OR PAPER COPY OF THE EMPLOY EE STANDARD OF CONDUCT AND THE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EMPLOYEE CERTIFICATION STATEMENT WHICH THE NEW EMPLOYEE IS REQUIRED TO COMPLETE PRIOR TO BEGINNING EMPLOYMENT THE AUDIT & COMPLIANCE DEPARTMENT HAS ACCESS TO A REPORT THAT IDENTIFIES ALL NEW HIRES A SAMPLE OF EMPLOYEES IS IDENTIFIED AND AN AUDIT IS CONDUCTED TO ENSURE THAT REQUIRED DOCUMENTATION IS ON FILE IDENTIFIED CONFLICTS ARE INITIALLY REVIEWED BY THE VP, AUDIT & COMPLIANCE AND IF NECESSARY DISCUSSED WITH THE BUSINESS UNIT PRESIDENT IN WHICH THE EMPLOYEE WORKS, THE CHIEF HUMAN RESOURCE OFFICER, AND GENERAL COUNSEL IF THE CONFLICT IS CONSIDERED A SIGNIFICANT EXPOSURE RISK FOR PHS, A RECOMMENDATION WILL BE PREPARED FOR FINAL APPROVAL OF THE PHS PRESIDENT/CEO RESULTS OF THE EMPLOYEE PROCESS AUDIT ARE INCLUDED IN THE ABOVE REPORT TO THE CHAIR OF THE AUDIT & COMPLIANCE COMMITTEE FAILURE TO COMPLETE THE CERTIFICATION QUESTIONNAIRE, OR THE COMPLETION OF A FALSE OR INCOMPLETE CERTIFICATION QUESTIONNAIRE, OR FAILURE TO DISCLOSE IMMEDIATELY ANY NEW CONFLICTS OF INTEREST THAT MAY ARISE, OR FAILURE TO COOPERATE WITHOUT CONDITION, HONESTLY AND COMPLETELY WITH ANY INVESTIGATION OR REVIEW OF THE EMPLOYEE'S CERTIFICATION QUESTIONNAIRE OR HIS/HER ACTIONS OR CIRCUMSTANCES SHALL BE GROUNDS FOR SANCTION UP TO AND INCLUDING TERMINATION OF EMPLOYMENT EMPLOYED PHYSICIANS ANNUALLY (OR IMMEDIATELY IF NEW CONFLICTS OF INTEREST ARISE), ALL EMPLOYED PHYSICIANS ARE REQUIRED TO COMPLETE AND SUBMIT AN ELECTRONIC PHYSICIAN CERTIFICATION QUESTIONNAIRE BY THE ESTABLISHED AND COMMUNICATED DEADLINE THE OFFICE OF THE PRESIDENT/CHIEF MEDICAL OFFICER AND THE CHIEF OPERATING OFFICER FOR PROMEDICA PHYSICIAN GROUP (PPG) ENSURES THAT ALL QUESTIONNAIRES, WHICH ARE STORED ELECTRONICALLY, ARE COMPLETED AND REVIEWED AND ENSURES NOTIFICATION IS PROVIDED TO THE VP, AUDIT & COMPLIANCE OF THE NUMBER OF ANNUAL PHYSICIAN CERTIFICATION QUESTIONNAIRES SENT AND RECEIVED AND ALSO ENSURES COPIES OF ANY QUESTIONNAIRES CONTAINING DISCLOSURES THAT WARRANT FURTHER REVIEW BY THE AUDIT & COMPLIANCE DEPARTMENT ARE FORWARDED ACCORDINGLY ALL NEW EMPLOYED PHYSICIANS ARE PROVIDED EITHER AN ELECTRONIC OR PAPER COPY OF THE EMPLOYED PHYSICIAN STANDARD OF CONDUCT AND THE PHYSICIAN CERTIFICATION STATEMENT WHICH THE NEW PHYSICIAN IS REQUIRED TO COMPLETE PRIOR TO BEGINNING EMPLOYMENT IDENTIFIED CONFLICTS ARE INITIALLY REVIEWED BY THE PPG PRESIDENT/CHIEF MEDICAL OFFICER, CHIEF OPERATING OFFICER OR THEIR DESIGNEE, AND IF APPROPRIATE, ARE SUBSEQUENTLY REPORTED TO THE OFFICE OF THE VP, AUDIT & COMPLIANCE IF THE CONFLICT IS CONSIDERED A SIGNIFICANT EXPOSURE RISK FOR PHS, A RECOMMENDATION WILL BE PREPARED FOR FINAL APPROVAL BY THE PHS PRESIDENT/CHIEF EXECUTIVE OFFICER RESULTS OF THE EMPLOYED PHYSICIAN AUDIT ARE INCLUDED IN THE ABOVE REPORT TO THE CHAIR OF THE AUDIT & COMPLIANCE COMMITTEE ANY ITEMS THAT MEET CRITERIA FOR PUBLIC DISCLOSURE WILL BE COMMUNICATED TO THE APPROPRIATE PHYSICIAN BY THE PPG PRESIDENT/CHIEF MEDICAL OFFICER OR DESIGNEE IN ADVANCE OF THE POSTING THE PPG PRESIDENT/CHIEF MEDICAL OFF

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ICER OR DESIGNEE WILL PROVIDE THE PHYSICIAN-INDUSTRY RELATIONSHIP DISCLOSURES TO THE APPLICABLE PHS MARKETING/COMMUNICATIONS REPRESENTATIVE THE PUBLIC DISCLOSURE WILL BE POSTED ON THE PROMEDICA HEALTH SYSTEM, INC WEBSITE (HTTPS //WWW PROMEDICA ORG/PAGES/ABOUT-US/INDUS TRY- RELATIONSHIPS ASPX) DATABASE BY THE PHS MARKETING/COMMUNICATIONS REPRESENTATIVE

990 Schedule O, Supplemental Information

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

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 26,068,907 BENEFICIAL INTEREST IN FOUNDATION 17,720,813

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4	PROMEDICA HEALTH SYSTEM, INC - PROGRAM SERVICE ACCOMPLISHMENTS ESTABLISHED IN 1986, PROMEDICA HEALTH SYSTEM, INC (PROMEDICA) IS A MISSION-BASED, LOCALLY OWNED, NOT-FOR-PROFIT HEALTHCARE ORGANIZATION HIGHLY FOCUSED ON ACHIEVING CORE VALUES HEADQUARTERED IN TOLEDO, OHIO, PROMEDICA SERVES 28 COUNTIES IN NORTHWEST OHIO AND SOUTHEAST MICHIGAN AND IS ONE OF THE REGION'S LEADING HEALTHCARE PROVIDERS OUR STEWARDSHIP OF RESOURCES HAS ENABLED US TO WISELY INVEST IN CUTTING-EDGE TECHNOLOGY, INNOVATIVE PROGRAMS AND FAMILY-CENTERED FACILITIES THAT HELP TO ENSURE PATIENTS AND AREA RESIDENTS HAVE EQUAL ACCESS TO HIGH-QUALITY, SAFE CARE IN THE MOST APPROPRIATE SETTING, REGARDLESS OF A PATIENT'S ABILITY TO PAY BASED ON NEEDS THAT WE HAVE ASSESSED WITHIN THE COMMUNITIES WE SERVE, PROMEDICA LAUNCHED NEW SERVICES AND PROGRAMS IN 2017 TO HELP MEET THE GROWING DEMANDS OF LOCAL CONSUMERS ACROSS ALL SPECTRUMS OF LIFE, INCLUDING THOSE INDIVIDUALS WHO ARE OFTEN THE MOST VULNERABLE WHEN IT COMES TO HEALTH CARE THE ELDERLY, POOR AND UNDERSERVED PROMEDICA'S MISSION IS TO IMPROVE THE HEALTH AND WELL-BEING OF THOSE WE SERVE THIS IS REFLECTED IN OUR FOUR CORE VALUES, INCLUDING COMPASSION - WE TREAT OUR PATIENTS AND EACH OTHER WITH RESPECT, INTEGRITY AND DIGNITY, INNOVATION - WE CONTINUALLY SEARCH TO FIND A BETTER WAY FORWARD, TEAMWORK - WE PARTNER WITH OTHERS BECAUSE WE ARE BETTER TOGETHER THAN APART, AND EXCELLENCE - WE STRIVE TO BE THE BEST IN ALL WE DO PROMEDICA AND ITS AFFILIATES COMPRISE 220 SITES, MORE THAN 2,000 PHYSICIANS AND APPROXIMATELY 17,000 EMPLOYEES AND VOLUNTEERS DURING 2017, PROMEDICA DISCHARGED 66,395 INPATIENTS AND SERVED 1,195,393 OUTPATIENTS, WHILE HANDLING 286,408 EMERGENCY VISITS SYSTEM-WIDE AS WELL AS 77,180 URGENT CARE VISITS AND MORE THAN 800 VIRTUAL VISITS THROUGH PROMEDICA ONDEMAND AMONG THE REGION'S LARGEST EMPLOYERS, PROMEDICA PLAYS A SIGNIFICANT ROLE IN ECONOMIC DEVELOPMENT AND STABILITY IN OUR REGION DURING 2017, FOR EVERY ONE DOLLAR OF REVENUE, ANOTHER 27 CENTS WAS CREATED IN OUR SERVICE-AREA ECONOMY, WITH A TOTAL ECONOMIC OUTPUT OF \$4.0 BILLION WE ALSO CREATE A DIRECT ECONOMIC IMPACT WITH OUR REVENUE, PAYROLL AND EMPLOYMENT ADDITIONALLY, SPENDING ON SERVICES AND MATERIALS WITH VENDORS IN OUR REGION CREATES AN INDIRECT ECONOMIC BENEFIT OUR PHYSICIANS AND PROVIDERS, LEADERSHIP TEAM MEMBERS, PHYSICIANS AND RESIDENTS, AND EMPLOYEES INDIVIDUALLY CONTRIBUTE PERSONAL RESOURCES TO THE COMMUNITY IN NUMEROUS WAYS - SUCH AS THROUGH TUTORING ELEMENTARY STUDENTS IN READING AND OTHER LIFE SKILLS, PROVIDING MONTHLY HEALTH LECTURES AT LOCAL SENIOR CENTERS, GENEROUSLY CONTRIBUTING TO COMMUNITY FUNDRAISING CAMPAIGNS SUCH AS UNITED WAY, PARTICIPATING IN MEDICAL MISSIONS, SERVING ON LOCAL NOT-FOR-PROFIT BOARDS, AND DONATING NONPERISHABLE FOODS AND CLOTHING ITEMS TO NUMEROUS LOCAL COMMUNITY ORGANIZATIONS AND CHURCHES - UNDERSCORING A KEY BENEFIT OF PROMEDICA BEING LOCALLY OWNED AND OPERATED PROMEDICA'S MEMBER AND AFFILIATE HOSPITALS INCLUDE THE TO

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FORM 990, PART III, LINE 4	LEDO HOSPITAL, TOLEDO CHILDREN'S HOSPITAL (OPERATING AS PART OF THE TOLEDO HOSPITAL), PROM EDICA WILDWOOD ORTHOPAEDIC AND SPINE HOSPITAL (A DIVISION OF THE TOLEDO HOSPITAL), FLOWER HOSPITAL, FOSTORIA HOSPITAL ASSOCIATION, DEFIANCE HOSPITAL, INC , BAY PARK COMMUNITY HOSPI TAL, HERRICK MEMORIAL HOSPITAL, INC , EMMA L BIXBY MEDICAL CENTER, MEMORIAL HOSPITAL, AND MERCY MEMORIAL HOSPITAL CORPORATION IN 2017 PROMEDICA ALSO PROVIDED INTEGRATED SERVICES, COMPRISED OF - PROMEDICA CONTINUING CARE SERVICES CORPORATION, PROVIDING REHABILITATION, HOSPICE, HOME CARE, AMBULATORY AND SENIOR SERVICES, COMMUNITY HEALTH, MEDICAL TRANSPORTAT ION SERVICES, AND CARE COORDINATION - PROMEDICA PHYSICIAN GROUP (PROMEDICA PHYSICIANS), W ITH APPROXIMATELY 900 HEALTHCARE PROVIDERS, INCLUDING PRIMARY CARE, OBSTETRICS AND SPECIAL TY PHYSICIANS, AS WELL AS ADVANCED PRACTICE PROVIDERS TOGETHER, THIS GROUP HELPS PROMEDIC A BROADEN THE CARE WE OFFER TO AREA RESIDENTS, INCLUDING IN SMALLER, OUTLYING COMMUNITIES - PROMEDICA INSURANCE CORPORATION, THE LARGEST HEALTH MAINTENANCE ORGANIZATION PHYSICALLY LOCATED IN NORTHWEST OHIO IN 2017, PARAMOUNT ADVANTAGE PROVIDED MEDICAID COVERAGE TO MOR E THAN 238,000 MEMBERS ACROSS ALL OF OHIO'S 88 COUNTIES - PROMEDICA INDEMNITY CORPORATION , PROVIDING MEDICAL PROFESSIONAL AND COMPREHENSIVE GENERAL LIABILITY COVERAGE FOR PROMEDIC A, INCLUDING IN OUTLYING AREAS WHERE PRIMARY-CARE PHYSICIAN RECRUITMENT IS DIFFICULT - TW ELVE CONTROLLED FOUNDATIONS THAT SERVE AS FUNDRAISING ENTITIES FOR THEIR RESPECTIVE HOSPIT ALS/BUSINESS UNITS AND FACILITIES, SUCH AS THE EBEID HOSPICE RESIDENCE ON THE PROMEDICA FL OWER HOSPITAL CAMPUS AND THE MARY ELLEN FALZONE DIABETES CENTER ON THE CAMPUS OF PROMEDICA TOLEDO HOSPITAL PROMEDICA'S SPECIALIZED CARE INCLUDES ONCOLOGY, ORTHOPAEDICS, HEART AND VASCULAR, NEUROLOGY, REHABILITATIVE, AND BEHAVIORAL MEDICINE, AS WELL AS WOMEN'S AND PEDIA TRIC CARE A FUNDAMENTAL PART OF OUR MISSION IS THAT OUR SERVICES ARE TAILORED TO THE NEED S OF OUR COMMUNITIES AND THEY ARE AVAILABLE TO EVERYONE IN OUR COMMUNITY, REGARDLESS OF TH EIR ABILITY TO PAY IN ADDITION TO BEING A STRONG ADVOCATE FOR THE HEALTH AND WELL-BEING O F OTHERS, PROMEDICA PROVIDES AND PROMOTES COMMUNITY WELLNESS, COLLABORATING WITH APPROXIMA TELY 300 NONPROFIT AGENCIES AND ORGANIZATIONS ACROSS OUR REGION IN 2017 THAT HAD VALUES AN D MISSIONS SIMILAR TO OUR OWN

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PROMEDICA IS CONTINUALLY IMPROVING ITS SERVICES, FACILITIES,	TECHNOLOGIES, AND OUTREACH EFFORTS TO MEET THE EVER-CHANGING NEEDS OF ITS DIVERSE POPULATIONS IN DIRECT RESPONSE TO COMMUNITY NEEDS, A FEW EXAMPLES FROM 2017 INCLUDE THE FOLLOWING - IN 2017, PROMEDICA ESTABLISHED THE EBEID PROMISE, A 10-YEAR, \$50 MILLION COMMUNITY REVITALIZATION INITIATIVE THANKS TO A GENEROUS \$28.5 MILLION GIFT FROM THE FAMILY OF PHILANTHROPIST AND FORMER BOARD MEMBER RUSSELL J. EBEID. THE EBEID PROMISE WILL EXPAND THE SCOPE AND PURPOSE OF THE EBEID INSTITUTE WITH A KEY FOCUS ON THE SOCIAL DETERMINANTS OF HEALTH - HEALTH, NUTRITION, EDUCATION, JOB CREATION, AND FAMILY STABILITY. THIS LONG-TERM INVESTMENT WILL START WITH THE UPTOWN TOLEDO NEIGHBORHOOD AND BE EXPANDED TO TOLEDO'S MONROE STREET CORRIDOR, NEAR PROMEDICA TOLEDO HOSPITAL. PLANS INCLUDE REPLICATING THIS CONCEPT IN COMMUNITIES ACROSS PROMEDICA'S SERVICE AREA IN COMING YEARS - PROMEDICA ALSO ESTABLISHED A NATIONAL RESEARCH CENTER DEVOTED TO STUDYING THE IMPACT OF SOCIAL DETERMINANTS OF HEALTH ON INDIVIDUALS AND COMMUNITIES. THE CENTER IS BEING DEVELOPED IN COOPERATION WITH THE UNIVERSITY OF TOLEDO COLLEGE OF MEDICINE AND LIFE SCIENCES. IT WILL BE ONE OF THE FIRST OF ITS KIND IN THE NATION AND USES A MULTIDISCIPLINARY APPROACH TO UNDERSTAND AND PROPOSE SOLUTIONS TO ADDRESS THE CONDITIONS IN WHICH PEOPLE ARE BORN, LIVE, WORK AND AGE THAT AFFECT THEIR HEALTH AND WELL-BEING - THREE PROMEDICA HOSPITALS RECEIVED A 5-STAR RATING FROM THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) IN ITS MOST RECENT COMPARISON OF ACUTE CARE QUALITY. THE THREE HOSPITALS ARE PROMEDICA BAY PARK, MEMORIAL AND TOLEDO HOSPITALS. THE CMS STAR RATING SYSTEM IS A WAY OF SUMMARIZING AND COMPARING HOSPITALS ACROSS THE NATION BASED ON A STANDARDIZED SET OF METRICS AND DEFINITIONS. THE STAR RATING EXAMINES MORE THAN 50 INPATIENT AND OUTPATIENT MEASURES THAT INDICATE GOOD PATIENT OUTCOMES SUCH AS 30-DAY MORTALITY (HEART ATTACK, HEART FAILURE, PNEUMONIA), 30-DAY READMISSIONS, INPATIENT SATISFACTION, HOSPITAL ACQUIRED INFECTIONS, AND MORE - PROMEDICA CONTINUES TO EMPHASIZE A CULTURE OF SAFETY ACROSS ITS HOSPITALS AND OUTPATIENT SERVICES. THE YEAR-END SERIOUS SAFETY EVENT RATE (SSER) WAS 0.65, REFLECTING A 20% DECREASE IN SERIOUS SAFETY EVENTS - IN 2017, PROMEDICA OPENED ITS NEW HEADQUARTERS IN DOWNTOWN TOLEDO, OHIO, BRINGING NEARLY 1,000 EMPLOYEES TO THE AREA AND SUPPORTING DOWNTOWN REVITALIZATION AND ECONOMIC GROWTH - IN 2017, PROMEDICA WELCOMED 130 RESIDENTS/FELLOWS AND 460 MEDICAL STUDENTS FROM THE UNIVERSITY OF TOLEDO COLLEGE OF MEDICINE AND LIFE SCIENCES AS PART OF THE ACADEMIC AFFILIATION CREATED IN 2015. THE COLLABORATION IS HELPING TO 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 BROKE GROUND FOR ITS NEW LENAWEE COUNTY HOSPITAL IN MICHIGAN, TO BE NAMED THE PROMEDICA CHARLES AND VIRGINIA HICKMAN HOSPITAL. THE HICKMAN FAMILY GIFT IS THE LARGEST.

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PROMEDICA IS CONTINUALLY IMPROVING ITS SERVICES, FACILITIES,	DONATION IN THE HISTORY OF PROMEDICA AND WILL ALLOW FOR THE CONSOLIDATION OF THE PROMEDICA BIXBY AND HERRICK HOSPITALS INTO ONE LOCATION TO BETTER SERVE THE LENAWEE COUNTY COMMUNITY - PROMEDICA COMPLETED THE ROLL OUT OF ITS NEW ELECTRONIC HEALTH RECORD (EHR), EPIC, IN 2017 AND UPGRADED THE ENTIRE SYSTEM TO THE MOST RECENT VERSION OF EPIC THE UPGRADED VERSION ALLOWS PROMEDICA TO TAKE ADVANTAGE OF SOME OF THE MANY ENHANCEMENTS THAT EPIC HAS MADE TO ITS SOFTWARE BASED ON INPUT FROM CUSTOMERS EPIC FURTHER ENABLES ONE PATIENT, ONE RECORD, AND ONE BILL FOR PATIENTS REGARDLESS OF SERVICE PROVIDED OR THE LOCATION OF SERVICE ACROSS PROMEDICA - PARAMOUNT IMPLEMENTED THE FINAL PHASE OF ITS NEW TRUCARE CARE MANAGEMENT SYSTEM THE TRUCARE SYSTEM MOVES PARAMOUNT TO A STATE-OF-THE-ART CARE MANAGEMENT SYSTEM AND PROVIDES MANY OPERATIONAL EFFICIENCIES THAT ALLOW PARAMOUNT TO MEET THE RIGOROUS CARE MANAGEMENT DEMANDS THAT ARE REQUIRED TO SERVE THE MEDICAID POPULATION IN OHIO - PROMEDICA PHYSICIANS LAUNCHED A NEW EDUCATION PROGRAM INTENDED TO HELP BRING AN END TO OHIO'S OPIOID EPIDEMIC TO DO THIS, PROMEDICA PARTNERED WITH THE OHIO STATE MEDICAL ASSOCIATION TO OFFER SMART RX - SAFE MEDICINE AND RESPONSIBLE TREATMENT PROGRAM SMART RX IS AN HOUR-LONG ONLINE TRAINING PROGRAM AND PUBLIC AWARENESS CAMPAIGN THAT BRINGS MEDICAL PROFESSIONALS UP-TO-DATE ON OHIO'S OPIOID PRESCRIBING RULES AND REGULATIONS AS WELL AS BEST PRACTICES FOR TREATING PAIN, AND TIPS FOR PATIENTS ON HOW TO APPROPRIATELY HANDLE AND DISPOSE OF POTENTIALLY ADDICTIVE PRESCRIPTION MEDICINES - PROMEDICA OPENED FOUR 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 NINE URGENT CARE CENTERS ARE NOW OPEN 8 A.M. TO 8 P.M., 365 DAYS PER YEAR, AND ARE STAFFED BY HIGHLY-TRAINED CERTIFIED NURSE PRACTITIONERS - PROMEDICA OPENED A NEW SPECIALTY PHARMACY TO AID PATIENTS WHO ARE LIVING WITH CHRONIC AND COMPLEX HEALTH CONDITIONS AND NEED SPECIALIZED THERAPIES OR PERSONALIZED CARE THE PHARMACY PROVIDES DISPENSING FOR SPECIALTY MEDICATIONS USED TO TREAT CHRONIC HEALTH CONDITIONS, INCLUDING CYSTIC FIBROSIS, ULCERATIVE COLITIS AND CHRON'S DISEASE, HEPATITIS C, MULTIPLE SCLEROSIS, AUTOIMMUNE DISEASE, CANCER, AND MUCH MORE THE NEW PHARMACY IS ABLE TO SHIP MEDICATIONS DIRECTLY TO THE PATIENT FOR IMPROVED ACCESS TO CARE - PROMEDICA PARTICIPATED IN DOZENS OF COMMUNITY HEALTH FAIRS ACROSS THE REGION THAT INCLUDED FREE PUBLIC SCREENINGS FOR HIGH BLOOD PRESSURE, HIGH CHOLESTEROL, BODY MASS INDEX AND BONE DENSITY - PROMEDICA CANCER INSTITUTE'S (PCI) COMMUNITY OUTREACH INCLUDED CANCER SCREENINGS AND EDUCATION TO THE MOST VULNERABLE IN OUR COMMUNITY FREE SCREENING MAMMOGRAMS AS WELL AS LUNG CANCER SCREENINGS WERE PROVIDED FOR EARLY DETECTION COLORECTAL CANCER EDUCATION AND NUTRITIONAL PROGRAMS WERE DEVELOPED TO KEEP PEOPLE HEALTHY, WHILE SUN SAFETY EDUCATION WAS PROVIDED TO ELEMENTARY SCHOOL CHILDREN TO HELP PREVENT F

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PROMEDICA IS CONTINUALLY IMPROVING ITS SERVICES, FACILITIES,	UTURE CASES OF SKIN CANCER. PCI ALSO HOSTED ANNUAL CANCER SURVIVOR CELEBRATIONS FOR SURVIVORS, FRIENDS AND CAREGIVERS ACROSS THE REGION AND SPONSORED COMMUNITY EVENTS INCLUDING THE ANNUAL NW OHIO SUSAN G. KOMEN, RACE FOR THE CURE AND AMERICAN CANCER SOCIETY RELAY FOR LIFE IN LUCAS COUNTY. - PROMEDICA CONTINUES TO OPERATE TWO FOOD CLINICS - ONE AT THE PROMEDICA HEALTH AND WELLNESS CENTER AND THE OTHER AT PROMEDICA'S CENTER FOR HEALTH SERVICES - TO SERVE 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 2017, THERE HAVE BEEN MORE THAN 9,700 VISITS TO THE FOOD CLINIC, IMPACTING MORE THAN 3,200 UNIQUE HOUSEHOLDS. THIS TRANSLATES TO ABOUT 74,520 DAYS' WORTH OF FOOD PROVIDED TO PATIENTS AND FAMILIES, THE EQUIVALENT OF 223,560 MEALS. - PROMEDICA ALSO OFFERS ITS PRESCRIPTION FOR HEALTH PROGRAM IN THE ADRIAN, MICHIGAN, COMMUNITY. THROUGH THIS PROGRAM, PROMEDICA PROVIDERS ARE ABLE TO WRITE A PRESCRIPTION FOR FOOD FOR ELIGIBLE PATIENTS, WHICH ALLOWS THE INDIVIDUAL TO REDEEM TOKENS FOR THE PURCHASE OF FRESH FRUITS AND VEGETABLES AT THE ADRIAN FARMERS MARKET. THE PROGRAM IS DESIGNED FOR PATIENTS AGE 55 AND OLDER, OR LESS THAN 55 YEARS WITH CHILDREN LIVING IN THE HOUSEHOLD, WHO HAVE A DIAGNOSIS OF HIGH CHOLESTEROL, HIGH BLOOD PRESSURE, OBESITY, PREDIABETES OR DIABETES. - PROMEDICA'S FINANCIAL OPPORTUNITY CENTER (FOC), PROVIDED EDUCATION AND COUNSELING TO NEARLY 1,000 INDIVIDUALS HOUSED IN THE EBEID INSTITUTE. FOC HELPS INDIVIDUALS NEEDING INCOME SUPPORT (PUBLIC BENEFITS) AND EMPLOYMENT COACHING AND COUNSELING, AS WELL AS FREE TAX PREPARATION THROUGH THE OHIO BENEFIT BANK. FOC ALSO OFFERS A DIGITAL LITERACY SERIES TO ASSIST INDIVIDUALS WISHING TO IMPROVE THEIR COMPUTER LITERACY AND SKILLS TO BE MORE MARKETABLE TO PROSPECTIVE EMPLOYERS. - IN 2017, PROMEDICA PRIMARY CARE PROVIDERS BEGAN SCREENING PATIENTS FOR SOCIAL DETERMINANTS OF HEALTH BY ASKING QUESTIONS RELATED TO EDUCATION, EMPLOYMENT, FOOD SECURITY, HOUSING, TRANSPORTATION, AND VIOLENCE. PATIENTS WHO SCREEN POSITIVE FOR ANY OF THE FACTORS ARE CONNECTED TO NECESSARY COMMUNITY PROGRAMS AND RESOURCES FOR ASSISTANCE. - PROMEDICA TOLEDO HOSPITAL BECAME THE FIRST HOSPITAL IN OHIO TO ACQUIRE SYNAPTIVE MEDICAL'S BRIGHTMATTER TECHNOLOGY, WHICH COMBINES ADVANCED IMAGING, PLANNING, NAVIGATION AND ROBOTIC VISUALIZATION WITH A DIGITAL MICROSCOPE FOR COMPLEX BRAIN TUMOR AND SPINAL SURGERY. THE NEW TECHNOLOGY ALLOWS FOR BETTER SURGICAL ERGONOMICS, FACILITATES COLLABORATION AMONG OPERATING ROOM STAFF, AND CONSUMES LESS SURGICAL TIME, ALL FACTORS THAT COULD LEAD TO IMPROVED PATIENT OUTCOMES.

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- PROMEDICA'S SUMMER YOUTH EMPLOYMENT PROGRAM PARTNERED 40 CENTRAL- CITY	TEENS AGES 16 - 19 WITH MENTORS IN DEPARTMENTS SUCH AS HUMAN RESOURCES, RADIOLOGY, DIETARY , AND INFORMATION TECHNOLOGY TO LEARN SKILLS INCLUDING CUSTOMER SERVICE, PUNCTUALITY AND BEING ACCOUNTABLE TO OTHERS - PROMEDICA INNOVATION'S BUSINESS INCUBATOR ALLOWS CLIENT COMPANIES IN THE HEALTHCARE FIELD TO ACCELERATE DEVELOPMENT AND COMMERCIALIZATION OF MEDICAL DEVICES AND HEALTH INFORMATION TECHNOLOGY TO IMPROVE PATIENT CARE LOCALLY AND NATIONALLY - ADDITIONALLY, IN 2017, PROMEDICA INNOVATIONS FORMED A COLLABORATIVE ORGANIZATION CALLED NEXTECH WITH THE UNIVERSITY OF TOLEDO, BOWLING GREEN STATE UNIVERSITY, AND MERCY HEALTH NEXTECH RECEIVED THE OHIO THIRD FRONTIER GRANT OF \$8.7 MILLION TO SERVE AS THE ENTREPRENEURIAL SERVICES PROVIDER (ESP) FOR 18 COUNTIES IN NORTHWEST OHIO THE ESP OFFERS A NETWORK OF ENTREPRENEURIAL SERVICES AND CAPITAL TO ACCELERATE THE GROWTH OF EARLY STAGE OHIO TECHNOLOGY COMPANIES IN 2017, PROMEDICA CONTRIBUTED \$191,681,000 IN COMMUNITY BENEFIT THROUGH COMMUNITY BENEFIT EXPENDITURES, FINANCIAL ASSISTANCE AND GOVERNMENT-SPONSORED, MEANS-TESTED HEALTH CARE THESE NUMBERS NOT ONLY INDICATE PROMEDICA'S LONG-STANDING COMMITMENT TO THE COMMUNITY, BUT ALSO FULFILL OUR NOT-FOR-PROFIT STATUS BY IMPROVING THE HEALTH AND WELL-BEING OF RESIDENTS IN THE COMMUNITIES WE SERVE SPECIFICALLY, THROUGH COMMUNITY HEALTH IMPROVEMENT SERVICES, HEALTH PROFESSIONS EDUCATION, SUBSIDIZED HEALTH SERVICES, CASH AND IN-KIND CONTRIBUTIONS, AND OTHER COMMUNITY BENEFIT OPERATIONS, PROMEDICA CONTRIBUTED \$50,124,000 IN 2017 THESE PROGRAMS INCLUDED FREE COMMUNITY HEALTH SCREENINGS, SUCH AS DIABETES TESTING, BLOOD PRESSURE, BONE DENSITY, BODY MASS, AND CANCER CHECKUPS, MAMMOGRAM SCREENINGS FOR LOW-INCOME AND UNINSURED WOMEN, CHILDHOOD IMMUNIZATIONS, REDUCED-SCHOOL-ATHLETIC PHYSICALS, FIRST-AID COVERAGE AT COMMUNITY EVENTS, VOLUNTEER ELEMENTARY SCHOOL MENTORS, PUBLIC HEALTH EDUCATION LECTURES AND SEMINARS, A CHILDHOOD OBESITY PROGRAM, AND MANY OTHER COMMUNITY-BASED INITIATIVES PROMEDICA ALSO CONTRIBUTED \$11,054,000 IN FINANCIAL ASSISTANCE FOR PATIENTS WHO DID NOT HAVE THE FINANCIAL RESOURCES TO PAY FOR HOSPITAL SERVICES THIS AMOUNT REPRESENTS THE COST TO PROVIDE SERVICE AND DOES NOT INCLUDE THE COSTS FOR ACCOUNTS THAT ARE WRITTEN OFF TO BAD DEBT FOR PATIENTS WHO DO NOT PAY THEIR BILLS IN ADDITION, PROMEDICA'S COST OF BAD DEBT FOR 2017 WAS \$28,737,000 THIS AMOUNT IS NOT INCLUDED IN THE COMMUNITY BENEFIT AMOUNT OF \$191,681,000 NOTED ABOVE FURTHER, PROMEDICA CONTINUES TO BE A LEADING PARTICIPANT IN THE LUCAS COUNTY CARENET INITIATIVE - A COLLABORATIVE EFFORT AMONG PROMEDICA, MERCY HEALTH PARTNERS, THE UNIVERSITY OF TOLEDO MEDICAL CENTER, THE CITY OF TOLEDO, AND OTHERS CARENET WAS CREATED TO PROVIDE FREE OR LOWER-COST HEALTH CARE FOR LOW-INCOME LUCAS COUNTY RESIDENTS ESTABLISHED IN 2003, CARENET BRIDGES THE GAP BETWEEN ADULTS WITHOUT HEALTH INSURANCE AND NEEDED HEALTHCARE SERVICES WHILE SOME INDIVIDUALS MAY QUALIFY FOR GOVERNMENTAL INSURANCE PROGRAMS

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- PROMEDICA'S SUMMER YOUTH EMPLOYMENT PROGRAM PARTNERED 40 CENTRAL- CITY	SUCH AS MEDICAID, OTHERS DO NOT, IT IS FOR THESE INDIVIDUALS THAT CARENET WAS ESTABLISHED ADDITIONALLY DURING 2017, PROMEDICA PROVIDED \$130,504,000 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 2017 WAS \$139,149,000 AND IS NOT REFLECTED IN THE COMMUNITY BENEFIT AMOUNT OF \$191,681,000 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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COMMUNITY BENEFIT DEFINITIONS	PROMEDICA HEALTH SYSTEM, INC AND ITS SUBSIDIARIES (PROMEDICA) PREPARES ITS COMMUNITY BENEFIT REPORTS CONSISTENT WITH GUIDELINES PUBLISHED BY THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES AND CONSISTENT WITH FORM 990, SCHEDULE H, HOSPITALS, REPORTING COMMUNITY BENEFITS ARE PROGRAMS AND ACTIVITIES THAT PROVIDE TREATMENT AND/OR PROMOTE HEALTH AND HEALING AS A RESPONSE TO IDENTIFIED COMMUNITY NEEDS COMMUNITY BENEFITS REPORTED BY PROMEDICA RESPOND TO IDENTIFIED COMMUNITY NEEDS AND MEET AT LEAST ONE OF THE FOLLOWING CRITERIA - IMPROVE ACCESS TO HEALTHCARE SERVICE - ENHANCE THE HEALTH OF THE COMMUNITY - ADVANCE HEALTHCARE KNOWLEDGE - RELIEVE OR REDUCE THE BURDEN OF GOVERNMENT OR OTHER COMMUNITY EFFORTS FINANCIAL ASSISTANCE CONSISTENT WITH ITS MISSION, PROMEDICA PROVIDES A SIGNIFICANT AMOUNT OF FINANCIAL ASSISTANCE TO PATIENTS WITH LIMITED OR NO ABILITY TO PAY THEIR BILL PROMEDICA HOSPITALS PROVIDE FREE CARE TO THOSE UNINSURED PATIENTS WITH INCOMES UP TO 200% OF THE FEDERAL POVERTY LEVEL SIGNIFICANT DISCOUNTS ARE ALSO PROVIDED ON A SLIDING SCALE TO UNINSURED PATIENTS UP TO 400% OF THE FEDERAL POVERTY LEVEL FINANCIAL ASSISTANCE IS REPORTED IN THE FORM OF COST TO PROVIDE SERVICES AND HAS BEEN REDUCED TO REFLECT REIMBURSEMENT RECEIVED FROM STATE PROGRAMS DESIGNED TO RELIEVE THE BURDEN OF PROVIDING FINANCIAL ASSISTANCE THE COST OF FINANCIAL ASSISTANCE DOES NOT INCLUDE THE COSTS FOR ACCOUNTS THAT ARE WRITTEN OFF TO BAD DEBT FOR PATIENTS THAT DO NOT PAY THEIR BILL GOVERNMENT-SPONSORED HEALTH CARE GOVERNMENT-SPONSORED HEALTH CARE INCLUDE SERVICES THAT ARE REIMBURSED OR PARTIALLY REIMBURSED THROUGH 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 COSTS OF PROVIDING SERVICES THE UNPAID COSTS OF TREATING MEDICARE PATIENTS IS REPORTED SEPARATELY AND IS NOT INCLUDED IN PROMEDICA'S COMMUNITY BENEFIT REPORT ADDITIONALLY, THE COST OF FINANCIAL ASSISTANCE HAS BEEN ELIMINATED FROM ANY AMOUNTS REPORTED IN THIS CATEGORY COMMUNITY HEALTH IMPROVEMENT SERVICES & COMMUNITY BENEFIT OPERATIONS COMMUNITY HEALTH IMPROVEMENT SERVICES INCLUDE ACTIVITIES CARRIED OUT FOR THE EXPRESS PURPOSE OF IMPROVING COMMUNITY HEALTH THESE ACTIVITIES GENERALLY DO NOT GENERATE INPATIENT OR OUTPATIENT BILLS AS THEY EXTEND BEYOND PATIENT CARE ACTIVITIES AND ARE SUBSIDIZED BY PROMEDICA COMMUNITY BENEFIT OPERATIONS INCLUDE COSTS ASSOCIATED WITH DEDICATED STAFF, COMMUNITY HEALTH NEED AND/OR ASSESSMENT, AND OTHER COSTS ASSOCIATED WITH COMMUNITY BENEFIT PLANNING AND ADMINISTRATION HEALTH PROFESSIONS EDUCATION HEALTH PROFESSIONS EDUCATION INCLUDE COSTS FOR ALL EDUCATIONAL PROGRAMS PROMEDICA IS INVOLVED WITH, THE PROVISION OF A CLINICAL SETTING FOR TRAINING FOR HEALTHCARE STUDENTS OUTSIDE THE ORGANIZATION, AND FUNDING FOR HEALTHCARE EDUCATION SUBSIDIZED HEALTH SERVICES SUBSIDIZED HEALTH SERVICES ARE SERVICES PROVIDED TO THE COMMUNITY DESPITE A FINANCIAL LOSS THESE

990 Schedule O, Supplemental Information

Return Reference	Explanation
COMMUNITY BENEFIT DEFINITIONS	SERVICES GENERATE A BILL FOR REIMBURSEMENT, AND INCLUDE CLINICAL PATIENT CARE SERVICES THAT ARE PROVIDED BECAUSE THEY ARE NEEDED IN THE COMMUNITY AND OTHER PROVIDERS ARE UNWILLING, OR UNABLE, TO PROVIDE THE SERVICES, OR THE SERVICES OTHERWISE WOULD NOT BE AVAILABLE TO MEET COMMUNITY NEEDS RESEARCH RESEARCH ACTIVITIES INCLUDE CLINICAL AND COMMUNITY HEALTH RESEARCH, AS WELL AS STUDIES ON HEALTHCARE DELIVERY THE AMOUNT REPORTED FOR PROMEDICA IS REDUCED BY ANY EXTERNAL SUBSIDIES, SUCH AS GRANTS CASH AND IN-KIND CONTRIBUTIONS CASH AND IN-KIND CONTRIBUTIONS INCLUDE FUNDS AND IN-KIND SERVICES DONATED TO COMMUNITY ORGANIZATIONS AND THE COMMUNITY AT LARGE IN-KIND SERVICES INCLUDE HOURS DONATED BY STAFF FOR COMMUNITY NEEDS WHILE ON WORK TIME, AS WELL AS DONATIONS OF FOOD, EQUIPMENT AND SUPPLIES

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
PROMEDICA HEALTH SYSTEM INC

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990.
► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
34-1517671

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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	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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	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	Yes	
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f	Yes	
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h	Yes	
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
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		No
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

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

[illegible]

Part VII **Supplemental Information**

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

Additional Data

Software ID:

Software Version:

EIN: 34-1517671

Name: PROMEDICA HEALTH SYSTEM INC

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
MIDWEST CARDIOVASCULAR CONSULTANTS LLC 100 MADISON AVE TOLEDO, OH 43604 61-1448753	EMPLOYS PHYSICIANS	OH	0	535,504	PROMEDICA PHYSICIAN GROUP
PROMEDICA CENTRAL PHYSICIANS LLC 100 MADISON AVE TOLEDO, OH 43604 34-1881137	EMPLOYS PHYSICIANS	OH	315,619,235	214,946,527	PROMEDICA PHYSICIAN GROUP
PROMEDICA NORTHWEST OHIO CARDIOLOGY CONSULTANTS LLC 100 MADISON AVE TOLEDO, OH 43604 26-3888045	EMPLOYS PHYSICIANS	OH	16,615,923	-109,590,353	PROMEDICA PHYSICIAN GROUP
THE PHARMACY COUNTER LLC 100 MADISON AVE TOLEDO, OH 43604 27-1325141	MEDICAL EQUIPMENT & PHARMACY	OH	71,348,604	19,350,264	PROMEDICA PHYSICIAN GROUP
WOLF CREEK ASSOCIATES LLC 901 KIMOLE LN ADRIAN, MI 49221 38-3164818	FACILITY LEASING	MI	118,769	1,534,004	EMMA L BIXBY MEDICAL CENTER
PROMEDICA MONROE CARDIOLOGY PLLC 100 MADISON AVE TOLEDO, OH 43604 27-2920342	EMPLOYS PHYSICIANS	MI	1,024,708	-7,073,357	PROMEDICA PHYSICIAN GROUP
ERIE WEST HOSPICE & PALLIATIVE CARE LTD 100 MADISON AVE TOLEDO, OH 43604 20-5752995	PROVIDES HOSPICE CARE	OH	5,202,956	7,817,719	PROMEDICA CONTINUUM SERVICES
PROMEDICA PHYSICIANS MANAGEMENT SERVICES LLC 100 MADISON AVE TOLEDO, OH 43604 45-3230331	PRACTICE MANAGEMENT	OH	0	-3,428,754	PROMEDICA PHYSICIAN GROUP
PROMEDICA SURGICAL SERVICES LLC 100 MADISON AVE TOLEDO, OH 43604	EMPLOYS PHYSICIANS	OH	0	0	PROMEDICA PHYSICIAN GROUP
MISSION POINTE GOLF COURSE LLC 2142 NORTH COVE TOLEDO, OH 43606	GOLF COURSE	OH	0	393,845	PROMEDICA FOUNDATION
PROMEDICA INNOVATIONS LLC 100 MADISON AVE TOLEDO, OH 43604	INVESTMENT COMPANY	OH	0	0	PROMEDICA HEALTH SYSTEM INC
PROMEDICA GENITO-URINARY SURGEONS LLC 100 MADISON AVE TOLEDO, OH 43604 46-1120436	EMPLOYS PHYSICIANS	OH	5,890,901	-31,531,683	PROMEDICA PHYSICIAN GROUP
PROMEDICA MONROE PHYSICIANS PLLC 100 MADISON AVE TOLEDO, OH 43604 46-1111822	EMPLOYS PHYSICIANS	MI	9,111,473	-7,258,286	PROMEDICA PHYSICIAN GROUP
PROMEDICA MULTI-SPECIALTY PHYSICIANS LLC 100 MADISON AVE TOLEDO, OH 43604 45-4976786	EMPLOYS PHYSICIANS	OH	0	159,482	PROMEDICA PHYSICIAN GROUP
PROMEDICA HOSPITALISTS LLC 100 MADISON AVE TOLEDO, OH 43604	EMPLOYS PHYSICIANS	OH	0	0	PROMEDICA PHYSICIAN GROUP
PROMEDICA HOSPITALISTS PLLC 100 MADISON AVE TOLEDO, OH 43604	EMPLOYS PHYSICIANS	MI	0	0	PROMEDICA PHYSICIAN GROUP
MEMORIAL ANESTHESIA LTD 715 SOUTH TAFT AVE FREMONT, OH 43420 20-5763680	EMPLOYS PHYSICIANS	OH	0	0	PROMEDICA PHYSICIAN GROUP
MEMORIAL PROFESSIONAL SERVICES LTD 715 SOUTH TAFT AVE FREMONT, OH 43420 27-3763993	EMPLOYS PHYSICIANS	OH	6,984,482	-10,347,427	PROMEDICA PHYSICIAN GROUP
PHS VENTURES LLC 100 MADISON AVE TOLEDO, OH 43604 34-1880473	HEALTH CARE MANAGEMENT SERVICES	DE	0	0	PROMEDICA HEALTH SYSTEM INC
300 MADISON BUILDING LLC 100 MADISON AVE TOLEDO, OH 43604 82-2062486	REAL ESTATE	OH	2,474,668	16,139,456	PROMEDICA HEALTH SYSTEM INC

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
MARINA DISTRICT DEVELOPMENT LLC 100 MADISON AVE TOLEDO, OH 43604	REAL ESTATE	OH	0	3,915,257	PROMEDICA HEALTH SYSTEM INC
PHS INVESTMENTS LLC 100 MADISON AVE TOLEDO, OH 43604	INVESTMENT COMPANY	OH	0	0	THE TOLEDO HOSPITAL
PROMEDICA INTERNATIONAL LLC 100 MADISON AVE TOLEDO, OH 43604	CONSULTING SERVICES	OH	100,000	0	PROMEDICA HEALTH SYSTEM INC
PROMEDICA ACTIVE MOBILITY LLC 100 MADISON AVE TOLEDO, OH 43604 81-5178173	DURABLE MEDICAL EQUIPMENT	OH	231,981	39,267	PROMEDICA HEALTH SYSTEM INC
1611 MONROE INVESTORS LLC 100 MADISON AVE TOLEDO, OH 43604	REAL ESTATE	OH	0	151,840	PROMEDICA HEALTH SYSTEM INC
BALL PARK PROPERTIES LLC 100 MADISON AVE TOLEDO, OH 43604 82-3954332	REAL ESTATE	OH	0	961,491	PROMEDICA HEALTH SYSTEM INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
2801 BAY PARK DR OREGON, OH 43616 34-1883132	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
1200 RALSTON DEFIANCE, OH 43512 51-0173779	HOSPITAL / FOUNDATION SUPPORT	OH	501(C)(3)	10	DEFIANCE HOSPITAL INC	Yes	
1200 RALSTON DEFIANCE, OH 43512 34-4446484	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
818 RIVERSIDE AVE ADRIAN, MI 49221 38-2796005	HOSPITAL	MI	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
818 RIVERSIDE AVE ADRIAN, MI 49221 38-2149602	HOSPITAL / FOUNDATION SUPPORT	MI	501(C)(3)	12B, II	EMMA L BIXBY MEDICAL CENTER	Yes	
5200 HARROUN RD SYLVANIA, OH 43560 34-4428794	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
501 VAN BUREN STREET FOSTORIA, OH 44830 34-0898745	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
PO BOX 907 FOSTORIA, OH 44830 34-6517634	HOSPITAL / FOUNDATION SUPPORT	OH	501(C)(3)	10	FOSTORIA HOSPITAL ASSOCIATION	Yes	
500 E POTTAWATAMIE ST TECUMSEH, MI 49286 38-3076105	HOSPITAL / FOUNDATION SUPPORT	MI	501(C)(3)	12B, II	HERRICK MEMORIAL HOSPITAL INC	Yes	
500 E POTTAWATAMIE ST TECUMSEH, MI 49286 38-3049015	HOSPITAL	MI	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
700 LAKESHIRE TR ADRIAN, MI 49221 38-2879330	LONG TERM CARE	MI	501(C)(3)	10	EMMA L BIXBY MEDICAL CENTER	Yes	
100 MADISON AVE TOLEDO, OH 43604 34-4492440	LONG TERM AND HOME HEALTH CARE	OH	501(C)(3)	10	PROMEDICA CONTINUUM SERVICES	Yes	
3170 W CENTRAL AVE TOLEDO, OH 43606 26-0324790	COURIER SERVICE	OH	501(C)(3)	12B, II	PROMEDICA CONTINUUM SERVICES	Yes	
ONE CHURCH ST 5TH FLOOR BURLINGTON, VT 05401 34-1931936	PROFESSIONAL & GENERAL LIABILITY	VT	501(C)(3)	12B, II	PROMEDICA HEALTH SYSTEM INC	Yes	
100 MADISON AVE TOLEDO, OH 43604 34-1880767	PHYSICIAN MANAGEMENT SERVICES	OH	501(C)(3)	12B, II	PROMEDICA HEALTH SYSTEM INC	Yes	
100 MADISON AVE TOLEDO, OH 43604 34-1899439	PHYSICIAN HEALTH CARE SERVICES	OH	501(C)(3)	10	PROMEDICA HEALTH SYSTEM INC	Yes	
444 N SUMMIT ST TOLEDO, OH 43604 34-1517672	FOUNDATION	OH	501(C)(3)	12B, II	PROMEDICA HEALTH SYSTEM INC	Yes	
2142 N COVE BLVD TOLEDO, OH 43606 34-4428256	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
1946 N 13TH STREET TOLEDO, OH 43624 34-4427949	SKILLED HOME CARE	OH	501(C)(3)	10	PROMEDICA CONTINUUM SERVICES	Yes	
5855 MONROE ST SYLVANIA, OH 43560 34-1831624	HOSPICE HOME CARE	OH	501(C)(3)	10	PROMEDICA CONTINUUM SERVICES	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
1260 RALSTON AVE DEFIANCE, OH 43512 45-4781053	RESPIRE CARE	OH	501(C)(3)	10	DEFIANCE HOSPITAL INC	Yes	
715 SOUTH TAFT AVE FREMONT, OH 43420 34-4430849	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
800 STEWART RD MONROE, MI 48162 27-1302183	CANCER CENTER	MI	501(C)(3)	10	MERCY MEMORIAL HOSPITAL CORPORATION	Yes	
718 N MACOMB MONROE, MI 48162 38-2934134	LONG TERM CARE	MI	501(C)(3)	10	MERCY MEMORIAL HOSPITAL CORPORATION	Yes	
718 N MACOMB MONROE, MI 48162 38-1984289	HOSPITAL	MI	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
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) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
REYNOLDS ROAD SURGICAL CENTER LLC 2865 N REYNOLDS RD TOLEDO, OH 43615 31-1569454	FREESTANDING AMBULATORY SURGICAL CENTER	OH	THE TOLEDO HOSPITAL	RELATED	730,726	2,459,714		No			No	67 200 %
NORTHWEST OHIO DEDICATED BREAST MRI LLC 100 MADISON AVE TOLEDO, OH 43604 26-0679898	MEDICAL DIAGNOSTICS	OH	THE TOLEDO HOSPITAL	RELATED	485,835	633,357		No			No	50 000 %
WEST CENTRAL SURGICAL CENTER LLC 7055 W CENTRAL TOLEDO, OH 43617 20-0088459	AMBULATORY SURGICAL CENTER	OH	THE TOLEDO HOSPITAL	RELATED	265,700	3,107,897		No		Yes		50 000 %
LENAWEE PHYSICIAN HOSPITAL ORGANIZATION LLC 818 RIVERSIDE AVE ADRIAN, MI 49221 38-3605511	PHYSICIAN MANAGEMENT SERVICES	MI	EMMA L BIXBY MEDICAL CENTER	RELATED	84			No		Yes		50 000 %
EAST-WEST HOLDINGS LTD 715 SOUTH TAFT AVE FREMONT, OH 43420 20-4066818	REAL ESTATE	OH	MEMORIAL HOSPITAL	RELATED	5,823	298,145		No			No	50 000 %
SURGICAL INSTITUTE OF MONROE LLC 1051 S TELEGRAPH RD MONROE, MI 48161 27-0843485	AMBULATORY SURGICAL CENTER	MI	PROMEDICA CONTINUUM SERVICES	RELATED	-6,335	3,421,071		No			No	54 000 %
PROMEDICA MASTER TENANT LLC 100 MADISON AVE TOLEDO, OH 43604 47-5288490	REAL ESTATE	OH	PROMEDICA MANAGER MEMBER LLC	RELATED	-2,656	6,294,069		No		Yes		1 000 %
PROMEDICA DOWNTOWN CAMPUS LANDLORD LLC 100 MADISON AVE TOLEDO, OH 43604 47-3163945	REAL ESTATE	OH	PROMEDICA MANAGER MEMBER LLC	RELATED	-1,371,608	43,364,051		No		Yes		90 000 %
ROCKET VENTURE FUND II LLC 2865 N REYNOLDS RD STE 220 TOLEDO, OH 43615 47-5603627	INVESTMENT FUND	OH	PROMEDICA HEALTH SYSTEM INC	RELATED	-12,298	283,602		No			No	66 660 %
APM PLUS LLC 1120 G ST NW STE 1000 WASHINGTON, DC 20005 81-3082229	ALTERNATIVE PAYMENT MODEL DEVELOPMENT	DE	PROMEDICA HEALTH SYSTEM INC	UNRELATED	-256,787			No		Yes		50 000 %
KAPIOS LLC 2865 N REYNOLDS RD TOLEDO, OH 43615 81-2624635	SOFTWARE DEVELOPMENT	OH	PROMEDICA HEALTH SYSTEM INC	UNRELATED	-198,188	47,430		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
HERRICK MEMORIAL DEVELOPMENT CORP 500 E POTTAWATAMIE TR ADRIAN, MI 49221 38-3146907	FACILITY LEASING	MI	EMMA L BIXBY MEDICAL CENTER	C	63,138	1,011,261	100 000 %	Yes	
PROMEDICA CENTRAL CORPORATION OF MICHIGAN 100 MADISON AVE TOLEDO, OH 43604 38-3322278	PHYSICIAN HEALTH CARE SERVICES	OH	PROMEDICA PHYSICIAN GROUP	C	-6,499,459	12,888,746	100 000 %	Yes	
PROMEDICA INSURANCE CORP INC AND SUBSIDIARIES 1901 INDIAN WOOD CIR MAUMEE, OH 43537 34-1570675	HEALTH CARE INSURANCE	OH	PROMEDICA HEALTH SYSTEM INC	C	-10,797,881	516,654,254	100 000 %	Yes	
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	
PROMEDICA RETAIL GROUP INC 3890 MONROE ST TOLEDO, OH 43606 34-1159928	FLORIST	OH	PROMEDICA CONTINUUM SERVICES	C	-57,281	938,903	100 000 %	Yes	
HERRICK MEMORIAL OFFICE PLAZA CONDOMINIUM ASSOCIATION 818 RIVERSIDE AVE ADRIAN, MI 49221 38-3639616	FACILITY MANAGEMENT	MI	HERRICK MEMORIAL DEVELOPMENT CORP	C	52	55,674	71 800 %	Yes	
PROMEDICA HEALTH NETWORK INC 100 MADISON AVE TOLEDO, OH 43604 47-4006496	PHYSICIAN MANAGEMENT SERVICES	OH	PROMEDICA HEALTH SYSTEM INC	C	-590,439	8,227	100 000 %	Yes	
MONROE HEALTH VENTURES 718 N MACOMB MONROE, MI 48164 38-2704426	PHARMACY	MI	MERCY MEMORIAL HOSPITAL CORPORATION	C			100 000 %	Yes	
PROMEDICA MANAGER MEMBER LLC 100 MADISON AVE TOLEDO, OH 43604 47-5168737	REAL ESTATE	OH	PROMEDICA HEALTH SYSTEM INC	C	-1,297,042	25,980,065	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
MEMORIAL HOSPITAL	B	5,000,000	FMV
MERCY MEMORIAL HOSPITAL CORPORATION	B	12,145,107	FMV
PROMEDICA FOUNDATION	B	625,673	FMV
PROMEDICA MANAGER MEMBER LLC	B	16,368,382	FMV
PROMEDICA INSURANCE CORP INC & SUBSIDIARIES	B	86,250,000	FMV
DEFIANCE HOSPITAL INC	C	2,000,000	FMV
EMMA L BIXBY MEDICAL CENTER	C	3,000,000	FMV
THE TOLEDO HOSPITAL	C	56,000,000	FMV
FLOWER HOSPITAL	C	63,000,000	FMV
PROMEDICA FOUNDATION	C	505,832	FMV
PROMEDICA MASTER TENANT LLC	D	6,190,807	FMV
PROMEDICA INDEMNITY CORPORATION	F	33,000,000	FMV
PROMEDICA INSURANCE CORP INC & SUBSIDIARIES	F	20,000,000	FMV
THE TOLEDO HOSPITAL	K	2,037,275	FMV
MERCY MEMORIAL HOSPITAL CORPORATION	O	108,254	FMV
PROMEDICA INDEMNITY CORPORATION	O	175,121	FMV
DEFIANCE HOSPITAL INC	Q	8,564,467	FMV
FOSTORIA HOSPITAL ASSOCIATION	Q	5,474,733	FMV
MEMORIAL HOSPITAL	Q	9,080,591	FMV
BAY PARK COMMUNITY HOSPITAL	Q	12,316,773	FMV
MERCY MEMORIAL HOSPITAL CORPORATION	Q	27,605,379	FMV
EMMA L BIXBY MEDICAL CENTER	Q	14,654,429	FMV
HERRICK MEMORIAL HOSPITAL INC	Q	7,911,732	FMV
THE TOLEDO HOSPITAL	Q	119,359,664	FMV
FLOWER HOSPITAL	Q	31,130,044	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
PROMEDICA CONTINUING CARE SERVICES CORPORATION	Q	15,060,697	FMV
PROMEDICA INDEMNITY CORPORATION	Q	325,000	FMV
PROMEDICA FOUNDATION	Q	4,027,415	FMV
PROMEDICA PHYSICIAN GROUP	Q	46,330,416	FMV
PROMEDICA INSURANCE CORP INC & SUBSIDIARIES	Q	21,591,439	FMV
THE TOLEDO HOSPITAL	P	2,794,511	FMV
FLOWER HOSPITAL	P	96,065	FMV
PROMEDICA COURIER SERVICES INC	P	106,026	FMV
PROMEDICA INDEMNITY CORPORATION	P	11,478,007	FMV