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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2017

Open to Public Inspection

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
THE TOLEDO HOSPITAL

Doing business as
PROMEDICA TOLEDO HOSPITAL

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

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

D Employer identification number
34-4428256

E Telephone number
(567) 585-3830

G Gross receipts $ 1,297,344,519

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW PROMEDICA ORG

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

L Year of formation 1907

M State of legal domicile OH

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	27
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	17
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	5,702
6	Total number of volunteers (estimate if necessary)	**6**	245
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	3,555,275
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	1,257,709

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	55,620,401	15,767,287
9	Program service revenue (Part VIII, line 2g)	767,588,153	792,287,580
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	37,445,095	29,743,899
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,623,887	16,637,311
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	877,277,536	854,436,077
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	176,377,422	140,635,397
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	352,481,625	344,776,858
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	438,000,519	484,855,195
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	966,859,566	970,267,450
19	Revenue less expenses Subtract line 18 from line 12	-89,582,030	-115,831,373

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,442,478,118	1,438,331,354
21	Total liabilities (Part X, line 26)	1,002,560,783	1,110,030,755
22	Net assets or fund balances Subtract line 21 from line 20	439,917,335	328,300,599

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2018-11-15

MICHAEL P BROWNING TREASURER
Type or print name and title

Paid Preparer Use Only

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

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 751,674,851 including grants of $ 140,635,397) (Revenue $ 765,203,899)
See Additional Data

4b (Code) (Expenses $ 58,904,069 including grants of $) (Revenue $ 0)
See Additional Data

4c (Code) (Expenses $ 52,472,300 including grants of $) (Revenue $ 27,997,331)
See Additional Data

(Code) (Expenses $ 1,684,409 including grants of $) (Revenue $ 1,998,536)
OPERATES A HEALTH CLUB FACILITY

4d Other program services (Describe in Schedule O)
(Expenses $ 1,684,409 including grants of $) (Revenue $ 1,998,536)

4e **Total program service expenses** ▶ 864,735,629

Part IV Checklist of Required Schedules

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

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

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

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

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	312		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	5,702		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	27		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	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?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	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*		9		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶STANTON E RISSER 100 MADISON AVE TOLEDO, OH 43604 (567) 585-3618

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								1,160,639	10,384,813	2,554,989

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 ▶ 123

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LATHROP COMPANY INC 460 WEST DUSSEL DR MAUMEE, OH 435374205	GENERAL CONTRACTING	115,647,669
RUDOLPH LIBBE INC 6494 LATCHA RD WALBRIDGE, OH 43465	GENERAL CONTRACTING	28,390,808
UNIVERSITY OF TOLEDO DEPT L674 COLUMBUS, OH 43260	EDUCATION & PHYSICIANS	7,763,214
METRO AVIATION INC PO BOX 7008 SHREVEPORT, LA 71137	AVIATION SERVICES	4,632,926
HKS INC 1919 MCKINNEY AVE DALLAS, TX 75201	ARCHITECTURAL DESIGN	4,051,999

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 ▶ 63

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . . **1a**				
	b Membership dues . . **1b**				
	c Fundraising events . . **1c** 10,143				
	d Related organizations **1d** 12,061,602				
	e Government grants (contributions) **1e** 1,909,309				
	f All other contributions, gifts, grants, and similar amounts not included above **1f** 1,786,233				
	g Noncash contributions included in lines 1a-1f $ 14,069				
	h Total. Add lines 1a-1f . . . . . ▶	15,767,287			
Program Service Revenue		Business Code			
	2a NET PATIENT SERVICES	622110	780,204,479	777,138,161	3,066,318
	b AFFIL ORG RENT REV	531120	10,623,451		10,623,451
	c MEMBERSHIP REVENUE	713940	1,459,650	1,459,650	
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a–2f . . . . ▶	792,287,580			
	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	3,807,249			3,807,249
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents	3,409,758			
	b Less rental expenses	3,465,404			
	c Rental income or (loss)	-55,646			
	d Net rental income or (loss) . . . . . ▶	-55,646		101,734	-157,380
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	461,629,342	3,057,065		
	b Less cost or other basis and sales expenses	436,284,103	2,465,654		
	c Gain or (loss)	25,345,239	591,411		
	d Net gain or (loss) . . . . . ▶	25,936,650	591,411		25,345,239
Other Revenue	**8a** Gross income from fundraising events (not including $ 10,143 of contributions reported on line 1c) See Part IV, line 18 . . . . **a** 18,830				
	b Less direct expenses . . . **b** 10,473				
	c Net income or (loss) from fundraising events . . ▶	8,357			8,357
	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** 969,641				
	b Less cost of goods sold . . **b** 682,808				
	c Net income or (loss) from sales of inventory . . ▶	286,833			286,833
	Miscellaneous Revenue	Business Code			
	11a DIETARY	722514	3,446,900	3,446,900	
	b PHARMACY	446110	3,345,868	3,345,096	772
	c AFF TRANS SUPPORT SVCS	900099	2,940,792	2,940,792	
	d All other revenue		6,664,207	6,277,756	386,451
	e Total. Add lines 11a–11d . . . . . ▶		16,397,767		
	12 Total revenue. See Instructions . . . . . ▶		854,436,077	795,199,766	3,555,275	39,913,749

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	140,635,397	140,635,397		
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	97,753	55,841	41,912	
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	282,789,593	209,264,299	73,525,294	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	5,958,054	4,408,960	1,549,094	
9 Other employee benefits	34,616,485	25,628,416	8,988,069	
10 Payroll taxes	21,314,973	15,773,080	5,541,893	
11 Fees for services (non-employees)				
a Management	24,895	24,895		
b Legal	867,478	867,478		
c Accounting	1,058,733		1,058,733	
d Lobbying	28,184		28,184	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	692,526	692,526		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	72,036,704	63,799,983	8,236,721	
12 Advertising and promotion	1,572,250	1,257,800	314,450	
13 Office expenses	6,812,465	6,812,465		
14 Information technology	19,507,883	19,507,883		
15 Royalties				
16 Occupancy	18,285,024	14,628,019	3,657,005	
17 Travel	1,507,294	691,342	815,952	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,806		7,806	
20 Interest	20,699,342	20,699,342		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	62,559,793	62,559,793		
23 Insurance	6,237,057	4,989,646	1,247,411	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	115,920,689	115,920,689		
b DRUGS	53,098,528	53,098,528		
c INTERCOMPANY SERVICES	49,553,322	49,079,282	474,040	
d UBI TAXES	300,000	300,000		
e All other expenses	54,085,222	54,039,965	45,257	
25 **Total functional expenses.** Add lines 1 through 24e	970,267,450	864,735,629	105,531,821	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		32,236,257	1	77,009,694
	2	Savings and temporary cash investments		6,050,299	2	6,118,446
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		131,736,355	4	153,280,893
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		13,599	7	
	8	Inventories for sale or use		11,059,227	8	7,547,300
	9	Prepaid expenses and deferred charges		2,834,289	9	1,732,593
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,313,461,225			
	b	Less accumulated depreciation	10b 613,198,919	554,554,186	10c	700,262,306
	11	Investments—publicly traded securities		246,824,919	11	5,285,717
	12	Investments—other securities See Part IV, line 11		11,187,926	12	11,644,645
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		18,201,744	14	18,113,172
	15	Other assets See Part IV, line 11		427,779,317	15	457,336,588
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,442,478,118	16	1,438,331,354
Liabilities	17	Accounts payable and accrued expenses		60,928,969	17	75,439,050
	18	Grants payable			18	
	19	Deferred revenue		938,945	19	10,252,000
	20	Tax-exempt bond liabilities		509,355,608	20	623,714,672
	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		351,092,277	23	332,601,744
	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		80,244,984	25	68,023,289
	26	**Total liabilities.** Add lines 17 through 25		1,002,560,783	26	1,110,030,755
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		261,276,443	27	132,454,119
	28	Temporarily restricted net assets		168,801,778	28	185,171,803
	29	Permanently restricted net assets		9,839,114	29	10,674,677
		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		439,917,335	33	328,300,599
	34	Total liabilities and net assets/fund balances		1,442,478,118	34	1,438,331,354

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	854,436,077
2	Total expenses (must equal Part IX, column (A), line 25)	2	970,267,450
3	Revenue less expenses Subtract line 2 from line 1	3	-115,831,373
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	439,917,335
5	Net unrealized gains (losses) on investments	5	-12,641,344
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	16,855,981
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	328,300,599

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 34-4428256

Name: THE TOLEDO HOSPITAL

Form 990 (2017)

Form 990, Part III, Line 4a:

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

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ADRIENNE J GREEN TRUSTEE	1 00 2 00	X						0	0	0
AHED T NAHHAS MD TRUSTEE	1 00 2 00	X						5,206	19,959	0
ALANA GRACE HATCHER TRUSTEE	1 00 2 00	X						0	0	0
ARTURO POLIZZI PRESIDENT, EX OFFICIO	40 00 2 50	X		X				0	635,788	264,600
BRADLEY J TOFT TRUSTEE	1 00 2 00	X						0	0	0
CHARLES A PARCHER TRUSTEE	1 00 2 00	X						0	0	0
CHARLES MICHAEL SMITH TRUSTEE	1 00 2 00	X						0	0	0
CHRISTOPHER H JACKSON TRUSTEE	1 00 2 00	X						0	0	0
DAVID SCOTT MIERZWIAK MD TRUSTEE	40 00 3 00	X						0	386,739	72,216
DEBORAH A GUNTSCH MD TRUSTEE	1 00 42 00	X						8,125	336,164	19,533

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			
HENRY H NADDAF MD TRUSTEE	1 00 2 00	X						0	37,500	0
JAMES F WEBER TRUSTEE	1 00 2 00	X						0	0	0
JAY P MORGAN TRUSTEE	1 00 2 00	X						0	0	0
JOSEPH D NAPOLI TRUSTEE	1 00 9 00	X						0	0	0
KEVIN C WEBB PHD EX OFFICIO	1 00 52 50	X						0	655,627	240,675
MARLON P KISER TRUSTEE	1 00 2 00	X						0	0	0
MARTIN P SUTTER TRUSTEE	1 00 2 00	X						0	0	0
NANCY PARIS KABAT CHAIRPERSON	1 00 3 00	X		X				487	0	0
RAVI K ADUSUMILLI MD TRUSTEE	1 00 42 00	X						0	660,798	43,269
RICHARD D LANTZ TRUSTEE	1 00 2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD L MUNK MD TRUSTEE	1 00 42 00	X						15,509	108,093	11,301
RICHARD S SWEENEY TRUSTEE	1 00 2 00	X						0	0	0
ROBERT F WOOD MD TRUSTEE	1 00 2 00	X						0	0	0
ROBERT P SCHLATTER TRUSTEE	1 00 2 00	X						0	0	0
SUSAN K STAELIN TRUSTEE	1 00 2 00	X						0	0	0
THOMAS GEORGE PADANILAM MD TRUSTEE	1 00 2 00	X						0	0	0
TIMOTHY M HUSTED MD TRUSTEE	1 00 2 00	X						0	0	0
WILLIAM C NOWICKI VICE-CHAIR	1 00 2 00	X		X				0	0	0
WILLIAM R MCDONNELL TRUSTEE	1 00 2 00	X						0	0	0
JEFFREY C KUHN SECRETARY	0 50 52 00			X				0	616,424	244,159

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			
MICHAEL P BROWNING TREASURER	0 50 50 50			X				0	697,115	246,414
RANDALL OOSTRA PHS PRES & CEO, EX OFFICIO	0 50 54 50			X				0	1,749,816	483,218
ALISON S AVENDT VP, OPERATIONS TTH & PRES, PTN	40 00 0 00				X			0	181,379	23,546
DARRIN M ARQUETTE SR VP, NEURO, HEART AND VASC	40 00 6 00				X			0	335,318	46,341
DAWN BUSKEY COO, METRO REGION ACUTE CARE	40 00 1 50				X			0	360,870	75,823
DEANA L SIEVERT SR VP, PAT CARE/CNO, SYSTEM	0 50 41 00				X			0	240,993	65,731
GARY W AKENBERGER SR VP DIAG, FACILITIES & SEC	40 00 4 50				X			0	379,804	91,320
LORI FERGUSON VP, PATIENT CARE, TTH	40 00 0 00				X			0	247,349	183,377
PAULA L GRIEB VP, PAT CARE/ASSOC CNO, METRO	40 00 1 00				X			0	190,606	21,252
SCOTT FOUGHT VP, FINANCE, ACUTE CARE OPS	40 00 5 00				X			0	281,158	46,283

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			
THADIUS L WADSWORTH VP SURGICAL SERVICES, METRO	40 00 1 00				X			67,582	91,703	16,424
FEDOR LURIE ASSOC DIR RESEARCH ED VASC	40 00 0 00					X		210,405	0	28,200
JACKLYN KIEFER ASSOC DIR ED FAMILY PRACTICE	40 00 0 00					X		195,641	0	18,228
JEFFREY LEWIS ASSOC DIR ED FAMILY PRACTICE	40 00 0 00					X		193,482	0	53,164
JOSHUA OVENS RN, CRITICAL CARE TRANSPORT	40 00 0 00					X		244,261	0	41,121
LOUITO EDJE DIR ED FAMILY PRACTICE	40 00 0 00					X		219,941	0	29,940
ALAN M SATTLER FORMER OFFICER	0 00 40 00						X	0	389,038	80,933
KATHLEEN S HANLEY FORMER OFFICER	0 00 0 00						X	0	571,790	1,351
JOSEPH SFERRA FORMER KEY EMPLOYEE	40 00 0 00						X	0	677,903	44,857
KHURRAM KAMRAN FORMER KEY EMPLOYEE	0 00 0 00						X	0	155,843	5,263

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			
NEERAJ K KANWAL MD ..... FORMER KEY EMPLOYEE	0 00 ..... 42 50						X	0	377,036	56,450

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE TOLEDO HOSPITAL

Employer identification number
34-4428256

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

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

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

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (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.			

Additional Data

Software ID:

Software Version:

EIN: 34-4428256

Name: THE TOLEDO HOSPITAL

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319123738

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** ***www.irs.gov/form990*****.**

OMB No 1545-0047

2017

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	**Employer identification number**
THE TOLEDO HOSPITAL	34-4428256

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1					
2					
3					
4					
5					
6					

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		28,184
j	Total Add lines 1c through 1i			28,184
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE TOLEDO HOSPITAL

Employer identification number
34-4428256

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	9,839,115	9,891,715	10,484,815	10,560,195	10,062,050
b Contributions		-19,454	1,188	4,397	558,860
c Net investment earnings, gains, and losses	835,563	-33,146	-594,288	-79,777	-60,715
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	10,674,678	9,839,115	9,891,715	10,484,815	10,560,195

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 ▶ 100 000 %
- 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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	2,307,790	63,481,835		65,789,625
b Buildings		678,276,754	379,649,949	298,626,805
c Leasehold improvements		6,965,528	6,943,565	21,963
d Equipment		297,513,450	207,685,670	89,827,780
e Other		264,915,868	18,919,735	245,996,133
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				700,262,306

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

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

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

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

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	2,591,716
(2) OTHER RECEIVABLES	3,848,672
(3) BENEFICIAL INTEREST IN FOUNDATION	193,866,311
(4) RESEARCH FUNDS	1,980,170
(5) OTHER SEGREGATED INVESTMENTS	29,893,431
(6) INTERCOMPANY DEBT FROM RELATED ENTITIES	221,769,578
(7) ESTIMATED THIRD PARTY RECEIVABLE	3,386,710
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	457,336,588

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	33,060,012
ESTIMATED THIRD PARTY SETTLEMENTS PAYABLE	7,039,651
INTEREST RATE SWAP	14,957,621
ASBESTOS REMEDIATION	8,061,545
DEFERRED COMPENSATION	4,277,578
PLEDGES PAYABLE	100,000
PENSION PLAN LIABILITY	319,932
DEFERRED INCOME TAXES	206,950
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	68,023,289

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

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

1 (a) Description of Liability	(b) Book Value
DUE TO AFFILIATES	33,060,012
ESTIMATED THIRD PARTY SETTLEMENTS PAYABLE	7,039,651
INTEREST RATE SWAP	14,957,621
ASBESTOS REMEDIATION	8,061,545
DEFERRED COMPENSATION	4,277,578
PLEDGES PAYABLE	100,000
PENSION PLAN LIABILITY	319,932
DEFERRED INCOME TAXES	206,950

Supplemental Information

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

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE TOLEDO HOSPITAL

Employer identification number
34-4428256

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

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

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

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

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

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

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

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

Revenue		(a) Event #1 PTN BOWLING FUNDRAISER (event type)	(b) Event #2 PTN GOLF FUNDRAISER (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
	1 Gross receipts	9,743	11,720	7,510	28,973
	2 Less Contributions	6,827	3,316	0	10,143
	3 Gross income (line 1 minus line 2)	2,916	8,404	7,510	18,830
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	2,213	8,176	84	10,473
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				10,473
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				8,357

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

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

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

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

Name ▶ ----------

Address ▶ ----------

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

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

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

Name ▶ ----------

Address ▶

----

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE TOLEDO HOSPITAL

Employer identification number
34-4428256

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			7,929,068		7,929,068	0 810 %
b Medicaid (from Worksheet 3, column a)			181,234,256	130,265,981	50,968,275	5 200 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			44,715	37,989	6,726	0 %
d **Total** Financial Assistance and Means-Tested Government Programs			189,208,039	130,303,970	58,904,069	6 010 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3,841,556	1,157,589	2,683,967	0 270 %
f Health professions education (from Worksheet 5)			27,763,472	14,878,899	12,884,573	1 320 %
g Subsidized health services (from Worksheet 6)			20,867,272	11,960,843	8,906,429	0 910 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total.** Other Benefits			52,472,300	27,997,331	24,474,969	2 500 %
k **Total.** Add lines 7d and 7j			241,680,339	158,301,301	83,379,038	8 510 %

Part II Community Building Activities

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	38,436,185		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	6,373,865		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	135,870,834		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	152,981,727		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-17,110,893		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	1 PROMEDICA ORTHOPEDIC CO-MANAGEMENT CO LLC	PHYSICIAN SERVICES	23 590 %	2 830 %	56 600 %
2	2 PROMEDICA SURGICAL SERVICES CO-MANAGEMENT CO LLC	PHYSICIAN SERVICES	30 910 %	1 000 %	37 270 %
3	3 REYNOLDS ROAD SURGICAL CENTER LLC	SURGICAL CENTER	67 210 %	3 220 %	29 570 %
4	4 NORTHWEST OHIO DEDICATED BREAST MRI LLC	MEDICAL DIAGNOSTIC	50 000 %		50 000 %
5	5 WEST CENTRAL SURGICAL CENTER LLC	SURGICAL CENTER	50 000 %		50 000 %
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

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

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

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

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group

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

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 16			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7 Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) HTTPS //WWW PROMEDICA ORG/PAGES/ABOUT-US/DEFAULT ASPX			
b ☐ Other website (list url)			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 16			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		No
If "Yes" (list url) a			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group

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

Part V Facility Information *(continued)*

Billing and Collections

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

FACILITY REPORTING GROUP - B

Name of hospital facility or letter of facility reporting group

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

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 16			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**	Yes	
7 Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) HTTP //WWW ARROWHEADBEHAVIORAL COM/CHNA/			
b ☑ Other website (list url) SEE PART V, SECTION C			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 16			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**		No
If "Yes" (list url) **a**			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**	Yes	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

FACILITY REPORTING GROUP - B

Name of hospital facility or letter of facility reporting group

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

Part V Facility Information *(continued)*

Billing and Collections

FACILITY REPORTING GROUP - B

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☐ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☐ Processed incomplete and complete FAP applications			
d ☐ Made presumptive eligibility determinations			
e ☑ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

FACILITY REPORTING GROUP - B

Name of hospital facility or letter of facility reporting group

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

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

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

Form and Line Reference	Explanation
See Add'l Data	

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **57**

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

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

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Form and Line Reference	Explanation
PART III, LINE 3	THE TOLEDO HOSPITAL ESTIMATED THE POSSIBLE AMOUNT OF FINANCIAL ASSISTANCE WITHIN BAD DEBT EXPENSE BY REVIEWING ACCOUNTS THAT WERE INTERNALLY CODED AS HAVING BEEN PROVIDED A FINANCIAL ASSISTANCE APPLICATION, BUT THAT WAS NOT ADEQUATELY COMPLETED BY THE PATIENT OR GUARANTOR, IN WHICH THE ACCOUNT WAS SUBSEQUENTLY WRITTEN OFF TO BAD DEBT
PART III, LINE 4	PROVISION FOR BAD DEBTS AND ALLOWANCE FOR ESTIMATED UNCOLLECTIBLE ACCOUNTS ARE DISCUSSED ON PAGES 12 AND 13 OF THE ATTACHED PROMEDICA HEALTH SYSTEM AND SUBSIDIARIES CONSOLIDATED FINANCIAL REPORT WITH SUPPLEMENTAL INFORMATION

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Form and Line Reference	Explanation
PART III, LINE 8	MEDICARE SHORTFALL, WHICH IS THE EXCESS OF COSTS TO TREAT MEDICARE PATIENTS OVER THE REIMBURSEMENT RECEIVED FROM THE FEDERAL GOVERNMENT, SHOULD BE TREATED AS COMMUNITY BENEFIT FOR THE FOLLOWING REASONS - THE MEDICARE SHORTFALL REPRESENTS THE RELIEF OF A FINANCIAL BURDEN THAT WOULD OTHERWISE BE BORNE BY A GOVERNMENT PROGRAM - THE MEDICARE SHORTFALL REPRESENTS A SOCIETAL BENEFIT INSOFAR AS MANY OF THE PROGRAMS AND SERVICES WOULD NOT BE PROVIDED TO THE COMMUNITY, IF THE DECISION TO PROVIDE SUCH SERVICES WAS MADE ON A FINANCIAL BASIS - MEDICARE IS A SOCIETAL BENEFIT, PROVIDED BY THE FEDERAL GOVERNMENT, FOR THOSE WHO WOULD OTHERWISE BE UNINSURED AFTER AGING OUT OF TRADITIONAL MEANS OF HEALTH INSURANCE, SUCH AS INSURANCE PROVIDED BY AN EMPLOYER - MEDICARE IS NOT A TRUE MARKET PAYER, AS COMPARED TO COMMERCIAL PAYERS, WHEREBY REIMBURSEMENT RATES CAN BE NEGOTIATED AND ADJUSTED IN ORDER TO REDUCE INCURRED LOSSES THE TOLEDO HOSPITAL USED THE MEDICARE ALLOWABLE COSTS PER ITS 2017 AS-FILED MEDICARE COST REPORTS, LESS ANY ADJUSTMENTS FOR SUBSIDIZED HEALTH SERVICES AND HEALTH PROFESSIONS EDUCATION, IF APPLICABLE ALLOWABLE COSTS ARE CALCULATED BY ALLOCATING TOTAL FACILITY COSTS TO REVENUE GENERATING UNITS WITHIN THE HOSPITAL THE MEDICARE COST REPORT DOES NOT REFLECT ALL OF THE COSTS ASSOCIATED WITH MEDICARE PROGRAMS
PART III, LINE 9B	FINANCIAL ASSISTANCE DISCOUNTS ARE GRANTED FOR MEDICALLY NECESSARY SERVICES WHEN IT IS DETERMINED THAT THE PATIENT AND FAMILY INCOME MEETS THE CRITERIA ESTABLISHED PATIENTS WHO HAVE INSURANCE COVERAGE OR WHO ARE ENTITLED TO GOVERNMENTAL ASSISTANCE ARE IDENTIFIED IN ORDER FOR REIMBURSEMENT TO BE OBTAINED ALL PATIENTS WITH SELF-PAY BALANCES AFTER INSURANCE MAY OBTAIN FINANCIAL ASSISTANCE ADJUSTMENTS IF THEY PROVIDE APPROPRIATE DOCUMENTATION THAT THEY SATISFY THE INCOME GUIDELINES VERIFICATION OF FINANCIAL ASSISTANCE IS PURSUED THROUGHOUT THE INTERNAL COLLECTION PROCESS UNTIL ALL OPTIONS HAVE BEEN EXHAUSTED ALL PATIENTS, THAT HAVE A SELF-PAY BALANCE, INCLUDING PATIENTS THAT MAY QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE, RECEIVE BILLING STATEMENTS AND PAYMENT REMINDERS THESE STATEMENTS INFORM ALL PATIENTS OF THE OPPORTUNITY TO SEEK A FINANCIAL ASSISTANCE ADJUSTMENT FOR MEDICALLY NECESSARY SERVICES, THE ELIGIBILITY CRITERIA, AND THE METHOD TO APPLY IF A FINANCIAL ASSISTANCE APPLICATION HAS NOT BEEN COMPLETED AND/OR REQUESTED INCOME VERIFICATION HAS NOT BEEN RECEIVED FROM A PATIENT WHO COULD POTENTIALLY QUALIFY, THE PATIENT WILL CONTINUE TO RECEIVE BILLING STATEMENTS THROUGH THE NORMAL COLLECTION PROCESS IF A PATIENT DOES NOT HAVE INSURANCE, A PRESUMPTIVE CHARITY DETERMINATION (WHICH USES PUBLICLY AVAILABLE DATA SUCH AS DEMOGRAPHIC INFORMATION, CREDIT HISTORY, ETC) MAY BE MADE TO ASSIST WITH QUALIFYING FOR FINANCIAL ASSISTANCE ONCE IT HAS BEEN DETERMINED THAT A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE, AN ADJUSTMENT IS PROCESSED THE PATIENT ACCOUNT ANALYST WILL DETERMINE PATIENT ELIGIBILITY AND CALCULATE THE ADJUSTMENT BASED ON POLICY GUIDELINES AN ADJUSTMENT FORM IS PREPARED AND APPROVED PER POLICY UNINSURED PATIENTS MAY BE REQUIRED TO COMPLETE AN APPLICATION AND PROVIDE REQUIRED DOCUMENTATION, INCLUDING ANY DOCUMENTATION REQUIRED TO DETERMINE ELIGIBILITY UNINSURED PATIENTS ARE NOTIFIED IN WRITING WHETHER OR NOT THEY QUALIFY FOR ANY FINANCIAL ASSISTANCE ADJUSTMENT FOR WHICH THEY HAVE SUBMITTED AN APPLICATION, AND OF ANY REMAINING BALANCE OWED THE ADJUSTMENT IS THEN APPLIED TO THE PATIENT'S ACCOUNT PATIENTS MAY BE OFFERED PAYMENT PLANS WHEN APPROPRIATE BASED ON DOCUMENTED FINANCIAL NEED AND CIRCUMSTANCES LONGER PAYMENT PLANS MAY BE OFFERED ON AN EXCEPTION BASIS FOR CASES WITH UNUSUALLY HIGH BALANCES OR SPECIAL CIRCUMSTANCES DEMONSTRATING AN INABILITY TO PAY ONCE THE INTERNAL COLLECTION PROCESS HAS BEEN COMPLETED, PATIENT ACCOUNTS MAY BE REFERRED TO AN EXTERNAL COLLECTION AGENCY IF THE PATIENT HAS NOT CONTACTED US REGARDING THEIR DESIRE TO APPLY FOR FINANCIAL ASSISTANCE, SENT IN A FINANCIAL ASSISTANCE APPLICATION, RESPONDED TO REQUESTS FOR ADDITIONAL INFORMATION, OR WE ARE UNABLE TO MAKE A PRESUMPTIVE CHARITY DETERMINATION IT IS THE EXPECTATION OF THE EXTERNAL COLLECTION AGENCY AS THEY WORK ACCOUNTS TO OFFER FINANCIAL ASSISTANCE WHEN APPLICABLE THROUGHOUT THE COLLECTION PROCESS, THE COLLECTION AGENCY WILL INFORM UNINSURED PATIENTS OF THE CRITERIA TO OBTAIN FINANCIAL ASSISTANCE ADJUSTMENTS BASED ON FAMILY INCOME AND FAMILY SIZE, AND WILL FORWARD APPLICATIONS FOR PATIENTS WHO SUBMIT THE REQUIRED DOCUMENTATION TO THE CENTRAL BUSINESS OFFICE FOR PROCESSING

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Form and Line Reference	Explanation
PART VI, LINE 2	PROMEDICA HEALTH SYSTEM AND HOSPITALS DEMONSTRATE A COMMITMENT TO THE COMMUNITIES IT SERVES AND THEREFORE, BELIEVES IT IS CRITICAL TO UNDERSTAND THE HEALTH CARE NEEDS OF ITS PRIMARY SERVICE AREA TO THAT END, PROMEDICA HOSPITALS CONDUCT NEEDS ASSESSMENTS IN ITS PRIMARY SERVICE AREAS USING A VARIETY OF METHODOLOGIES TO ASSESS EACH COUNTY'S HEALTH CARE DATA, IDENTIFY GAPS IN HEALTH CARE INITIATIVES, AND MAKE RECOMMENDATIONS FOR THE BETTERMENT OF THE GENERAL COMMUNITY HEALTH ANALYSIS OF PUBLISHED COUNTY HEALTH DATA, INTERVIEWS WITH KEY STAKEHOLDERS, AND REVIEW OF HISTORICAL AND EXISTING PROMEDICA COMMUNITY ASSESSMENTS ARE ALL MEANS BY WHICH RECOMMENDATIONS FOR THE PROMEDICA COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLANS ARE DEVELOPED INFORMATION IS REVIEWED AND APPROVED BY HOSPITAL GOVERNANCE LEADERSHIP TO ASSURE THAT PLANS ARE DEVELOPED TO MEET THE NEEDS OF THE COMMUNITY PUBLISHED COUNTY HEALTH DATACOUNTY HEALTH DATA WERE OBTAINED FROM SEVERAL SOURCES, INCLUDING THE OHIO DEPARTMENT OF HEALTH DATA WAREHOUSE, THE MICHIGAN DEPARTMENT OF HEALTH, AND FORMAL COUNTY ASSESSMENTS CONDUCTED WITHIN THE INDIVIDUAL COUNTIES ALTHOUGH MOST COUNTIES CONDUCTING A FORMAL ASSESSMENT UTILIZE THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) QUESTIONNAIRE DEVELOPED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) AS THE BASIS OF THE COUNTY QUESTIONNAIRE, COUNTY COMMITTEES TYPICALLY ADD AND/OR CHANGE QUESTIONS TO MEET THE COUNTY'S PERCEIVED NEEDS PROMEDICA'S COMMUNITY GOALS ARE SET BASED ON THESE DATA PROMEDICA COMMUNITY HEALTH PLANOVERALL, EMPHASIS IS PLACED ON CLINICAL PROGRAMS FOCUSED ON LEADING CAUSES OF DEATH CHRONIC DISEASES, MENTAL HEALTH, AND HUNGER/OBESITY DUE TO THE LARGE NUMBERS OF INDIVIDUALS AFFECTED BY THESE DISEASES THE PRIMARY FOCUS FOR COMMUNITY HEALTH ACTIVITIES ARE RELATED TO EDUCATION, SCREENING, AND PREVENTION OF CHRONIC DISEASES, MENTAL HEALTH ISSUES, AND HUNGER/OBESITY, AND IMPROVING RELATED CONDITIONS THAT RESULT IN HIGH MORBIDITY AND MORTALITY IN OUR COMMUNITIES, WITH SPECIAL EMPHASIS PLACED ON SERVING UNDERSERVED POPULATIONS AS A SYSTEM, WE ARE ALSO COMMITTED TO WORKING BEYOND OUR FOUR WALLS, ON THE SOCIAL AND ECONOMIC ISSUES THAT IMPACT HEALTH IN ADDITION, PROMEDICA STRATEGIC PLANNING CONTINUES TO DEVELOP PATIENT-CENTERED, INTEGRATED CLINICAL SERVICE LINES INCLUDING CANCER, CARDIOVASCULAR, BEHAVIORAL HEALTH, SOCIAL DETERMINANTS OF HEALTH, AND MATERNAL FETAL MEDICINE
PART VI, LINE 3	THE OPPORTUNITY FOR FINANCIAL ASSISTANCE ADJUSTMENTS IS COMMUNICATED TO PATIENTS AT PROMEDICA HEALTH SYSTEM HOSPITALS THROUGH THE FOLLOWING METHODS A DURING THE PRE-REGISTRATION PROCESS FOR SCHEDULED INPATIENTS AND HIGH-DOLLAR OUTPATIENT CASES, THE CENTRALIZED PRE-REGISTRATION STAFF WILL NOTIFY A PATIENT FINANCIAL ADVOCATE TO CONTACT THE PATIENT PRIOR TO SERVICE TO DISCUSS POTENTIAL ELIGIBILITY FOR GOVERNMENT PROGRAMS AND FINANCIAL ASSISTANCE THE PRE-SERVICE FUNCTION INCLUDES ACCOUNT REGISTRATION, INSURANCE VERIFICATION, PRE-CERTIFICATION AND FINANCIAL COUNSELING B ADMITTING LOCATIONS WILL HAVE FINANCIAL ASSISTANCE FORMS AVAILABLE FOR SELF-PAY PATIENTS TO COMPLETE WHEN REGISTERED AS UNINSURED AT ADMITTING, UNINSURED PATIENTS ARE INFORMED OF THE OPPORTUNITY TO SEEK FINANCIAL ASSISTANCE C PATIENT FINANCIAL ADVOCATES ARE AVAILABLE AT THE HOSPITALS TO ASSIST UNINSURED PATIENTS IN COMPLETING THE FORMS PATIENT FINANCIAL ADVOCATES ATTEMPT TO MEET WITH IN-HOUSE PATIENTS TO ASSESS ELIGIBILITY AND TO ASSIST WITH APPLICATION FOR GOVERNMENT ASSISTANCE PROGRAMS, TO EXPLAIN PATIENT LIABILITY FOR CHARGES, TO PROVIDE AN ESTIMATE OF CHARGES WHEN FEASIBLE, TO EXPLAIN THE OPPORTUNITY FOR FINANCIAL ASSISTANCE, INCLUDING THE CRITERIA AND THE METHOD FOR APPLYING, AND TO EXPLAIN PAYMENT OPTIONS D A MESSAGE IS PRINTED ON THE PATIENT BILLING STATEMENTS TO NOTIFY THE UNINSURED PATIENT THAT FINANCIAL ASSISTANCE IS AVAILABLE, TO EXPLAIN THE ELIGIBILITY CRITERIA, AND TO DESCRIBE THE METHOD TO APPLY E A SUMMARY OF THE POLICY FOR UNINSURED PATIENTS IS INCLUDED IN THE STATEMENTS OF UNINSURED PATIENT, AVAILABLE VIA THE PROMEDICA WEB SITE, AVAILABLE AT HOSPITAL REGISTRATION LOCATIONS, OR BY CALLING THE PROMEDICA CUSTOMER SERVICE DEPARTMENT BUSINESS OFFICE PERSONNEL ALSO NOTIFY UNINSURED PATIENTS OF THE FINANCIAL ADJUSTMENT POLICY THROUGH THE CUSTOMER SERVICE AND COLLECTION DEPARTMENTS

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Form and Line Reference	Explanation
PART VI, LINE 4	THE TOLEDO HOSPITAL, LOCATED IN TOLEDO, OHIO, SERVES AN AREA PRIMARILY AROUND LUCAS COUNTY AND HAS A SERVICE AREA POPULATION OF APPROXIMATELY 803,000 APPROXIMATELY, 17% OF THE SERVICE AREA IS AGE 65 OR OVER, 38% IS BETWEEN AGE 35 AND 64, MEDIAN HOUSEHOLD INCOME IS APPROXIMATELY $54,000, 44% OF THE ADULT POPULATION AGED 25+ HAS A HIGH SCHOOL DEGREE OR LOWER, 49% OF HOUSEHOLDS HAVE AN INCOME OF $50,000 OR LESS LUCAS COUNTY HAS A POPULATION OF APPROXIMATELY 440,000 WITH APPROXIMATELY 11% OF FAMILIES BELOW THE POVERTY LEVEL AND AN APPROXIMATE 33% MEDICAID ELIGIBLE RATE APPROXIMATELY, 16% OF LUCAS COUNTY IS UNINSURED THE AVERAGE UNEMPLOYMENT RATE FOR LUCAS COUNTY IN 2017 WAS 5 3% THE LEADING CAUSES OF DEATH IN LUCAS COUNTY, BASED ON AGE ADJUSTED MORTALITY RATES ARE HEART DISEASE, LUNG DISEASE, STROKE, DIABETES, CANCER, ALZHEIMER'S AND UNINTENTIONAL INJURIES/ACCIDENTS ACCORDING TO 2017 COUNTY HEALTH RANKINGS, LUCAS COUNTY RANKED 69 OF 88 COUNTIES FOR HEALTH OUTCOMES, 65 OF 88 FOR LENGTH OF LIFE, AND 73 OF 88 FOR QUALITY OF LIFE THERE ARE TWELVE HOSPITALS WITHIN A 30-MILE RADIUS OF THE TOLEDO HOSPITAL ST ANNE MERCY HOSPITAL, ST VINCENT MERCY MEDICAL CENTER, UNIVERSITY OF TOLEDO MEDICAL CENTER, FLOWER HOSPITAL, ST CHARLES MERCY HOSPITAL, BAY PARK COMMUNITY HOSPITAL, ST LUKE'S HOSPITAL, MERCY MEMORIAL HOSPITAL CORPORATION, WOOD COUNTY HOSPITAL, EMMA L BIXBY MEDICAL CENTER, HERRICK MEMORIAL HOSPITAL, INC , AND FULTON COUNTY HEALTH CENTER
PART VI, LINE 5	THE TOLEDO HOSPITAL IS AN INTEGRAL PART OF PROMEDICA HEALTH SYSTEM, INC WHICH PROMOTES THE HEALTH OF THE COMMUNITY AS AN INTEGRATED DELIVERY SYSTEM - IN 2017, THERE WERE 450 BOARD MEMBERS FOR PROMEDICA HEALTH SYSTEM, INC (PROMEDICA), INCLUDING ITS SUBSIDIARIES OF THESE, 99% LIVED WITHIN PROMEDICA'S 27-COUNTY SERVICE AREA, WITH THE MAJORITY RESIDING WITHIN METRO TOLEDO WHERE PROMEDICA'S ADULT AND PEDIATRIC TERTIARY HOSPITALS (THE TOLEDO HOSPITAL AND TOLEDO CHILDREN'S HOSPITAL) ARE LOCATED TRUSTEE REPRESENTATION IS COMPRISED OF DIVERSE MEMBERS, INCLUDING 75 PHYSICIANS, FROM NORTHWEST OHIO AND SOUTHEAST MICHIGAN ADDITIONALLY, PROMEDICA BOARD MEMBERS INCLUDED 151 WOMEN AND 58 RACIAL/ETHNIC MINORITIES - BOARD MEMBERS ARE NOT COMPENSATED BY PROMEDICA FOR THEIR SERVICE TO OUR HOSPITALS AND OTHER BUSINESS UNITS, THEIR DONATION OF TIME AND EXPERTISE, INCLUDING ATTENDING BOARD MEETINGS, RETREATS AND OTHER ACTIVITIES, ARE PERFORMED ON A VOLUNTEER BASIS - PROMEDICA'S MEDICAL STAFF PRIVILEGES ARE EXTENDED TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITIES WHICH PROMEDICA SERVES QUALIFICATION MAY VARY BY HOSPITAL, BUT ANY PHYSICIAN WHO MEETS THOSE QUALIFICATIONS MAY BE GRANTED PRIVILEGES - IN 2017, PROMEDICA INVESTED SIGNIFICANT TIME AND FINANCIAL RESOURCES TO COMPLETING THE ROLL OUT OF ITS ELECTRONIC HEALTH RECORD (EHR), EPIC GO-LIVES TOOK PLACE IN MAY AT PROMEDICA BIXBY AND HERRICK, MONROE REGIONAL, AND MEMORIAL HOSPITALS, AS WELL AS THE 30 PROMEDICA PHYSICIANS OFFICES THAT SUPPORT THESE FACILITIES IN MICHIGAN AND FREMONT THE FINAL GO-LIVES WERE FOLLOWED IN THE FALL WITH A SYSTEM-WIDE UPGRADE TO THE LATEST OPERATING PLATFORM FOR EPIC, FURTHER ENABLING ONE PATIENT, ONE RECORD, AND ONE BILL FOR PATIENTS REGARDLESS OF SERVICE PROVIDED OR THE LOCATION OF SERVICE ACROSS PROMEDICA - PROMEDICA PROVIDED NEARLY 18,000 HEALTH SCREENINGS TO COMMUNITY MEMBERS THROUGHOUT 2017, INCLUDING BLOOD PRESSURE, BLOOD GLUCOSE AND BODY MASS INDEX SCREENINGS AT NUMEROUS HEALTH FAIRS AND SPORTING EVENTS ADDITIONALLY, FREE SCREENING MAMMOGRAMS, AS WELL AS SKIN CANCER AND LUNG CANCER SCREENINGS AND COLORECTAL CANCER EDUCATION WERE PROVIDED FOR EARLY DETECTION PROSTATE CANCER SCREENING EDUCATION AND NUTRITIONAL PROGRAMS WERE DEVELOPED TO KEEP PEOPLE HEALTHY - PROMEDICA'S FOUNDATION RAISES FUNDS FOR PHILANTHROPY IN SUPPORT OF PROMEDICA'S MISSION TO IMPROVE HEALTH AND WELL-BEING ANNUAL DONOR PROGRAMS, CAPITAL CAMPAIGNS, PLANNED GIVING, AND EVENT FUNDRAISING ACTIVITIES ARE CONDUCTED TO RAISE FUNDS THAT SUPPORT PATIENTS AND FAMILIES, AS WELL AS LOCAL COMMUNITIES, THROUGH HEALTH-RELATED PROGRAMS, SERVICES, EQUIPMENT, AND FACILITY CONSTRUCTION/RENOVATION THAT HAVE BEEN IDENTIFIED, IN PART, THROUGH A COMMUNITY NEEDS ASSESSMENT

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Form and Line Reference	Explanation
PART VI, LINE 6	PROMEDICA HEALTH SYSTEM, INC (PROMEDICA) IS A MISSION-BASED, LOCALLY OWNED, NOT-FOR-PROFIT HEALTHCARE ORGANIZATION THAT WAS FORMED IN TOLEDO, OHIO IN 1986 IN 2017 PROMEDICA WAS COMPRISED OF MORE THAN 17,000 EMPLOYEES, APPROXIMATELY 2,500 VOLUNTEERS AND MORE THAN 2,000 HEALTHCARE PROVIDERS, INCLUDING APPROXIMATELY 900 PROVIDERS EMPLOYED BY PROMEDICA PHYSICIAN GROUP, WHO HAVE JOINED TOGETHER TO FORM A NETWORK ACROSS 27 COUNTIES IN NORTHWEST OHIO AND SOUTHEAST MICHIGAN AS AN INTEGRATED DELIVERY SYSTEM, PROMEDICA PROVIDERS SHARE RESOURCES SUCH AS ADVANCED TECHNOLOGY, QUALITY STANDARDS, SAFETY PRACTICES, MEDICAL EXPERTISE, AND SPECIALTY SERVICES TO HELP ENSURE AREA RESIDENTS HAVE READY ACCESS TO HIGH-QUALITY CARE IN THE MOST APPROPRIATE SETTING IN ORDER TO PROVIDE COST-EFFICIENT SERVICES - PROMEDICA MEMBERS INCLUDE THE TOLEDO HOSPITAL D/B/A PROMEDICA TOLEDO HOSPITAL, PROMEDICA TOLEDO CHILDREN'S HOSPITAL (OPERATING AS PART OF PROMEDICA TOLEDO HOSPITAL), PROMEDICA WILDWOOD ORTHOPAEDIC AND SPINE HOSPITAL, A DIVISION OF PROMEDICA TOLEDO HOSPITAL, FLOWER HOSPITAL D/B/A PROMEDICA FLOWER HOSPITAL, BAY PARK COMMUNITY HOSPITAL D/B/A PROMEDICA BAY PARK HOSPITAL, EMMA L BIXBY MEDICAL CENTER D/B/A PROMEDICA BIXBY HOSPITAL, HERRICK MEMORIAL HOSPITAL, INC D/B/A PROMEDICA HERRICK HOSPITAL, FOSTORIA HOSPITAL ASSOCIATION D/B/A PROMEDICA FOSTORIA COMMUNITY HOSPITAL, DEFIANCE HOSPITAL, INC D/B/A PROMEDICA DEFIANCE REGIONAL HOSPITAL, MERCY MEMORIAL HOSPITAL CORPORATION D/B/A PROMEDICA MONROE REGIONAL HOSPITAL, MEMORIAL HOSPITAL D/B/A PROMEDICA MEMORIAL HOSPITAL, PROMEDICA INSURANCE CORPORATION, PROMEDICA PHYSICIAN GROUP, A NETWORK OF SYSTEM-EMPLOYED PHYSICIANS AND ADVANCED PRACTICE PROVIDERS, AND PROMEDICA CONTINUING CARE SERVICES CORPORATION, WITH SERVICES SUCH AS SENIOR CARE, HOSPICE, REHABILITATION SERVICES, AND HOME CARE - IN 2017, PROMEDICA MANAGED APPROXIMATELY 4 1 MILLION PATIENT ENCOUNTERS AND CONTRIBUTED A TOTAL COMMUNITY BENEFIT OF OVER $191 MILLION, WHICH INCLUDED FREE HEALTH SCREENINGS AND PARTICIPATION IN PUBLIC HEALTH FAIRS TO MEDICAL LECTURES AT AREA SENIOR CENTERS AND NUTRITION EDUCATION IN ELEMENTARY SCHOOLS, PLUS MUCH MORE - 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 WERE 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 EBEID INSTITUTE'S MARKET ON THE GREEN PROVIDES BETTER ACCESS TO HEALTHY FOODS IN A DESIGNATED FOOD DESERT, AS WELL AS JOB TRAINING OPPORTUNITIES FOR RESIDENTS IN THE UPTOWN TOLEDO NEIGHBORHOOD, AND A FINANCIAL OPPORTUNITY CENTER TO PROVIDE FINANCIAL COUNSELING FOR RESIDENTS - 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 - WITH REGARD TO HEALTH PROFESSIONS EDUCATION, BIWEEKLY, MONTHLY AND ANNUAL PROGRAMS WERE OFFERED THROUGHOUT 2017 FOR CONTINUING MEDICAL EDUCATION CREDIT MORE THAN 1,500 CREDIT HOURS OF PHYSICIAN EDUCATION WERE OFFERED TO EMPLOYED PROMEDICA PHYSICIANS AND MEDICAL STAFF MEMBERS AS WELL AS NURSES AND OTHER ALLIED HEALTH PROFESSIONALS

Additional Data

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

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **3** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	THE TOLEDO HOSPITAL 2142 NORTH COVE BLVD TOLEDO, OH 43606 WWW PROMEDICA ORG 1226	X	X	X	X		X	X			A
2	WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL 2901 N REYNOLDS RD TOLEDO, OH 43615 WWW PROMEDICA ORG 1501	X	X								A
3	ARROWHEAD BEHAVIORAL HEALTH 1725 TIMBERLINE ROAD MAUMEE, OH 43537 WWW ARROWHEADBEHAVIORAL COM 1543	X								PSYCHIATRIC / SUBSTANCE ABUSE FACILITY	B

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- THE TOLEDO HOSPITAL	PART V, SECTION B, LINE 11 THE TOLEDO HOSPITAL CONDUCTED AND ADOPTED ITS SECOND COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) DURING TAX YEAR 2016 AND INTENDS TO ADDRESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS, LISTED IN ORDER OF PRIORITY - TRAUMA - EDUCATION AND FALL PREVEN TION- CARDIOVASCULAR DISEASETHIS CHNA WAS CONDUCTED AND ADOPTED AT THE END OF TAX YEAR 201 6, THEREFORE, THESE HEALTH NEEDS WILL BE ADDRESSED OVER THE THREE TAX YEARS, 2017-2019 THE TOLEDO HOSPITAL DOES NOT INTEND TO ADDRESS ALL OF THE NEEDS IDENTIFIED IN ITS MOST RECENT LY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT GIVEN THAT SOME OF THE IDENTIFIED HEALTH NE EDS ARE EITHER BEING ADDRESSED DURING PHYSICIAN VISITS, GO BEYOND THE SCOPE OF THE HOSPITA L, OR ARE BEING ADDRESSED BY, OR WITH, OTHER ORGANIZATIONS IN THE COMMUNITY TO SOME EXTEN T, RESOURCE RESTRICTIONS DO NOT ALLOW THE HOSPITAL TO ADDRESS ALL OF THE HEALTH NEEDS IDEN TIFIED THROUGH THE HEALTH NEEDS ASSESSMENT, BUT MOST IMPORTANTLY, TO PREVENT DUPLICATION O F EFFORTS AND INEFFICIENT USE OF RESOURCES, MANY OF THESE ISSUES ARE ADDRESSED BY, AND WIT H, OTHER COMMUNITY ORGANIZATIONS AND COALITIONS THE 2016 SIGNIFICANT HEALTH NEEDS IDENTIF IED, BUT SPECIFICALLY NOT ADDRESSED BY THE HOSPITAL IN ITS 2016 IMPLEMENTATION PLAN INCLUD E HEALTH STATUS PERCEPTIONS, HEALTH CARE COVERAGE/ACCESS/UTILIZATION, CANCER, DIABETES, A RTHRITIS, ASTHMA AND OTHER RESPIRATORY DISEASES, WEIGHT STATUS/OBESITY, TOBACCO USE, ALCOH OL CONSUMPTION, DRUG USE, WOMEN'S HEALTH, MEN'S HEALTH, PREVENTIVE HEALTH AND SCREENINGS, SEXUAL BEHAVIOR AND PREGNANCY OUTCOMES, ADULT SEXUAL BEHAVIOR, ADULT PREGNANCY, QUALITY OF LIFE, SOCIAL ISSUES, SOCIAL CONTEXT AND SAFETY, MENTAL HEALTH AND SUICIDE, ORAL HEALTH, M INORITY HEALTH, YOUTH WEIGHT, YOUTH TOBACCO USE, YOUTH ALCOHOL AND DRUG USE, YOUTH SEXUAL BEHAVIOR, YOUTH MENTAL HEALTH, YOUTH SAFETY AND VIOLENCE, CHILDREN HEALTH STATUS, CHILDREN DIAGNOSED WITH ASTHMA, CHILDREN DIAGNOSED WITH ADHD/ADD, CHILDREN DIAGNOSED WITH VISION P ROBLEMS THAT CANNOT BE CORRECTED, CHILDREN'S HEALTH ACCESS, EARLY CHILDHOOD HEALTH, MIDDLE CHILDHOOD HEALTH, FAMILY FUNCTIONING/NEIGHBORHOODS, AND PARENT HEALTH THE TOLEDO HOSPITAL DID TAKE THE FOLLOWING ACTIONS DURING TAX YEAR 2017 WITH RESPECT TO ITS MOST RECENTLY CON DUCTED CHNA IN 2016 HEALTH NEED IDENTIFIED TRAUMA - EDUCATION AND FALL PREVENTIONSTRATEGY #1 - PROVIDE FREE CONTINUING MEDICAL EDUCATION, IN VARIOUS CATEGORIES, TO EMS (EMERGENCY MEDICAL SERVICES) PROVIDERS TO IMPROVE THE CARE PROVIDED TO PATIENT AT THE SCENE PRIOR TO TRANSPORTATION TO A HOSPITAL ACTIONS TAKEN - OVER 48 SESSIONS WITH 566 PARTICIPANTS PROVI DED IN FREE COMMUNITY EDUCATION SOME TOPICS INCLUDE NARCOTIC OVERDOSE, TRAUMA TRIAGE, CIR CADIAN RHYTHM, PEDIATRIC TRAUMA, HEART FAILURE, INTERPRETING VITAL SIGNS (ADULT AND PEDIAT RIC), PEDIATRIC BEHAVIORAL, EMERGENCY PREPAREDNESS, PEDIATRIC BEHAVIORAL EMERGENCIES, BACK TO THE BASICS, STROKE, 12 LEAD CLASS, PARAMEDIC REFRESHER, EVOC, NOVFA FIRE SCHOOL, GERIA TRIC EMERGENCIES STRATEGY #2 -

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- THE TOLEDO HOSPITAL	PROVIDE MATTER OF BALANCE AND OTHER FALL PREVENTION EDUCATION IN THE COMMUNITY ACTIONS TA KEN - PROMEDICA HOME HEALTH CARE COMMUNITY OUTREACH ACTIVITIES PROVIDED AT LOCAL VENUES 37 COMMUNITY OUTREACH PROGRAMS CONDUCTED AND OVER 6,000 COMMUNITY MEMBERS ATTENDED EVENTS INCLUDED, BUT NOT LIMITED TO ST CATHERINE'S CHURCH FALL PREVENTION EDUCATION, HEART OF MATTER PROGRAM, SENIOR EXPO AT THE TAM-O-SHANTER, OREGON HEALTH FAIR, NATIONAL FALLS PREVE NTION AWARENESS DAY, SENIOR SAFETY DAY, AND GO RED LUNCHEON STRATEGY #3 - PROVIDE HOME SAF ETY ASSESSMENTS FOR ALL PROMEDICA HOME CARE PATIENTS ACTIONS TAKEN - PROMEDICA HOME CARE PROVIDED HOME SAFETY ASSESSMENTS AND BASIC FALL PREVENTION EDUCATION, FREE OF CHARGE, FOR ALL PROMEDICA HOME HEALTH CARE ADMISSIONS IN 2017, WITH 12,828 HOME ASSESSMENTS PERFORMED HEALTH NEED IDENTIFIED CARDIOVASCULAR DISEASESTRATEGY #1 - PROVIDE FREE HANDS ONLY CPR (C ARDIOPULMONARY RESUSCITATION) EDUCATION TO THE PUBLIC DURING AT LEAST FOUR COMMUNITY EVENT S EACH YEAR ACTIONS TAKEN - PROVIDED HANDS ONLY CPR AT FREMONT ROTARY (19 PARTICIPANTS), HEALTHY HEART FAIR (NINE PARTICIPANTS), HEART OF THE MATTER (57 PARTICIPANTS), LATINO ART FESTIVAL (14 PARTICIPANTS), WORLD HEART DAY (30 PARTICIPANTS), AND BLACK WELLNESS DAY (EIG HT PARTICIPANTS) PROVIDED HANDS ONLY CPR AT LUCAS COUNTY FAIR (25 PARTICIPANTS) WITH CONT INUOUS FILM EDUCATION, AUTOMATIC EXTERNAL DEFIBRILLATOR (AED) DEMO, BLOOD PRESSURE CHECKS AND HEALTHY LIFESTYLE TEACHING, AND PROVIDED BROCHURES ON THE IMPORTANCE OF RECOGNIZING SI GNS OF HEART ATTACK AND CALLING 9-1-1 STRATEGY #2 - PROVIDE FREE CONSULTATION TO HIGH SCH OOLS, UPON REQUEST, TO MEET NEW FEDERAL STANDARD THAT ALL STUDENTS WILL HAVE CPR EDUCATION PRIOR TO HIGH SCHOOL GRADUATION ACTIONS TAKEN - TEN (10) TOLEDO PUBLIC SCHOOLS WERE ASSIS TED IN MEETING CPR REQUIREMENT, WITH 25 EMPLOYEES TRAINED TOLEDO CHILDREN'S HOSPITAL (OPER ATING WITHIN AND AS PART OF THE TOLEDO HOSPITAL) CONDUCTED AND ADOPTED ITS SECOND COMMUNIT Y HEALTH NEEDS ASSESSMENT (CHNA) DURING TAX YEAR 2016 AND INTENDS TO ADDRESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS, LISTED IN ORDER OF PRIORITY - DECREASE INFANT MORTALITY- DECRE ASE YOUTH MENTAL HEALTH ISSUES AND BULLYING- DECREASE HEART DISEASE AND OTHER CHRONIC DISE ASES - ASTHMA- INCREASE HEALTHY WEIGHT STATUS- INJURY PREVENTION/SAFETY- INCREASE SCHOOL R EADINESSTHIS CHNA WAS CONDUCTED AND ADOPTED AT THE END OF TAX YEAR 2016, THEREFORE, THESE HEALTH NEEDS WILL BE ADDRESSED OVER THE THREE TAX YEARS, 2017-2019 TOLEDO CHILDREN'S HOSP ITAL DOES NOT INTEND TO ADDRESS ALL OF THE NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT GIVEN THAT SOME OF THE IDENTIFIED HEALTH NEEDS ARE EITH ER BEING ADDRESSED DURING PHYSICIAN VISITS, GO BEYOND THE SCOPE OF THE HOSPITAL, OR ARE BE ING ADDRESSED BY, OR WITH, OTHER ORGANIZATIONS IN THE COMMUNITY TO SOME EXTENT, RESOURCE RESTRICTIONS DO NOT ALLOW THE HOSPITAL TO ADDRESS ALL OF THE HEALTH NEEDS IDENTIFIED THROU GH THE HEALTH NEEDS ASSESSMENT

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- THE TOLEDO HOSPITAL	, BUT MOST IMPORTANTLY, TO PREVENT DUPLICATION OF EFFORTS AND INEFFICIENT USE OF RESOURCES , MANY OF THESE ISSUES ARE ADDRESSED BY, AND WITH, OTHER COMMUNITY ORGANIZATIONS AND COALI TIONS THE 2016 SIGNIFICANT HEALTH NEEDS IDENTIFIED, BUT SPECIFICALLY NOT ADDRESSED BY THE HOSPITAL IN ITS 2016 IMPLEMENTATION PLAN INCLUDE TOBACCO USE, ALCOHOL CONSUMPTION, MARIJ UANA AND OTHER DRUG USE, VIOLENCE ISSUES, YOUTH PERCEPTIONS, CHILD HEALTH AND FUNCTIONAL S TATUS, FAMILY FUNCTIONING/NEIGHBORHOOD & COMMUNITY CHARACTERISTICS, AND PARENT HEALTH TOLE DO CHILDREN'S HOSPITAL DID TAKE THE FOLLOWING ACTIONS DURING TAX YEAR 2017 WITH RESPECT TO ITS MOST RECENTLY CONDUCTED CHNA IN 2016 HEALTH NEED IDENTIFIED DECREASE INFANT MORTALIT YSTRATEGY #1 - REFER APPROPRIATE PATIENTS TO THE SAFE SLEEP CRIB PROGRAM AT THE TOLEDO LUC AS COUNTY HEALTH DEPARTMENT TO RECEIVE A PORTABLE CRIB FOR HELP ME GROW AND PATHWAYS PARTI CIPANTS PROVIDE ACCESS TO SAFE SLEEP EDUCATION TO LOW INCOME CAREGIVERS WITH CHILDREN LES S THAN 12 MONTHS OF AGE PROVIDE FOLLOW UP ASSESSMENT TO FAMILIES RECEIVING A PORTABLE CRI B TO ENSURE SAFE SLEEP PRACTICES AND USE OF THE CRIB ACTIONS TAKEN - 181 SAFE SLEEP CRIB R EFERRALS WERE MADE TO HELP ME GROW/PATHWAYS PROGRAM - 139 FOLLOW UP ASSESSMENTS WERE COMPL ETED ON PARTICIPANTS REFERRED TO CLASSES STRATEGY #2 - PROVIDE SAFE SLEEP SACKS AND EDUCAT ION ON USE TO LOW INCOME CAREGIVERS WITH NEWBORN INFANTS WHEN APPROPRIATE ACTIONS TAKEN - 92 SLEEP SACKS WERE PROVIDED FOR INFANTS WITHOUT A SLEEP SACK STRATEGY #3 - PROVIDE ASS ESSMENT USING THE REPRODUCTIVE LIFE PLAN AND EDUCATION ON BIRTH SPACING (INFANT MORTALITY IS REDUCED IF BIRTH SPACING OF AT LEAST 18 MONTHS BETWEEN CHILDREN PLANNING TAKES PLACE) F OR ALL WOMEN ENROLLED IN TOLEDO HEALTHY TOMORROWS (THT) OB PATHWAYS PROGRAM ACTIONS TAKEN - 520 REPRODUCTIVE LIFE PLAN BIRTH SPACING ASSESSMENTS WERE COMPLETED STRATEGY #4 - EDUCAT E PREGNANT WOMEN IN THE BENEFITS OF BRESTFEEDING THEIR NEWBORN AND SUPPORT THEIR DECISION IF CHOOSING TO BREASTFEED A) EXPAND TRAINING FOR TOLEDO HEALTHY TOMORROWS (THT) PATHWAYS A ND HELP ME GROW STAFF IN THE BENEFITS OF BREASTFEEDING, ESPECIALLY WITH AFRICAN AMERICAN M OTHERS AT LEAST UNTIL THEIR NEWBORN IS 6 WEEKS OLD

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
B) PROMOTE BREASTFEEDING THROUGH EDUCATION AND SUPPORT OF PARTICIPANTS	OF THT PATHWAYS AND ADD THE THT/HELP ME GROW PROGRAMS C) INCREASE THE NUMBER OF INFANTS BE ING BREASTFED WHOSE MOTHERS ARE ENROLLED IN THT PATHWAYS AND HELP ME GROW D) CONTINUE TO O FFER AT LEAST 4 BREASTFEEDING EDUCATION CLASSES EACH MONTH THROUGH WOMENS, INFANTS AND CHI LDREN (WIC) E) MAKE REFERRALS TO WIC LACTATION CONSULTANT AND WIC BREASTFEEDING STAFF F) D ISCUSS BREASTFEEDING WITH EACH PREGNANT WIC PARTICIPANT AND ENCOURAGE ATTENDANCE AT THE BR EASTFEEDING EDUCATION CLASS G) CONTACT BREASTFEEDING MOTHERS AND OFFER SUPPORT AS WELL AS TO ANSWER BREASTFEEDING QUESTIONS ACTIONS TAKEN - STAFF CONTINUING CURRENT EDUCATION TO PR EGNANT WOMEN WITH AN EXPANDED PROGRAM BEING DEVELOPED BY HOSPITAL COUNCIL OF NORTHWEST OHI O (HCNO) BUT NOT AVAILABLE IN 2017 THIS EDUCATION WILL OCCUR IN 2018 - 274 PREGNANT WOMEN RECEIVED BREASTFEEDING PROMOTION EDUCATION THAT WAS PROVIDED DURING HOME VISITING TO PROG RAM PARTICIPANTS - 165 NEWBORNS WERE BREASTFED IN THEIR FIRST 6 WEEKS AFTER DELIVERY - 77 INFANTS WERE BREASTFED BEYOND 6 WEEKS AFTER DELIVERY - 643 CONTACTS WERE MADE TO PREGNANT AND BREASTFEEDING MOTHERS BY LACTATION CONSULTANTS (54 BREASTFEEDING EDUCATION CLASSES WE RE OFFERED, 204 ATTENDED, 364 INDIVIDUALLY SEEN BY CONSULTANTS, 75 ATTENDED BABIES-R-US CL ASS) - 34% OF WOMEN RECEIVING WIC (WOMEN, INFANT AND CHILDREN PROGRAM) THROUGH TOLEDO AND TOLEDO CHILDREN'S HOSPITALS ARE BREASTFEEDING ALL WOMEN RECEIVING WIC ARE ENCOURAGED TO A TTEND THE BREASTFEEDING EDUCATION CLASS HEALTH NEED IDENTIFIED DECREASE YOUTH MENTAL HEAL TH ISSUES AND BULLYINGSTRATEGY #1 - DECREASE BULLYING, SUICIDE, AND DATING VIOLENCE THROUG H AWARENESS AND PREVENTION PROGRAMS IN YOUTHS 12-18 YEARS A EACH SCHOOL YEAR THE TEEN PEE RS EDUCATING PEERS (PEP) PROGRAM WILL BE OFFERED TO 12 CORE SCHOOLS IN LUCAS COUNTY THE P ROGRAM ADDRESSES TEEN DATING VIOLENCE, SEXUAL ASSAULT AND BULLYING PREVENTION B ONE ADDIT IONAL SCHOOL WILL BE ADDED EACH YEAR PER GRANT FUNDING PRIORITY WILL BE GIVEN TO ELEMENTA RY SCHOOL INCLUSION AND REACHING YOUNGER STUDENTS VIA IMPLEMENTATION IN ELEMENTARY SCHOOL OR DELIVERING OLDER PEER LED EDUCATION (HIGH SCHOOL TO ELEMENTARY STUDENTS) C PROGRAM LEA D WILL AS CO-CHAIR, COLLABORATE WITH THE LUCAS COUNTY SUICIDE PREVENTION COALITION (OTHER PARTNERS IN THE COALITION INCLUDE MERCY OUTREACH, THE UNIVERSITY OF TOLEDO, NAMI OF GREATE R TOLEDO, LUCAS COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD) TO DESIGN AND IMPLEMENT A TEEN AMBASSADOR PROGRAM WHICH WILL TRAIN AND UTILIZE SEVERAL STUDENTS FROM EACH PARTICIP ATING SCHOOL TO PROMOTE SOCIAL MEDIA CAMPAIGNS AND AWARENESS ABOUT DEPRESSION AND SUICIDE PREVENTION, THUS REDUCING MENTAL HEALTH/SUICIDE STIGMA IN THEIR SCHOOLS LUCAS COUNTY SUIC IDE PREVENTION COALITION COORDINATOR (EMPLOYEE CONTRACTED THROUGH NAMI) WILL PROVIDE ONGOI NG OVERSIGHT, MANAGEMENT AND CONSULTATION TO SCHOOLS AND/OR STUDENTS PARTICIPATING IN NEWL Y CREATED TEEN AMBASSADOR PROGRAM D PROGRAM LEAD WILL SERVE ON BRAVE (BULLYING RESOURCES AND ANTI-VIOLENCE EDUCATION) C

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Form and Line Reference	Explanation
B) PROMOTE BREASTFEEDING THROUGH EDUCATION AND SUPPORT OF PARTICIPANTS	OMMITTEE, WHICH WAS CREATED BASED ON THE CHIP BRAVE PARTNERING AGENCIES INCLUDE UT, TPS A ND NAMI, COMMITTEE MISSION IS TO EXPAND COORDINATED ANTI-BULLYING EDUCATION AS WELL AS SUI CIDE PREVENTION AND THREAT ASSESSMENT EDUCATION TO COMMUNITY SCHOOLS AND AGENCIES, PARENT GROUPS AND TEENS E NO LOCAL INITIATIVE/COALITION OR STRATEGIC PLAN EXISTS TO ADDRESS TEEN SEXUAL OR DATING VIOLENCE SPECIFICALLY PROGRAM STAFF WILL PARTICIPATE IN CREATING A COMM UNITY COLLABORATIVE GROUP TO ADDRESS TEEN DATING VIOLENCE AND TEEN SEXUAL ASSAULT ACTIONS TAKEN - TEEN PEP FUNDED BY OHIO DEPARTMENT OF HEALTH (ODH) ODH FUNDED PROGRAMS RECEIVE OU TCOME MEASUREMENT EVALUATION GUIDANCE FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION EMPOWERMENT EVALUATION CONTRACTOR DR SANDRA ORTEGA FOR ALL PROGRAM OUTCOME MEASURES RESU LTS INCLUDED 18 SCHOOLS PARTICIPATED, 176 TEEN PEER LEADERS WERE TRAINED, AND 2,082 CLASS ROOM PARTICIPANTS GRADES 9-12 PARTICIPATED - ADDITIONALLY, WHITTIER K-8 ELEMENTARY SCHOOL WAS ADDED PER GRANT FUNDING (ODH DECREASING FUNDING IN 2018) - THE NUMBER OF LCSPC (LUCAS COUNTY SUICIDE PREVENTION COALITION) TEEN AMBASSADOR PROGRAMS FOR 2017 WAS 10 SCHOOLS - BR AVE COALITION DISBANDED PRIMARILY BECAUSE THE ORIGINAL OBJECTIVES OF THE COALITION/3-YEAR STRATEGIC GOALS HAD BEEN MET, AND MEMBERS OF THE COALITION WENT ON TO CONTINUE THE MISSION EITHER ON THEIR OWN OR THROUGH OTHER LIKE-MINDED COALITIONS SUCH AS THE LUCAS COUNTY SUIC IDE PREVENTION COALITION AND TEEN PEP - AS A LOCAL INITIATIVE, THE LUCAS COUNTY YOUTH SEXU AL AND INTIMATE PARTNER VIOLENCE COALITION WAS CREATED IN RESPONSE TO AN IDENTIFIED GAP FO R SUCH COMMUNITY COLLABORATION SURROUNDING TWO VERY IMPORTANT NEEDS IN THE TOLEDO AREA TH E COALITION HAS NOT DEVELOPED A FORMAL STRATEGIC PLAN, OPTING INSTEAD TO FOCUS ON PROMOTIN G YOUTH CULTURE CHANGE VIA SOCIAL MEDIA YOUTH SPEND MUCH OF THEIR TIME ON VARIOUS SOCIAL MEDIA OUTLETS AND THIS WAS IDENTIFIED AS THE BEST WAY TO BOTH REACH LOCAL YOUTH AND IMPACT THEIR IDEAS AND KNOWLEDGE ABOUT SEXUAL ASSAULT AND TEEN DATING VIOLENCE IN 2017, ITS THI RD YEAR, THE COALITION HAS HOSTED 3 TEEN FOCUS GROUPS IN THE TOLEDO AREA WITH VARIOUS YOUT H FROM DIVERSE POPULATIONS WITH THE GOAL OF INVOLVING YOUTH IN THE CREATION OF SEXUAL AND INTIMATE PARTNER VIOLENCE PREVENTION MESSAGING FROM THESE FOCUS GROUPS, THE COALITION HAS SUCCESSFULLY STARTED UP BOTH A FACEBOOK AND INSTAGRAM PAGE THAT HIGHLIGHT AND PROMOTE PRE VENTION MESSAGING SURROUNDING THESE TOPICS STRATEGY #2 - EACH YEAR UP TO FOUR ELEMENTARY S CHOOLS WILL BE GIVEN BULLYING PREVENTION EDUCATION VIA OLDER TRAINED PEER LEADERS (HIGH SC HOOL TEAMS) OR FROM 7TH/8TH GRADE TRAINED TEEN LEADERS IN THEIR BUILDING MEASUREMENT TO I NCLUDE A NUMBER OF ELEMENTARY/MIDDLE SCHOOLS THAT HIGH SCHOOL LEADERS PRESENT TO B NUMBE R OF TRAINED YOUTH LEADERS IN NEWLY ADDED ELEMENTARY SCHOOLS (WHERE APPLICABLE) C NUMBER OF ELEMENTARY STUDENTS RECEIVING PEER LED EDUCATION ACTIONS TAKEN - OHIO DEPARTMENT OF HEA LTH CONTRACTOR FROM THE CENTER

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Form and Line Reference	Explanation
B) PROMOTE BREASTFEEDING THROUGH EDUCATION AND SUPPORT OF PARTICIPANTS	S FOR DISEASE CONTROL AND PREVENTION GUIDES EMPOWERMENT EVALUATION FOR ALL PROGRAM OUTCOME MEASURES 2017 RESULTS INCLUDE SEVEN (7) SCHOOLS PARTICIPATING - 22 NUMBER OF TEEN PEER L EADERS WERE TRAINED - 1,484 CLASSROOM PARTICIPANTS GRADES 1-6 PARTICIPATED - ONE (1) ADDI TIONAL SCHOOL WAS ADDED IN 2017, PER GRANT FUNDING (ODH DECREASING FUNDS IN 2018) STRATEGY #3 - PROVIDE TRAUMA-INFORMED TRAINING TO PROMEDICA TOLEDO CHILDREN HOSPITAL STAFF THAT PR OVIDES CARE TO YOUTH (0-18 YEARS) THIS WILL HELP ENHANCE PATIENT-CENTERED CARE, WHICH WIL L POSITIVELY IMPACT YOUTH MENTAL HEALTH DEVELOP TRAUMA-INFORMED TRAININGS (BASED ON SAMHS A CURRICULUM) FOR DIFFERENT HOSPITAL STAFF/PROVIDER GROUPS ACTIONS TAKEN - GENERAL TRAUMA INFORMED CARE TRAINING WAS DEVELOPED TO EDUCATE MENTAL HEALTH PROFESSIONALS IN THE COMMUNI TY PARTICIPATING - PRE AND POST TEST DATA SHOWED INCREASED KNOWLEDGE OF DEPRESSION AND SUI CIDE MARKERS, INDICATORS OF WHEN TO REFER FOR MENTAL HEALTH, INDICATORS OF TRAUMA, AND HOW TO BE A MORE TRAUMA-INFORMED STAFF MEMBER

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Form and Line Reference	Explanation
STRATEGY #4 - THE LUCAS COUNTY TRAUMA INFORMED CARE COALITION (LCTIC)	CREATED IN LATE 2014, IS A COUNTY WIDE COALITION WHOSE MISSION IS TO INCREASE AWARENESS AN D PRACTICE OF TRAUMA INFORMED CARE (TIC) IN THE COMMUNITY MEMBERSHIP INCLUDES STAFF FROM TOLEDO CHILDREN'S HOSPITAL, COMMUNITY MENTAL HEALTH CENTERS, THE LUCAS COUNTY MENTAL HEALT H RECOVERY SERVICES BOARD, DOMESTIC VIOLENCE SHELTERS, UNIVERSITY OF TOLEDO, UTMC, TOLEDO POLICE DEPARTMENT AND EMS, NAMI, UNITED WAY, AND MANY OTHERS THE WORK OF THE LCTIC WILL H ELP TO IMPROVE YOUTH MENTAL HEALTH THROUGH A) EDUCATING MENTAL HEALTH PROFESSIONALS HOW TO PROVIDE MORE APPROPRIATE TRAUMA INFORMED SERVICES TO YOUTH WHO HAVE TRAUMA HISTORIES B) E MPOWERING CONSUMERS, PARENTS, AND COMMUNITY MEMBERS TO BETTER UNDERSTAND HOW TO ACCESS APP ROPRIATE TRAUMA INFORMED SERVICES FOR YOUTH WHO HAVE EXPERIENCED TRAUMA C) ASSESS LEARNING DURING TRAUMA PRESENTATIONS BY DEVELOPING A BRIEF PRE AND POST TRAUMA KNOWLEDGE MEASURE T O GIVE TO ALL ATTENDEES OF THE TRAUMA PRESENTATIONS D) COLLECTING AND PROVIDING DATA ON TH E OTHER ACTIVITIES OF THE TRAUMA COALITION AND ITS IMPACT ON SPREADING TRAUMA INFORMED KNO WLEDGE TO THE COMMUNITY E) BUILDING A TRAUMA COALITION COUNTY WEBSITE DEVELOP AND FIND VE TTED TRAUMA RESOURCES TO LINK TO THE WEBSITE AND/OR TO DISSEMINATE TO THE COMMUNITY ACTION S TAKEN - 48 PROFESSIONALS IN THE COMMUNITY WERE TRAINED IN TRAUMA INFORMED CARE (TIC) - TRAUMA COALITION WEBSITE DEVELOPED AND RUNNING VETTED TRAUMA RESOURCES WERE PLACED ON THE WEBSITE EMPOWERING VISITORS (I E CONSUMERS, PARENTS AND COMMUNITY MEMBERS) TO OBTAIN APP ROPRIATE TRAUMA INFORMED SERVICES - PRE AND POST ASSESSMENT OF TRAUMA INFORMED CARE PROVID ED TO THE 48 MENTAL HEALTH PROFESSIONALS TRAINED - OVER 90% OF PARTICIPANTS AGREED/STRONGL Y AGREED THEY UNDERSTOOD THE DEFINITION OF TRAUMA, THREE E'S OF TRAUMA, PREVALENCE OF TRA UMA, FOUR R'S OF A TRAUMA INFORMED HOSPITAL, EFFECTS OF TRAUMA, WAYS THEY COULD BE MORE TR AUMA-INFORMED - 70% OF PARTICIPANTS AGREED/STRONGLY AGREED THAT THEY UNDERSTOOD SAMHSA'S 6 PRINCIPLES IN TIC RESULTS WERE PROVIDED TO THE TRAUMA COALITION HEALTH NEED IDENTIFIED DECREASE HEART DISEASE AND OTHER CHRONIC DISEASES - ASTHMASTRATEGY #1 - IMPROVE PATIENT/FA MILY KNOWLEDGE OF ASTHMA MANAGEMENT AND INCREASE THEIR PARTICIPATION IN SELF-CARE THROUGH EDUCATION A) IMPLEMENT EVIDENCE BASED ASTHMA DISEASE MANAGEMENT PROGRAM UTILIZED AT PROMED ICA TOLEDO CHILDREN'S HOSPITAL FOR ASTHMA EDUCATION AT THE PEDIATRIC AMBULATORY DEPARTMENT B) UTILIZE RESPIRATORY THERAPISTS TRAINED TO PROVIDE CONSISTENT ASTHMA EDUCATION TO PAREN TS AND CHILDREN WITH ASTHMA C) PROVIDE ASTHMA EDUCATION 2 DAYS PER WEEK TO ALL PARENTS OF ASTHMATIC CHILDREN SEEN IN THE PEDIATRIC AMBULATORY DEPARTMENT D) PROVIDE THE ASTHMA INSTR UCTION BOOKLET TO PARENTS RECEIVING EDUCATION E) PROVIDE AN ASTHMA ACTION PLAN TO ALL PARE NTS OF CHILDREN SEEN IN THE PEDIATRIC AMBULATORY DEPARTMENT WITH A DIAGNOSIS OF ASTHMA F) MONITOR CHILDREN WHO RECEIVE EDUCATION FOR FREQUENCY OF ASTHMA RELATED HOSPITALIZATIONS AN D/OR ED VISITS DURING THIS INI

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Form and Line Reference	Explanation
STRATEGY #4 - THE LUCAS COUNTY TRAUMA INFORMED CARE COALITION (LCTIC)	TIAL YEAR G) PROMOTE PEDIATRIC AMBULATORY ASTHMA EDUCATION & MANAGEMENT AS A MODEL TO OTHE R PEDIATRIC OFFICES TO INCREASE ASTHMA MANAGEMENT ACCESS FOR ALL CHILDREN WITH ASTHMA ACTI ONS TAKEN - ASTHMA EDUCATION WAS PROVIDED TO 672 PATIENTS IN THE PEDIATRIC AMBULATORY DEPA RTMENTS - ACTION PLANS WERE GIVEN TO 518 PARENTS OF CHILDREN IN THE PEDIATRIC AMBULATORY D EPARTMENT WITH AN ASTHMA DIAGNOSIS - 72 PATIENTS RETURNED FOR EDUCATION OR TO SEEK CLASS I NSTRUCTION STRATEGY #2 - DECREASE ASTHMA RELATED HOSPITAL ADMISSIONS AND EMERGENCY DEPARTM ENT (ED) VISITS A) WILL MONITOR ALL TOLEDO CHILDREN'S PEDIATRIC PRIMARY PATIENTS WHO RECEI VE ASTHMA EDUCATION FOR FREQUENCY OF ASTHMA RELATED HOSPITALIZATIONS AND/OR ED VISITS B) E DUCATION WILL CONSIST OF TEACHING AND PRACTICING HEALTHY BEHAVIORS TO INCREASE NUMBER OF A STHMA PATIENTS RETURNING FOR FOLLOW UP CARE AND MEDICATION REFILLS ON ROUTINE BASIS C) UTI LIZE HOME CARE NURSES TO PROVIDE HOME EVALUATIONS AND FOLLOW UP CARE FOR ASSESSMENT OF PAT IENT/FAMILY UNDERSTANDING OF ASTHMA EDUCATION, IMPLEMENTATION OF MANAGEMENT SKILLS AND UND ERSTANDING OF NEED TO TAKE MEDICATIONS AS ORDERED D) PATIENTS WILL FOLLOW UP IN PEDIATRIC AMBULATORY OFFICE FOR FOLLOW UP AS NEEDED WITH RESPIRATORY THERAPIST ASTHMA EDUCATOR FOR M ONITORING FAMILY/CHILD'S UNDERSTANDING AND ONGOING MANAGEMENT OF EDUCATION RESPIRATORY TH ERAPIST WILL RE-EDUCATE AS NEEDED ACTIONS TAKEN - MONITORED NUMBER OF ASTHMA HOSPITALIZAT IONS/ED VISITS FROM 2017 THE < 30 DAY READMISSION RATE HAS DECREASED FROM 2 25% IN 2016 T O 1 5% IN 2017 THE PERCENTAGE OF < 30 AND < 60 DAY REVISITS TO THE ED HAVE REMAINED VIRTU ALLY UNCHANGED BETWEEN 1Q17 AND 1Q18 THE % OF < 7 DAY REVISITS HAS INCREASED FROM 1 8% TO AVERAGE OF 2 95% , THE < 7 DAY READMISSION RATE IS 0 5% FOR SAMPLED PATIENT POPULATION - DEVELOPED MEASURES TO IDENTIFY NUMBER OF PATIENTS PARTICIPATION IN ASTHMA EDUCATION IN 201 7 DEVELOPED MEASURES TO IDENTIFY IF INCREASING ASTHMA RECHECKS IN 2018 IDENTIFIED THAT P RIMARY CARE PHYSICIANS WERE NOT REFERRING ASTHMA PATIENTS TO HOME CARE CONSISTENTLY FOR HO ME CARE NURSING FOLLOW UP PER NAEEP GUIDELINES 2007 REPORT RE-EDUCATION HAS OCCURRED IN 2 018 AND THEN ANNUALLY FOR UTILIZATION OF HOME CARE ASTHMA EDUCATORS ARE TO PROVIDE FEEDBA CK TO NURSES/PCP OF FAMILIES THAT WOULD BENEFIT FROM FOLLOW UP ASSESSMENT OF PATIENT/FAMIL Y UNDERSTANDING OF ASTHMA EDUCATION AND HOME ASTHMA MANAGEMENT SKILLS AND MEDICATION USAGE - THE OFFICE HAS REDESIGNED THE SCHEDULING OF ASTHMA PATIENTS TO COINCIDE WITH THE DAYS T HE RESPIRATORY THERAPISTS ARE AVAILABLE - INCREASED NUMBER OF ASTHMA PATIENTS RETURNING F OR ASTHMA RECHECKS PER YEAR RESULTING IN CAPTURING ASTHMA PATIENTS WHILE IN OFFICE AND ABL E TO SCHEDULE NEXT APPOINTMENT BEFORE LEAVING STRATEGY #3 - IMPROVE MANAGEMENT OF ASTHMA FOR CHILDREN AT PROMEDICA TOLEDO CHILDREN'S HOSPITAL AND ASSOCIATED OUTPATIENT AREAS A) PR OMEDICA TOLEDO CHILDREN'S HOSPITAL HAS BEEN ACCREDITED BY THE JOINT COMMISSION FOR ASTHMA DISEASE MANAGEMENT AND IS THE

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Form and Line Reference	Explanation
STRATEGY #4 - THE LUCAS COUNTY TRAUMA INFORMED CARE COALITION (LCTIC)	ONLY HOSPITAL IN OHIO WITH THIS DISTINCTION THIS IS AN EVIDENCED BASED PROGRAM USING QUAL ITY MEASURES TO DETERMINE SUCCESS THIS TEAM MEETS REGULARLY TO EVALUATE PROGRESS BASED ON TARGET GOALS B) UTILIZE EVIDENCED BASED ASTHMA ORDER SETS DESIGNED FOR THE CHILDREN'S EME RGENCY DEPARTMENT, THE CHILDREN'S HOSPITAL PEDIATRIC UNIT AND PEDIATRIC INTENSIVE CARE UNI T (PICU) C) PROVIDE ASTHMA EDUCATION TO PATIENTS AND THEIR FAMILIES ADMITTED TO PROMEDICA TOLEDO CHILDREN'S HOSPITAL THAT MEET THE DIAGNOSIS CRITERIA FOR ASTHMA D) PROVIDE STANDARD IZED ASTHMA EDUCATION TO PATIENTS AND THEIR FAMILIES SEEN IN CENTER FOR HEALTH SERVICES OR PULMONARY CLINIC THAT MEET THE CRITERIA FOR ASTHMA E) PROVIDE THE ASTHMA INSTRUCTION BOOK LET TO THOSE PARENTS RECEIVING EDUCATION F) PROVIDE AN ASTHMA ACTION PLAN TO ALL PATIENTS AND FAMILIES DISCHARGED WITH AN ASTHMA DIAGNOSIS FROM PROMEDICA TOLEDO CHILDREN'S HOSPITAL OR PEDIATRIC EMERGENCY DEPARTMENT ACTIONS TAKEN - TCH MAINTAINS ACCREDITATION BY THE JOIN T COMMISSION FOR ASTHMA DISEASE MANAGEMENT PROVIDING THE HIGHEST LEVEL OF CARE - 90% USE O F ASTHMA ORDER SETS COMPLETED IN PEDIATRIC EMERGENCY DEPARTMENT - 98 5% USE OF ASTHMA ORDE R SETS COMPLETED IN PEDIATRIC INPATIENT UNIT - 100% USE OF ASTHMA ORDER SETS COMPLETED IN PEDIATRIC ICU - 94% USE OF ASTHMA HOME MANAGEMENT PLAN OF CARE COMPLETED WITH PATIENTS AND THEIR FAMILIES AT TIME OF DISCHARGE, 97% HIGH RISK ASTHMA SCREENING COMPLETED WITH INPATI ENTS - 100% PATIENTS/FAMILIES CORRECTLY ANSWERED ASTHMA EDUCATION EVALUATIONS - 0 5% PATIE NTS WERE SEEN IN EMERGENCY DEPARTMENT WITHIN 7 DAYS, 1 7% WITHIN 30 DAYS FROM LAST EMERGEN CY DEPARTMENT VISIT, (DECREASING NUMBER FROM PREVIOUS YEAR) STRATEGY #4 - IMPROVE ACCESS T O PEDIATRIC PRIMARY CARE PHYSICIANS AT THE PROMEDICA TOLEDO CHILDREN'S HOSPITAL CLINIC A) INCREASE PEDIATRIC PHYSICIAN HOURS AS NEEDED B) OFFER SAME DAY APPOINTMENTS FOR SICK NEW P ATIENTS C) MONITOR ACCESS TO CARE REPORT TO DETERMINE LENGTH OF TIME NEW PATIENTS MUST WAI T FOR APPOINTMENT AND ADD AVAILABLE PHYSICIAN HOURS AS NEEDED ACTIONS TAKEN - 1,433 NEW PA TIENTS ATTENDED THE PROMEDICA TOLEDO CHILDREN'S HOSPITAL PRIMARY CARE CLINIC IN 2017 SAME DAY APPOINTMENTS ARE OFFERED FOR SICK, NEW PATIENTS - ACCESS TO CARE REPORT COMPILED QUAR TERLY TO MONITOR ACCESS TO CARE AND MODIFY, AS NEEDED, TO IMPROVE ACCESS TO CARE

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STRATEGY #5 - INCREASE CHILDHOOD IMMUNIZATION RATES	A) PROMEDICA TOLEDO CHILDREN'S HOSPITAL (TCH) WILL PROVIDE NURSE COVERAGE IN COLLABORATION WITH THE LUCAS COUNTY HEALTH DEPARTMENT "SHOTS FOR TOTS" PROGRAM TO PROVIDE IMMUNIZATIONS TO CHILDREN B) THE PROMEDICA TOLEDO CHILDREN'S HOSPITAL PRIMARY CARE CLINIC WILL CONTINUE TO OFFER FREE "VACCINES FOR KIDS" PER THE STATE GUIDELINES TO ALL ELIGIBLE CHILDREN THE STATE REGISTRY WILL BE UPDATED AT EACH VISIT WHERE SHOTS ARE GIVEN C) THE PROMEDICA TOLEDO CHILDREN'S HOSPITAL PRIMARY CARE CLINIC WILL CONTINUE TO TAKE EVERY OPPORTUNITY AT VISITS TO UPDATE CHILDREN'S IMMUNIZATIONS ACTIONS TAKEN - TCH PROVIDED 122 NURSING HOURS TO SHOT S FOR TOTS PROGRAM IN THE COMMUNITY - FREE VACCINES WERE OFFERED THROUGH THE "VACCINES FOR KIDS" PROGRAM - 72% OF CHILDREN WERE IMMUNIZED BY AGE 2 IN THE PROMEDICA TOLEDO CHILDREN' S HOSPITAL PRIMARY CARE CLINIC HEALTH NEED IDENTIFIED INCREASE HEALTHY WEIGHT STATUSSTRAT EGY #1 - INCREASE THE NUTRITION EDUCATION OFFERINGS TO CHILDREN AND PARENTS IN PROMEDICA T OLEDO CHILDREN'S HOSPITAL SERVICE AREA DISTRIBUTE NUTREXITY BOARD GAMES TO ALL SURROUNDIN G ELEMENTARY SCHOOLS AND AFTER-SCHOOL PROGRAMS NUTREXITY IS A BOARD GAME FOCUSED ON TEACH ING HEALTHY EATING BASICS, INCLUDING NUTRITION, EXERCISE AND BEING A HEALTH PART OF THE CO MMUNITY, TO 2ND-5TH GRADERS ACTIONS TAKEN - NUTREXITY GAMES WERE DONATED TO SCHOOLS AND CO MMUNITY ORGANIZATIONS IN 2015 AND 2016 TO PROVIDE CONTINUOUS ACCESS TO THIS EDUCATIONAL PR OGRAM AT THE SCHOOLS IN LIEU OF PROVIDING THAT PROGRAM, COMMUNITY MEMBERS WERE EDUCATED T HROUGH ALTERNATIVE PROGRAMS, INCLUDING TWO (2) HEALTHY EATING PRESENTATIONS WITH STUDENTS AT CHRIST THE KING, AND FIVE (5) COOKING MATTERS AT THE STORE HEALTHY GROCERY STORE TOURS COMPLETED IN 2017 WITH 36 TOTAL PARTICIPANTS STRATEGY #2 - ADDRESS FOOD INSECURITY AMONG PATIENTSA) ADDITIONAL PROMEDICA PRACTICES WILL BE TRAINED TO REFER FOOD INSECURE PATIENTS TO PROMEDICA'S FOOD PHARMACY, WHICH PROVIDES HEALTHY FOOD ON A MONTHLY BASIS TO PATIENTS B) ALL PATIENTS AT TCH WILL BE SCREENED FOR FOOD INSECURITY PRIOR TO DISCHARGE AND WERE OF FERED AN EMERGENCY FOOD BAG UPON DISCHARGE C) STARTING IN 2016, TOLEDO HOSPITAL/TOLEDO CHI LDREN'S HOSPITAL WILL TAKE PART IN THE SUMMER FOOD SERVICE PROGRAM AS A SUMMER MEAL SITE P ROVIDING FREE MEALS FOR CHILDREN AGES 1-18 ACTIONS TAKEN - EIGHT (8) ADDITIONAL PROMEDICA PRACTICES WERE TRAINED IN 2017 TO REFER FOOD INSECURE PATIENTS TO PROMEDICA'S FOOD PHARMAC Y, WHICH PROVIDES HEALTHY FOOD ON A MONTHLY BASIS TO PATIENTS - 1,896 FAMILIES WITH CHILD REN WERE SERVED BY THE PROMEDICA FOOD PHARMACY - RESULTS FROM FOOD PHARMACY STUDY AND EMR DATA RESEARCH WERE COMPLETED IN 2017 SHOWING INSIGNIFICANT CHANGE IN FOOD INSECURITY LEVEL , QUALITY OF LIFE, AND MENTAL HEALTH OUTCOMES ADDITIONAL RESULTS WILL BE AVAILABLE IN 201 8 PRELIMINARY RESULTS FROM POPULATION HEALTH ANALYSIS OF THE SYSTEM FOOD CLINIC PROGRAM I NDICATED A 3% REDUCTION IN ED USAGE, 53% REDUCTION IN ALL CAUSE READMISSION RATES, AND 4% INCREASE IN PRIMARY CARE USAGE

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Form and Line Reference	Explanation
STRATEGY #5 - INCREASE CHILDHOOD IMMUNIZATION RATES	FOR PATIENTS AFTER UTILIZING THE FOOD CLINIC PROGRAM - ALL TCH PATIENTS WERE SCREENED FO R FOOD INSECURITY WITH 64 EMERGENCY FOOD BAGS PROVIDED TO TCH PATIENTS AT DISCHARGE - 306 MEALS WERE SERVED AT TOLEDO HOSPITAL'S SUMMER MEALS PROGRAM STRATEGY #3 - PROVIDE EDUCATIO N AND AWARENESS TO CHILDREN AND FAMILIES ON CHILD OBESITY AND HEALTHY SUPPLEMENTAL FOODS T HROUGH THE PROMEDICA TOLEDO CHILDREN'S HOSPITAL WIC PROGRAM A CONDUCT INDIVIDUAL NUTRITIO N ASSESSMENTS FOR WIC PARTICIPANTS TAILOR INDIVIDUAL WIC FOOD PACKAGE TO BEST MEET EACH P ARTICIPANT'S INDIVIDUAL NUTRITION NEEDS AND/OR GOALS B MAKE REFERRALS TO PHYSICIAN, AS IN DICATED BY WIC POLICIES AND PROCEDURES C PROVIDE BREASTFEEDING EDUCATION CLASSES D EDUCA TE ON LIMITING JUICE AND EMPTY CALORIE FOODS AND REPLACE WITH ECONOMICAL HEALTHY FOODS E EDUCATE PARENT/CAREGIVER ON HOW TO EXTEND FOOD DOLLARS AND OFFERS HEALTHY, INEXPENSIVE MEA L IDEAS F PROVIDE FARMER MARKET COUPONS, TO ELIGIBLE WIC PARTICIPANTS, (JULY THROUGH SEPT EMBER) TO HELP INCREASE FRESH FRUIT AND VEGETABLE INTAKE ACTIONS TAKEN - 10,372 CHILDREN A ND CAREGIVERS WERE ASSESSED AND EDUCATED THROUGH WIC PROGRAM - ALL WIC PATIENTS ARE REQUIR ED TO HAVE DIET ASSESSMENTS TWICE A YEAR, AND BASED ON THIS ASSESSMENT PHYSICIAN REFERRALS ARE MADE - 54 BREAST FEEDING EDUCATION CLASSES WERE PROVIDED THROUGH THE CHS (CENTER FOR HEALTH SERVICES) CLINIC BASED WIC PROGRAM - ALL WIC PATIENTS ARE REQUIRED TO HAVE DIET ASS ESSMENTS TWICE A YEAR, AND BASED ON THIS ASSESSMENT, FAMILIES ARE EDUCATED ON LIMITING JUI CE AND EMPTY CALORIE FOODS AND REPLACE WITH ECONOMICAL HEALTH FOODS - ALL WIC PATIENTS ARE REQUIRED TO HAVE DIET ASSESSMENTS TWICE A YEAR, AND BASED ON THIS ASSESSMENT PARENTS/CARE GIVERS ARE EDUCATED ON HOW TO EXTEND FOOD DOLLARS AND OFFERED HEALTHY, INEXPENSIVE MEAL ID EAS - 643 PARTICIPANTS PARTICIPATED IN THE CHS CLINIC BASED BREAST FEEDING CLASSES THROUGH THE WIC PROGRAM - 1,044 FARMER MARKET COUPONS WERE GIVEN TO ELIGIBLE WIC PARTICIPANTS THR OUGH THE WIC PROGRAM HEALTH NEED IDENTIFIED INJURY PREVENTION/SAFETYSTRATEGY #1 - PROMEDI CA TOLEDO CHILDREN'S HOSPITAL IN PARTNERSHIP WITH STATE FARM WILL CONDUCT A DISTRACTED DRI VING PROGRAM THAT WILL EDUCATE HIGH SCHOOL STUDENTS AND THE COMMUNITY ON THE DANGERS OF DI STRACTED DRIVING AND THE IMPORTANCE TO SPEAK UP IF FEELING UNSAFE WITH OTHER DRIVERS (BASE D ON FUNDING AVAILABILITY) CONDUCT DISTRACTED DRIVING PROGRAM FOR AT LEAST 3 HIGH SCHOOLS AND AT LEAST 1 COMMUNITY LOCATION ACTIONS TAKEN - PROMOTED AND FACILITATE DISTRACTED DRIV ING PRESENTATIONS FOR EIGHT (8) HIGH SCHOOLS IN LUCAS COUNTY AND GREATER TOLEDO AREA, RESU LTING IN EIGHT (8) SCHOOLS PARTICIPATING, 3,250 PARTICIPANTS WERE EDUCATED AT PRESENTATION S, AND 320 PARTICIPANTS USED THE DISTRACTED DRIVER SIMULATOR - DISTRACTED DRIVING EDUCATIO N PROVIDED AT COMMUNITY LOCATIONS IN 2017 TOLEDO AUTO SHOW (4 DAYS), TOLEDO HOSPITAL EMPL OYEE HEALTH FAIR, TOLEDO HOSPITAL CAFETERIA, SWANTON CORN FESTIVAL, OWENS CORNING EMPLOYEE HEALTH FAIR, LUCAS COUNTY EDU

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
STRATEGY #5 - INCREASE CHILDHOOD IMMUNIZATION RATES	CATIONAL SERVICE CENTER (SOLAR ECLIPSE COMMUNITY VIEWING EVENT), AND PROMEDICA GO RED EVEN T APPROXIMATELY 250 TEENS AND ADULTS USING THE DISTRACTED DRIVING SIMULATOR AND OVER 1,50 0 PEOPLE REACHED THROUGH IN-DIRECT EDUCATION AT THESE EVENTS STRATEGY #2 - KISS (KIDS IN S AFE SEATS)/OBB (OHIO BUCKLES BUCKEYES)/SAFE KIDS BUCKLE UP CAR SEAT PROGRAMS WILL EDUCATE PARENTS AND CAREGIVERS ON THE IMPORTANCE OF PROPER CAR SEAT USE AT TOLEDO CHILDREN'S HOSPI TAL CAR SEAT FITTING STATION AND SAFE KIDS BUCKLE UP COMMUNITY EVENTS PROVIDE AT LEAST 40 OPPORTUNITIES FOR PARENTS AND CAREGIVERS TO RECEIVE CAR SEAT INFORMATION ACTIONS TAKEN - CONDUCTED 57 CAR SEAT CHECKUP EVENTS THROUGHOUT THE GREATER TOLEDO AREA STRATEGY #3 - KISS /OBB/SAFE KIDS BUCKLE UP WILL PROVIDE ACCESS TO CAR SEATS AND BOOSTER SEATS TO LOW-INCOME FAMILIES AT TOLEDO CHILDREN'S HOSPITAL CAR SEAT FITTING STATION AND SAFE KIDS BUCKLE UP CO MMUNITY EVENTS DISTRIBUTE AT LEAST 100 CAR SEATS TO LOW-INCOME FAMILIES ACTIONS TAKEN - 1 0 KISS/OBB/SAFE KIDS "BUCKLE UP" PRESENTATIONS WERE HELD - 268 CAR SEATS AND BOOSTER SEATS WERE PROVIDED TO LOW INCOME FAMILIES - 332 CAR SEATS WERE CHECKED FOR SAFE INSTALLATION S TRATEGY #4 - SAFE ROUTES TO SCHOOL PROGRAM WILL EDUCATE STUDENTS AND THE COMMUNITY ON THE BENEFITS OF WALKING AND BICYCLING TO SCHOOL IN GROUPS AS A WAY TO HAVE A SAFER NEIGHBORHOO D ACTIONS TAKEN - PRESENTED TO 17 CLASSROOMS ON PEDESTRIAN AND BICYCLE SAFETY THE TOTAL NUMBER OF CHILDREN RECEIVING THIS EDUCATION WAS 425 STRATEGY #5 - SAFE KIDS GREATER TOLED O WILL EDUCATE STUDENTS AND THE COMMUNITY ON THE BENEFITS OF WALKING AND BICYCLING TO SCHO OL IN GROUPS AS A WAY TO HAVE A SAFER NEIGHBORHOOD PROMOTE INTERNATIONAL WALK TO SCHOOL D AY WITH AT LEAST ONE SCHOOL IN LUCAS COUNTY ACTIONS TAKEN - PROMOTED INTERNATIONAL WALK TO SCHOOL (82 PARTICIPANTS, 2 SCHOOLS, 2 PRESENTATIONS) WITH MORE FOCUS ON BIKE TO SCHOOL DA Y (680 PARTICIPANTS, 13 SCHOOLS), AND PRESENTED 13 CLASSROOM PRESENTATIONS ON PEDESTRIAN A ND BICYCLE SAFETY

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Form and Line Reference	Explanation
STRATEGY #6 - PROMEDICA TOLEDO CHILDREN'S HOSPITAL COMMUNITY OUTREACH/SAFE	KIDS HOME SAFETY AND TOLEDO HEALTHY TOMORROWS HELP ME GROW PROGRAMS WILL EDUCATE PARENTS, CAREGIVERS AND THE COMMUNITY ON HOME SAFETY ISSUES INCLUDING ACCIDENTAL POISONINGS SAFETY, MEDICATION SAFETY, WATER SAFETY, FALLS, FIRE, BURN, ETC DIRECTLY EDUCATE AT LEAST 150 IN DIVIDUALS THROUGH PRESENTATIONS AND EDUCATIONAL SESSIONS, INDIRECTLY EDUCATE THOUSANDS MOR E THROUGH SOCIAL MEDIA, TRADITIONAL MEDIA AND BROCHURES ACTIONS TAKEN - CONDUCTED EDUCATIO NAL PRESENTATIONS TO PARENTS/CAREGIVERS AND OTHER PROFESSIONALS WITH 187 PARTICIPANTS STRA TEGY #7 - TCH COMMUNITY OUTREACH/SAFE KIDS HOME SAFETY AND TOLEDO HEALTHY TOMORROWS HELP M E GROW PROGRAMS WILL PROVIDE SAFETY ITEMS AND EDUCATIONAL MATERIALS TO LOW-INCOME FAMILIES TO REDUCE OR PREVENT HOME-RELATED INJURIES PROVIDE HOME SAFETY ITEMS/KITS TO AT LEAST 30 LOW-INCOME HOUSEHOLDS ACTIONS TAKEN - TOLEDO HEALTHY TOMORROWS HELP ME GROW AND PATHWAYS PROGRAMS PROVIDED HOME SAFETY ASSESSMENTS, ITEMS AND/OR EDUCATION TO 172 LOW INCOME FAMILI ES IN 2017 STRATEGY #8 - ASSESS AND PROVIDE SAFETY ITEMS TO HOMES LACKING SMOKE/CARBON MON OXIDE (CO) DETECTORS, FIRE EXTINGUISHERS, CHILD SAFETY GATES, DOOR LOCKS, ETC PARTNER WIT H AMERICAN RED CROSS TO REQUEST AND INSTALL SMOKE/CO DETECTORS IN HOMES WITHOUT THEM FOLL OW UP WITH POST ASSESSMENT TO ENSURE ITEMS ARE BEING USED AND INSTALLED/USED CORRECTLY CO MPLETE WRITTEN ASSESSMENT OF HOME AND NEED FOR SAFETY ITEMS DISTRIBUTE NEEDED SAFETY ITEM S AND EDUCATE ON USE COMPLETE WRITTEN FOLLOW UP ASSESSMENT ON INSTALLATION AND CORRECT US E OF SAFETY ITEMS PROVIDED ACTIONS TAKEN - PROVIDED SAFETY ITEMS SUCH AS BABY GATES, WINDO W GUARDS, CABINET LOCKS, APPLIANCE LOCKS, FIRE EXTINGUISHERS, CO DETECTORS, OUTLET COVERS, BATH THERMOMETERS, ETC RESULTING IN 193 ITEMS DISTRIBUTED TO 105 HOUSEHOLDS - CHILD/HOME SAFETY ASSESSMENTS WERE COMPLETED, WITH 172 COMPLETED ASSESSMENTS FOR HOME SAFETY ITEMS, 15 SMOKE/CO DETECTORS PROVIDED BY THE AMERICAN RED CROSS, AND 165 FOLLOW UP ASSESSMENTS CO MPLETED STRATEGY #9 - SAFE KIDS SPORTS SAFETY AND TOLEDO CHILDREN'S HOSPITAL TRAUMA DEPART MENT WILL EDUCATE PARENTS/CAREGIVERS AND THE COMMUNITY ON CONCUSSION PREVENTION AND SPORTS -RELATED INJURIES AT EVENTS, COACHES TRAININGS, CONCUSSION CLINIC AND AREA SCHOOLS EDUCAT E AT LEAST 50 PARTICIPANTS AT PRESENTATIONS AND EVENTS ACTIONS TAKEN - CONDUCTED EDUCATION AL PRESENTATIONS TO PARENTS/CAREGIVERS AND OTHER PROFESSIONALS ON SPORTS SAFETY ISSUES, WI TH 19 EDUCATIONAL PRESENTATIONS AND 530 TOTAL PARTICIPANTS STRATEGY #10 - TOLEDO CHILDREN' S HOSPITAL TRAUMA DEPARTMENT WILL ASSIST SCHOOLS AND MEDICAL PROFESSIONALS WITH "RETURN TO PLAY AND "RETURN TO LEARN" POLICY AND PROCEDURE ADOPTION BY PROVIDING EDUCATIONAL MATERIA LS AND SESSIONS PROVIDE INFORMATION TO AT LEAST FOUR SCHOOLS OR MEDICAL PROFESSIONALS ACT IONS TAKEN - PROVIDED "RETURN TO PLAY AND "RETURN TO LEARN" MATERIALS AND EDUCATIONAL SESS IONS, WITH 20 SCHOOLS AND 180 MEDICAL AND/OR SCHOOL PROFESSIONALS HEALTH NEED IDENTIFIED INCREASE SCHOOL READINESSSTRAT

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Form and Line Reference	Explanation
STRATEGY #6 - PROMEDICA TOLEDO CHILDREN'S HOSPITAL COMMUNITY OUTREACH/SAFE	EGY #1 - PROMOTE READING TO YOUNG CHILDREN THROUGH THE TOLEDO HEALTHY TOMORROWS/HELP ME GR OW PROGRAM ON AN ONGOING BASIS EDUCATE YOUNG LOW INCOME PARENTS ABOUT PARENTING AND THE B ENEFITS OF READING TO THEIR CHILDREN DURING HOME VISITS PROVIDE FREE CHILDREN'S BOOKS AT HOME VISIT TOLEDO HEALTHY TOMORROWS (THT)/ HELP ME GROW HOME VISITORS PROVIDED LITERACY E DUCATION AND BOOKS TO FAMILIES ACTIONS TAKEN - EDUCATION PROVIDED TO 237 YOUNG LOW INCOME PARENTS AND 385 BOOKS WERE PROVIDED STRATEGY #2 - PROVIDE AGE SPECIFIC DEVELOPMENTAL SCREE NING FROM BIRTH TO AGE 3 FOR CHILDREN ENROLLED IN THT/HELP ME GROW PROGRAM SCREEN ALL INF ANTS AND CHILDREN TO AGE 3 YEARS WITH AGE APPROPRIATE AGES AND STAGES, THIRD EDITION REFE R ALL CHILDREN TO EARLY INTERVENTION THROUGH ESTABLISHED PROCEDURE IF SCREENING DETERMINES NEED FOR EVALUATION ACTIONS TAKEN - 618 SCREENINGS WERE COMPLETED AND 15 REFERRALS WERE M ADE TO EARLY INTERVENTION GROUP A-FACILITY 1 -- THE TOLEDO HOSPITALPART V, SECTION B, LINE 16A THE FAP WAS WIDELY AVAILABLE AT THE FOLLOWING URL WWW PROMEDICA ORG/PAGES/PATIENT-RE SOURCES/BILLING-INSURANCE/FINANCIAL-ASSISTANCE/DEFAULT ASPXGROUP A-FACILITY 1 -- THE TOLED O HOSPITALPART V, SECTION B, LINE 16B THE FAP APPLICATION FORM WAS WIDELY AVAILABLE AT TH E FOLLOWING URL WWW PROMEDICA ORG/PAGES/PATIENT-RESOURCES/BILLING-INSURANCE/FINANCIAL-ASSI STANCE/DEFAULT ASPXGROUP A-FACILITY 1 -- THE TOLEDO HOSPITALPART V, SECTION B, LINE 16C A PLAIN LANGUAGE SUMMARY OF THE FAP WAS WIDELY AVAILABLE AT THE FOLLOWING URL WWW PROMEDICA ORG/PAGES/PATIENT-RESOURCES/BILLING-INSURANCE/FINANCIAL-ASSISTANCE/DEFAULT ASPX

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Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL	PART V, SECTION B, LINE 11 WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL CONDUCTED AND ADOPTED IT S SECOND COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) DURING TAX YEAR 2016 AND INTENDS TO ADDR ESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS, LISTED IN ORDER OF PRIORITY - HUNGER- OBESITYT HIS CHNA WAS CONDUCTED AND ADOPTED AT THE END OF TAX YEAR 2016, THEREFORE, THESE HEALTH NE EDS WILL BE ADDRESSED OVER THE THREE TAX YEARS, 2017-2019 WILDWOOD ORTHOPAEDIC & SPINE HO SPITAL DOES NOT INTEND TO ADDRESS ALL OF THE NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCT ED COMMUNITY HEALTH NEEDS ASSESSMENT GIVEN THAT SOME OF THE IDENTIFIED HEALTH NEEDS ARE EI THER BEING ADDRESSED DURING PHYSICIAN VISITS, GO BEYOND THE SCOPE OF THE HOSPITAL, OR ARE BEING ADDRESSED BY, OR WITH, OTHER ORGANIZATIONS IN THE COMMUNITY TO SOME EXTENT, RESOURC E RESTRICTIONS DO NOT ALLOW THE HOSPITAL TO ADDRESS ALL OF THE HEALTH NEEDS IDENTIFIED THR OUGH THE HEALTH NEEDS ASSESSMENT, BUT MOST IMPORTANTLY, TO PREVENT DUPLICATION OF EFFORTS AND INEFFICIENT USE OF RESOURCES, MANY OF THESE ISSUES ARE ADDRESSED BY, AND WITH, OTHER C OMMUNITY ORGANIZATIONS AND COALITIONS THE 2016 SIGNIFICANT HEALTH NEEDS IDENTIFIED, BUT S PECIFICALLY NOT ADDRESSED BY THE HOSPITAL IN ITS 2016 IMPLEMENTATION PLAN INCLUDE HEALTH CARE COVERAGE PERCEPTIONS, HEALTH CARE ACCESS AND UTILIZATION, CARDIOVASCULAR HEALTH, CANC ER, DIABETES, ARTHRITIS, ASTHMA, TOBACCO USE, ALCOHOL CONSUMPTION AND DRUG USE, WOMEN'S HE ALTH, MEN'S HEALTH, PREVENTIVE MEDICINE AND HEALTH SCREENINGS, ADULT SEXUAL BEHAVIOR, ADUL T PREGNANCY OUTCOMES, QUALITY OF LIFE, SOCIAL CONTEXT AND SAFETY, SOCIAL ISSUES (EXCEPT HU NGER), MENTAL HEALTH AND SUICIDE, ORAL HEALTH, MINORITY HEALTH, HEALTH ISSUES SPECIFIC TO YOUTH AND CHILDREN, YOUTH WEIGHT, YOUTH TOBACCO USE, YOUTH ALCOHOL AND DRUG USE, YOUTH SEX UAL BEHAVIOR, YOUTH MENTAL HEALTH, YOUTH SAFETY AND VIOLENCE, CHILDREN HEALTH STATUS, CHIL DREN DIAGNOSED WITH ASTHMA, CHILDREN DIAGNOSED WITH ADHD/ADD, CHILDREN DIAGNOSED WITH VISI ON PROBLEMS THAT CANNOT BE CORRECTED, CHILDREN'S HEALTH ACCESS, EARLY CHILDHOOD HEALTH, MI DDLE CHILDHOOD HEALTH, FAMILY FUNCTIONING/NEIGHBORHOODS, AND PARENT HEALTH WILDWOOD ORTHOP AEDIC & SPINE HOSPITAL DID TAKE THE FOLLOWING ACTIONS DURING TAX YEAR 2017 WITH RESPECT TO ITS MOST RECENTLY CONDUCTED CHNA IN 2016 HEALTH NEED IDENTIFIED HUNGERSTRATEGY #1 - SCRE EN INPATIENTS ON ADMISSION FOR FOOD INSECURITY, AND PROVIDE FOOD TO TAKE HOME AT DISCHARGE IF FOOD INSECURITY IS IDENTIFIED ACTIONS TAKEN - ZERO PATIENTS AT WILDWOOD SCREENED POSIT IVE FOR FOOD INSECURITY IN 2017 A TOTAL OF 480 PATIENTS AT TOLEDO HOSPITAL (THAT WILDWOOD OPERATES UNDER) WERE PROVIDED WITH EMERGENCY FOOD BOXES AT DISCHARGE IN 2017 STRATEGY #2 - SCREEN OUTPATIENTS IN SPECIFIC PROMEDICA PRIMARY CARE OFFICES FOR FOOD INSECURITY, AND PROVIDE A REFERRAL TO A PROMEDICA FOOD PHARMACY AND/OR PROVIDE A LISTING OF FOOD AGENCIES TO ASSIST PATIENTS WITH FOOD ACCESS ACTIONS TAKEN - 1,364 UNIQUE HOUSEHOLDS, WITH NO CHILD REN, WERE SERVED AT THE PROMED

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Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL	ICA FOOD CLINIC (PHARMACY) IN 2017 HEALTH NEED IDENTIFIED OBESITYSTRATEGY #1 - PROVIDE FR EE COOKING MATTERS PROGRAMMING TO PARENTS AND FAMILIES THROUGHOUT THE COMMUNITY COOKING M ATTERS IS A 6-WEEK HEALTHY EATING AND COOKING CLASS FOR LOW-INCOME FAMILIES, WHICH WILL BE OFFERED AT THE PROMEDICA EBEID INSTITUTE'S TEACHING KITCHEN ACTIONS TAKEN - SIX (6) EDUCA TIONAL SESSIONS WERE PROVIDED IN 2017 - 82 PARTICIPANTS PARTICIPATED IN EDUCATIONAL SESSIO NS STRATEGY #2 - PROVIDE FREE COOKING MATTERS AT THE STORE PROGRAMMING TO PARENTS AND FAMI LIES COOKING MATTERS AT THE STORE IS A ONE-TIME, EDUCATIONAL GROCERY STORE TOUR TEACHING HEALTHY EATING ON A BUDGET ACTIONS TAKEN - FIVE (5) EDUCATIONAL SESSIONS WERE PROVIDED IN 2017 - 36 PARTICIPANTS PARTICIPATED IN EDUCATIONAL SESSIONS STRATEGY #3 - PROVIDE PHYSICAL ACTIVITY EDUCATION AS PART OF THE PROGRAMMING AT THE EBEID INSTITUTE FOR POPULATION HEALT H ACTIONS TAKEN - 12 EDUCATIONAL SESSIONS WERE PROVIDED IN 2017 - 600 PARTICIPANTS PARTICI PATED IN EDUCATIONAL SESSIONS GROUP A-FACILITY 2 -- WILDWOOD ORTHOPAEDIC & SPINE HOSPITALP ART V, SECTION B, LINE 16A THE FAP WAS WIDELY AVAILABLE AT THE FOLLOWING URL WWW PROMEDIC A ORG/PAGES/PATIENT-RESOURCES/BILLING-INSURANCE/FINANCIAL-ASSISTANCE/DEFAULT ASPXGROUP A-F ACILITY 2 -- WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL HEADINGPART V, SECTION B, LINE 16B THE FAP APPLICATION FORM WAS WIDELY AVAILABLE AT THE FOLLOWING URL WWW PROMEDICA ORG/PAGES/PA TIENT-RESOURCES/BILLING-INSURANCE/FINANCIAL-ASSISTANCE/DEFAULT ASPXGROUP A-FACILITY 2 -- W ILDWOOD ORTHOPAEDIC & SPINE HOSPITAL HEADINGPART V, SECTION B, LINE 16C A PLAIN LANGUAGE SUMMARY OF THE FAP WAS WIDELY AVAILABLE AT THE FOLLOWING URL WWW PROMEDICA ORG/PAGES/PATIE NT-RESOURCES/BILLING-INSURANCE/FINANCIAL-ASSISTANCE/DEFAULT ASPX

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Form and Line Reference	Explanation
GROUP B-FACILITY 3 -- ARROWHEAD BEHAVIORAL HEALTH	PART V, SECTION B, LINE 7B THE CHNA REPORT WAS MADE WIDELY AVAILABLE AT THE FOLLOWING URL HTTPS //WWW PROMEDICA ORG/FLOWER-HOSPITAL/DOCUMENTS/PROMEDICA%20TOLEDO% 20FLOWER%20WILDWOO D%20AND%20ARROWHEAD%20BEHAVIORAL%20HOSPITALS%202016% 20JOINT%20COMMUNITY%20HEALTH%20NEEDS%2 0ASSESSMENT PDFGROUP B-FACILITY 3 -- ARROWHEAD BEHAVIORAL HEALTHPART V, SECTION B, LINE 11 ARROWHEAD BEHAVIORAL HOSPITAL CONDUCTED AND ADOPTED ITS SECOND COMMUNITY HEALTH NEEDS AS SESSMENT (CHNA) DURING TAX YEAR 2016 AND INTENDS TO ADDRESS THE FOLLOWING SIGNIFICANT HEAL TH NEEDS, LISTED IN ORDER OF PRIORITY - SUBSTANCE ABUSE- MENTAL HEALTHTHIS CHNA WAS CONDUC TED AND ADOPTED AT THE END OF TAX YEAR 2016, THEREFORE, THESE HEALTH NEEDS WILL BE ADDRESS ED OVER THE THREE TAX YEARS, 2017-2019 ARROWHEAD BEHAVIORAL HOSPITAL DOES NOT INTEND TO A DDRESS ALL OF THE NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS A SSESSMENT GIVEN THAT SOME OF THE IDENTIFIED HEALTH NEEDS ARE EITHER BEING ADDRESSED DURING PHYSICIAN VISITS, GO BEYOND THE SCOPE OF THE HOSPITAL, OR ARE BEING ADDRESSED BY, OR WITH , OTHER ORGANIZATIONS IN THE COMMUNITY TO SOME EXTENT, RESOURCE RESTRICTIONS DO NOT ALLOW THE HOSPITAL TO ADDRESS ALL OF THE HEALTH NEEDS IDENTIFIED THROUGH THE HEALTH NEEDS ASSES SMENT, BUT MOST IMPORTANTLY TO PREVENT DUPLICATION OF EFFORTS AND INEFFICIENT USE OF RESOU RCES, MANY OF THESE ISSUES ARE ADDRESSED BY, AND WITH, OTHER COMMUNITY ORGANIZATIONS AND C OALITIONS THE 2016 SIGNIFICANT HEALTH NEEDS IDENTIFIED, BUT SPECIFICALLY NOT ADDRESSED BY THE HOSPITAL IN ITS 2016 IMPLEMENTATION PLAN INCLUDE HEALTH CARE PERCEPTIONS/COVERAGE/ACC ESS/UTILIZATION, CARDIOVASCULAR HEALTH, DIABETES, CANCER, ARTHRITIS, ASTHMA AND OTHER RESP IRATORY DISEASES, WEIGHT STATUS, TOBACCAO USE, ALCOHOL AND DRUG USE, ORAL HEALTH, WOMEN'S HEALTH, MEN'S HEALTH, PREVENTIVE MEDICINE AND ENVIRONMENTAL HEALTH, ADULT SEXUAL BEHAVIOR AND PREGNANCY OUTCOMES, ADULT MENTAL HEALTH, QUALITY OF LIFE, SOCIAL CONTEXT AND SAFETY, M ENTAL HEALTH AND SUICIDE, YOUTH HEALTH OR CHILD HEALTH, YOUTH WEIGHT CONTROL, YOUTH TOBACC O USE, YOUTH SEXUAL BEHAVIOR AND TEEN PREGNANCY OUTCOMES, YOUTH PERSONAL HEALTH AND SAFETY , YOUTH PERCEPTIONS, MATERNAL INFANT HEALTH, CHILD HEALTH AND FUNCTION STATUS, CHILD CARE HEALTH ACCESS, EARLY CHILDHOOD, MIDDLE CHILDHOOD, FAMILY AND COMMUNITY CHARACTERISTICS, PA RENT HEALTH, CHILD HEALTH AND FUNCTION STATUS, CHILD HEALTH CARE ACCESS, EARLY CHILDHOOD, MIDDLE CHILDHOOD, FAMILY AND COMMUNITY CHARACTERISTICS, PARENT HEALTH ARROWHEAD BEHAVIORAL HOSPITAL DID TAKE THE FOLLOWING ACTIONS DURING TAX YEAR 2017 WITH RESPECT TO ITS MOST REC ENTLY CONDUCTED CHNA IN 2016 HEALTH NEED IDENTIFIED SUBSTANCE ABUSESTRATEGY #1 - PROVIDE DRUG/ALCOHOL SCREENINGS VIA MOBILE ASSESSMENTS AT LOCAL EMERGENCY ROOMS, LUCAS COUNTY JAIL , SKILLED NURSING FACILITIES AND MEDICAL REHAB CENTERS ACTIONS TAKEN - PROVIDED SIX (6) DR UG/ALCOHOL SCREENINGS VIA MOBILE ASSESSSMENTS AT LOCAL EMERGENCY ROOMS, LUCAS COUNTY JAIL, SKILLED NURSING FACILITIES AN

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP B-FACILITY 3 -- ARROWHEAD BEHAVIORAL HEALTH	D MEDICAL REHAB CENTERS STRATEGY #2 - TRANSPORTATION FOR OUTPATIENT SERVICES AND INPATIENT DISCHARGES/ADMISSIONS (WHEN NEEDED) ACTIONS TAKEN - PROVIDED FREE TRANSPORTATION FOR OUTP ATIENT SERVICES AND INPATIENT DISCHARGES/ADMISSIONS (WHEN NEEDED) STRATEGY #3 - ONGOING C OLLABORATION WITH LUCAS COUNTY DART (DRUG ABUSE RESPONSE TEAM) ACTIONS TAKEN - HAD ONGOING COLLABORATION WITH LUCAS COUNTY DART PROGRAM THROUGHOUT 2017 THROUGH COMMUNITY LIAISON PA RTICIPATION STRATEGY #4 - PARTICIPATE IN COMMUNITY AWARENESS/EDUCATION ACTIVITIES, INCLUDI NG RELAPSE PREVENTION, ALCOHOLICS ANONYMOUS AND NAMI FAMILY TO FAMILY ACTIONS TAKEN - 30 EDUCATIONAL SESSIONS WERE PROVIDED IN 2017 - UNKNOWN (NUMEROUS) PARTICIPANTS WERE IN EDUCA TIONAL SESSIONS IN 2017 HEALTH NEED IDENTIFIED MENTAL HEALTHSTRATEGY #1 - PARTICIPATE IN COMMUNITY AWARENESS/EDUCATION ACTIVITIES ACTIONS TAKEN - PARTICIPATED IN 30 COMMUNITY AWA RENESS/EDUCATION ACTIVITIES IN 2017 STRATEGY #2 - CONTINUE TO PROVIDE INPATIENT CARE TO UN INSURED PATIENTS REGARDLESS OF ABILITY TO PAY ACTIONS TAKEN - PROVIDED INPATIENT CARE TO 3 2 OF UNINSURED PATIENTS IN 2017 STRATEGY #3 - CONTINUE SCREENING, EDUCATION AND WORKFORCE DEVELOPMENT OFFERED TO THE COMMUNITY TOGETHER WITH PROMEDICA FLOWER HOSPITAL PSYCHIATRIC S ERVICES ACTIONS TAKEN - ARROWHEAD BEHAVIORAL HOSPITAL STAFF PARTICIPATED IN MULTIPLE NAMI (NATIONAL ALLIANCE FOR MENTAL ILLNESS) EVENTS, INCLUDING DONATION OF $2,500 FOR A SPONSOR SHIP FOR THE NAMI WALK GROUP B-FACILITY 3 -- ARROWHEAD BEHAVIORAL HEALTHPART V, SECTION B, LINE 20E PRIOR TO PURSUING COLLECTION ACTIONS, THE HOSPITAL FACILITY INITIATED THE FOLLO WING ACTIONS - PATIENTS ARE OFFERED PAYMENT PLANS TO WORK WITH THE HOSPITAL FACILITY TO P AY THEIR OUTSTANDING BALANCES WITH COMMUNICATION MADE TO THE PATIENT ON A MONTHLY BASIS VI A PAPER INVOICES AND PHONE CALLS- PATIENT ACCOUNTS WILL NOT GO TO BAD DEBT COLLECTION IF T HE PATIENT MAKES MONTHLY PAYMENTS AS AGREED TO WITH THE HOSPITAL FACILITY OR IF THE PATIEN T COMMUNICATES THEIR INABILITY TO MAKE PAYMENTS TIMELY- PATIENT ACCOUNTS WILL GO TO BAD DE BT COLLECTION IF THE PATIENT DOES NOT COMMUNICATE WITH THE HOSPITAL FACILITY OR RESPOND TO PAPER INVOICES AND PHONE CALLS FOR MULTIPLE MONTHS

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

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

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

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

	Name and address	Type of Facility (describe)
1	1 - PARKWAY SURGERY CENTER 3500 EXECUTIVE PARKWAY TOLEDO, OH 43606	SURGICAL CENTER/LAB
1	2 - PROMEDICA TRANSPORTATION NETWORK 2142 NORTH COVE BLVD TOLEDO, OH 43606	GROUND AND AIR TRANSPORT
2	3 - ENDOSCOPY CENTER 3439 GRANITE CIRCLE TOLEDO, OH 43617	ENDOSCOPY
3	4 - NORTHWEST OHIO CARDIOLOGY 2940 N MCCORD RD TOLEDO, OH 43615	CARDIOLOGY
4	5 - HARRIS MCINTOSH RADIOLOGY 2121 HUGHES DR TOLEDO, OH 43623	RADIOLOGY
5	6 - PROMEDICA LABS 2141 GIANT ST TOLEDO, OH 43606	LAB
6	7 - PROMEDICA HEALTH & WELLNESS CENTER 5700 MONROE ST SUITE 109 SYLVANIA, OH 43560	RADIOLOGY
7	8 - PROMEDICA HEALTH & WELLNESS CENTER 5700 MONROE ST SUITE 109 SYLVANIA, OH 43560	LAB
8	9 - TOLEDO CHILDRENS HEART CENTER 2121 HUGHES DR TOLEDO, OH 43606	CARDIOLOGY
9	10 - TOTAL REHAB PEDIATRICS 4041 W SYLVANIA AVE SUITE 100 TOLEDO, OH 43623	PHYSICAL THERAPY
10	11 - SPORTSCARE AT WILDWOOD MEDICAL CENTER 2865 N REYNOLDS RD SUITE 110 TOLEDO, OH 43615	PHYSICAL THERAPY
11	12 - CENTER FOR WOUND CARE OF NW OHIO 3110 W CENTRAL AVE SUITE A TOLEDO, OH 43606	WOUND CARE
12	13 - TOTAL REHAB WILDWOOD 2865 N REYNOLDS RD SUITE 101 TOLEDO, OH 43615	PHYSICAL THERAPY
13	14 - JOBST VASCULAR INSTITUTE - TOLEDO 2109 HUGHES DR TOLEDO, OH 43606	VASCULAR
14	15 - PROMEDICA WILDWOOD 2865 N REYNOLDS RD SUITE 130 TOLEDO, OH 43615	RADIOLOGY

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

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

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

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

	Name and address	Type of Facility (describe)
16	16 - MONROE CARDIOLOGY TESTING CENTER 730 N MACOMB ST MONROE, MI 48162	CARDIOLOGY
1	17 - PROMEDICA HEALTH CENTER ARROWHEAD 660 BEAVER CREEK CIRCLE SUITE 120 MAUMEE, OH 43537	LAB
2	18 - REYNOLDS ROAD SURGICAL CENTER 2865 N REYNOLDS RD TOLEDO, OH 43615	SURGERY CENTER
3	19 - PROMEDICA VASCULAR LAB - SYLVANIA 5700 MONROE ST SYLVANIA, OH 43560	VASCULAR
4	20 - TOLEDO HOSPITAL TOTAL REHAB AT CTR 2150 W CENTRAL AVE TOLEDO, OH 43606	PHYSICAL THERAPY
5	21 - CENTER FOR HEALTH SVCS 2150 W CENTRAL AVE TOLEDO, OH 43606	LAB
6	22 - HARRIS MCINTOSH RADIOLOGY 2121 HUGHES DR TOLEDO, OH 43623	PULMONARY
7	23 - PERRYSBURG MEDICAL CTR 1601 BRIGHAM DR SUITE 180 PERRYSBURG, OH 43551	LAB
8	24 - TOLEDO HOSPITAL AT CONRAD JOBST TOWER 2109 HUGHES DR SUITE 130 TOLEDO, OH 43606	LAB
9	25 - PROMEDICA HEALTH CENTER ARROWHEAD 660 BEAVER CREEK CIRCLE SUITE 120 MAUMEE, OH 43537	RADIOLOGY
10	26 - TOLEDO HOSPITAL CARDIAC TESTING CTR 1601 BRIGHAM DR PERRYSBURG, OH 43551	CARDIOLOGY
11	27 - TOTAL REHAB AT PERRYSBURG 1601 BRIGHAM DR SUITE 100 PERRYSBURG, OH 43551	PHYSICAL THERAPY
12	28 - WEST CENTRAL SURGICAL CENTER 7055 W CENTRAL AVE TOLEDO, OH 43617	SURGERY CENTER
13	29 - CHS WOMENS 2150 W CENTRAL TOLEDO, OH 43606	WOMENS CARE
14	30 - TOTAL REHAB OF MAUMEE ARROWHEAD 650 BEAVER CREEK CIRCLE SUITE 210 MAUMEE, OH 43537	PHYSICAL THERAPY

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

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

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

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

	Name and address	Type of Facility (describe)
31	31 - PROMEDICA PERRYSBURG 1601 BRIGHAM DR SUITE 180 PERRYSBURG, OH 43551	RADIOLOGY
1	32 - CHS PEDIATRICS 2150 W CENTRAL AVE 2ND FLOOR TOLEDO, OH 43606	PEDIATRICS
2	33 - PROMEDICA HEALTH CTR LAMBERTVILLE 7579 SECOR RD LAMBERTVILLE, MI 48114	LAB
3	34 - PROMEDICA LABS MCCORD RD 3020 N MCCORD RD SUITE 101 TOLEDO, OH 43615	LAB
4	35 - PROMEDICA WILDWOOD 2865 N REYNOLDS RD SUITE 130 TOLEDO, OH 43615	LAB
5	36 - TOLEDO HOSPITAL FAMILY RESIDENCY 2100 W CENTRAL AVE STE 200 TOLEDO, OH 43606	FAMILY MEDICINE CENTER
6	37 - PROMEDICA LABS POINT PLACE 4805 SUDER RD TOLEDO, OH 43611	LAB
7	38 - PROMEDICA HEALTH CTR SWANTON 22 TURTLE CREEK CIRCLE SWANTON, OH 43558	LAB
8	39 - NWO BREAST MRI 2121 HUGHES DR SUITE 300 TOLEDO, OH 43606	RADIOLOGY
9	40 - PROMEDICA LAB - TOLEDO HOSPITAL 2100 W CENTRAL AVE TOLEDO, OH 43606	LAB
10	41 - PROMEDICA ROSSFORD 1209 DIXIE HWY ROSSFORD, OH 43460	LAB
11	42 - JOBST ANTICOAGULATION - TOLEDO 2109 HUGHES DR SUITE 550 TOLEDO, OH 43606	ANTICOAGULATION THERAPY
12	43 - PROMEDICA HEALTH CTR EAST 3156 DUSTIN RD SUITE 101 OREGON, OH 43616	LAB
13	44 - PROMEDICA PERRYSBURG VASCULAR 1601 BRIGHAM DR SUITE 180 PERRYSBURG, OH 43551	VASCULAR
14	45 - PROMEDICA MARY ELLEN FALZONE DIABETES 2100 W CENTRAL AVE TOLEDO, OH 43606	DIABETES CARE

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

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

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

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

	Name and address	Type of Facility (describe)
46	46 - PROMEDICA PHYSICIANS GENERAL SURGERY 5700 MONROE ST SYLVANIA, OH 43560	BARIATRIC
1	47 - PROMEDICA PHYSICIANS GYNOONCOLOGY 2109 HUGHES DR STE 820 TOLEDO, OH 43606	WOMENS CARE
2	48 - TOTAL REHAB - PROMEDICA OWENS CORNING 1 OWENS CORNING PARKWAY TOLEDO, OH 43659	PHYSICAL THERAPY
3	49 - CHS HEMOPHILIA 2150 W CENTRAL AVE TOLEDO, OH 43606	HEMOPHILIA
4	50 - PROMEDICA HEALTH & WELLNESS CENTER 5700 MONROE ST SUITE 109 SYLVANIA, OH 43560	PULMONARY FUNCTION
5	51 - CENTER FOR WOUND CARE OF NW OHIO 2751 BAY PARK DR OREGON, OH 43616	WOUND CARE
6	52 - CHS OCCUHEALTH 2142 NORTH COVE BLVD TOLEDO, OH 43606	LAB
7	53 - TOLEDO HOSPITAL AT CONRAD JOBST TOWER 2109 HUGHES DR SUITE 130 TOLEDO, OH 43606	RADIOLOGY
8	54 - CENTER FOR HEALTH SVCS 2150 W CENTRAL TOLEDO, OH 43606	RADIOLOGY
9	55 - JULIE MILLER DO 2150 W CENTRAL AVE TOLEDO, OH 43606	PHYSICAL MEDICINE
10	56 - CHS INTERNAL MEDICINE 2150 W CENTRAL AVE TOLEDO, OH 43606	INTERNAL MEDICINE
11	57 - PROMEDICA CHILDREN'S AUTISM CENTER 2040 W CENTRAL TOLEDO, OH 43606	AUTISM CENTER

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE TOLEDO HOSPITAL

Employer identification number
34-4428256

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of 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 . . . . . ▶ 5

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of 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 AN AFFILIATE OF PROMEDICA HEALTH SYSTEM, INC (PHS), CORPORATE TREASURY, WITH THE APPROVAL AND OVERSIGHT OF THE FINANCE COMMITTEE, ENSURES THAT FUNDS ARE DISTRIBUTED APPROPRIATELY ACCORDING TO PHS'S STRATEGIC BUSINESS PLAN AND CONSISTENT WITH CORPORATE TREASURY POLICIES AND PROCEDURES

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PROMEDICA CONTINUING CARE SERVICES CORPORATION 100 MADISON AVE TOLEDO, OH 43604	34-4492440	501(C)(3)	27,679,770				OPERATING GRANT
PROMEDICA HEALTH SYSTEM INC 100 MADISON AVE TOLEDO, OH 43604	34-1517671	501(C)(3)	56,000,000				OPERATING GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROMEDICA PHYSICIAN GROUP 100 MADISON AVE TOLEDO, OH 43604	34-1899439	501(C)(3)	54,318,940				OPERATING GRANT
PROMEDICA FOUNDATION 444 N SUMMIT ST TOLEDO, OH 43604	34-1517672	501(C)(3)	2,628,058				OPERATING GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE ARMS FORCES PO BOX 981 MAUMEE, OH 43537	27-0889821	501(C)(3)	7,529				CHARITABLE DONATION

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE TOLEDO HOSPITAL

Employer identification number
34-4428256

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	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**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	TAX INDEMNIFICATION AND GROSS-UP PAYMENTS 2 HIGHEST COMPENSATED EMPLOYEES INCLUDED IN TAXABLE COMPENSATION
PART I, LINE 3	PROMEDICA HEALTH SYSTEM, INC , A RELATED TAX-EXEMPT ORGANIZATION OF THE TOLEDO HOSPITAL, USES THE FOLLOWING TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - COMPENSATION SURVEY OR STUDY - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
PART I, LINE 4A	UNDER A VOLUNTARY TERMINATION AGREEMENT ENTERED INTO BY THE EMPLOYEE AND THE ORGANIZATION OR UPON A QUALIFYING TERMINATION DEFINED AS AN INVOLUNTARY SEPARATION FROM SERVICE OTHER THAN FOR CAUSE, THE EMPLOYEE IS ENTITLED TO SEVERANCE PAY BASED UPON YEARS OF SERVICE THE TERMS AND CONDITIONS TO RECEIVE SEVERANCE PAYMENTS REQUIRE THE EMPLOYEE TO SIGN A RELEASE OF CLAIMS FORM THAT COVERS ALL SITUATIONS SURROUNDING THE EMPLOYEE'S EMPLOYMENT AND SEPARATION FROM PROMEDICA SEVERANCE PAYMENTS WERE MADE DURING THE YEAR TO THE FOLLOWING LISTED PERSONS IN PART VII KATHLEEN S HANLEY $258,776 KHURRAM KAMRAN $143,395 LORI FERGUSON $103,952 PART I, LINE 4B ELIGIBLE EMPLOYEES PARTICIPATE IN VARIOUS NONQUALIFIED DEFERRED COMPENSATION PLANS ORGANIZED UNDER CODE SECTION 457(F) THE EXACT PURPOSE OF EACH PLAN VARIES, BUT THEY INCLUDE COMPENSATION LIMITATION MAKE-UP PLANS, VOLUNTARY DEFERRAL PLANS, DEFERRAL OF A PORTION OF INCENTIVE BONUS TYPE PLANS, ETC ANY AMOUNT ULTIMATELY PAID UNDER THE PROGRAM TO THE EMPLOYEE IS REPORTED AS COMPENSATION ON FORM 990, SCHEDULE J, PART II, COLUMN B IN THE YEAR PAID NO SUPPLEMENTAL NONQUALIFIED PLAN PAYMENTS WERE MADE DURING THE YEAR TO ANY LISTED PERSONS IN PART VII 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

Additional Data

Software ID:

Software Version:

EIN: 34-4428256

Name: THE TOLEDO HOSPITAL

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(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				
1ARTURO POLIZZI PRESIDENT, EX OFFICIO	(I)	0	0	0	0	0	0	0
	(II)	473,390	147,815	14,583	238,803	25,797	900,388	0
1 DAVID SCOTT MIERZWIAK MD TRUSTEE	(I)	0	0	0	0	0	0	0
	(II)	322,334	40,392	24,013	48,247	23,969	458,955	0
2DEBORAH A GUNTSCH MD TRUSTEE	(I)	8,125	0	0	0	0	8,125	0
	(II)	230,323	102,508	3,333	6,942	12,591	355,697	0
3KEVIN C WEBB PHD EX OFFICIO	(I)	0	0	0	0	0	0	0
	(II)	510,025	135,703	9,899	226,149	14,526	896,302	0
4RAVI K ADUSUMILLI MD TRUSTEE	(I)	0	0	0	0	0	0	0
	(II)	562,540	60,896	37,362	8,100	35,169	704,067	0
5JEFFREY C KUHN SECRETARY	(I)	0	0	0	0	0	0	0
	(II)	479,712	108,013	28,699	229,520	14,639	860,583	0
6MICHAEL P BROWNING TREASURER	(I)	0	0	0	0	0	0	0
	(II)	586,938	70,000	40,177	222,483	23,931	943,529	0
7RANDALL OOSTRA PHS PRES & CEO, EX OFFICIO	(I)	0	0	0	0	0	0	0
	(II)	1,086,659	577,159	85,998	468,579	14,639	2,233,034	159,048
8ALISON S AVENDT VP, OPERATIONS TTH & PRES, PTN	(I)	0	0	0	0	0	0	0
	(II)	163,849	16,091	1,439	21,458	2,088	204,925	0
9DARRIN M ARQUETTE SR VP, NEURO, HEART AND VASC	(I)	0	0	0	0	0	0	0
	(II)	215,123	92,356	27,839	20,942	25,399	381,659	0
10DAWN BUSKEY COO, METRO REGION ACUTE CARE	(I)	0	0	0	0	0	0	0
	(II)	286,085	49,036	25,749	60,823	15,000	436,693	0
11DEANA L SIEVERT SR VP, PAT CARE/CNO, SYSTEM	(I)	0	0	0	0	0	0	0
	(II)	209,341	24,440	7,212	39,867	25,864	306,724	0
12GARY W AKENBERGER SR VP DIAG, FACILITIES & SEC	(I)	0	0	0	0	0	0	0
	(II)	322,399	48,208	9,197	71,258	20,062	471,124	0
13LORI FERGUSON VP, PATIENT CARE, TTH	(I)	0	0	0	0	0	0	0
	(II)	28,537	89,640	129,172	162,707	20,670	430,726	0
14PAULA L GRIEB VP, PAT CARE/ASSOC CNO, METRO	(I)	0	0	0	0	0	0	0
	(II)	173,478	16,328	800	14,809	6,443	211,858	0
15SCOTT FOUGHT VP, FINANCE, ACUTE CARE OPS	(I)	0	0	0	0	0	0	0
	(II)	258,000	21,808	1,350	23,604	22,679	327,441	0
16 THADIUS L WADSWORTH VP SURGICAL SERVICES, METRO	(I)	64,956	2,000	626	0	844	68,426	0
	(II)	80,861	0	10,842	8,821	6,759	107,283	0
17FEDOR LURIE ASSOC DIR RESEARCH ED VASC	(I)	209,091	0	1,314	10,314	17,886	238,605	0
	(II)	0	0	0	0	0	0	0
18JACKLYN KIEFER ASSOC DIR ED FAMILY PRACTICE	(I)	194,992	0	649	12,159	6,069	213,869	0
	(II)	0	0	0	0	0	0	0
19JEFFREY LEWIS ASSOC DIR ED FAMILY PRACTICE	(I)	190,332	0	3,150	33,672	19,492	246,646	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				
21JOSHUA OVENS RN, CRITICAL CARE TRANSPORT	(I)	240,907	0	3,354	16,936	24,185	285,382	0
	(II)	0	0	0	0	0	0	0
1LOUITO EDJE DIR ED FAMILY PRACTICE	(I)	218,816	0	1,125	13,658	16,282	249,881	0
	(II)	0	0	0	0	0	0	0
2ALAN M SATTLER FORMER OFFICER	(I)	0	0	0	0	0	0	0
	(II)	381,523	0	7,515	54,182	26,751	469,971	0
3KATHLEEN S HANLEY FORMER OFFICER	(I)	0	0	0	0	0	0	0
	(II)	0	0	571,790	0	1,351	573,141	258,776
4JOSEPH SFERRA FORMER KEY EMPLOYEE	(I)	0	0	0	0	0	0	0
	(II)	674,774	0	3,129	42,061	2,796	722,760	0
5KHURRAM KAMRAN FORMER KEY EMPLOYEE	(I)	0	0	0	0	0	0	0
	(II)	0	12,762	143,081	1,416	3,847	161,106	143,395
6NEERAJ K KANWAL MD FORMER KEY EMPLOYEE	(I)	0	0	0	0	0	0	0
	(II)	324,821	48,616	3,599	31,366	25,084	433,486	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE TOLEDO HOSPITAL

Employer identification number
34-4428256

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	COUNTY OF LUCAS OHIO	34-6400806	549310VL1	09-30-2015	45,586,125	SEE PART VI		X		X		X
B	SERIES 2011 A & B BONDS - SEE PART VI		549310UL2	02-09-2011	197,051,617	SEE PART VI	X			X		X
C	COUNTY OF LUCAS OHIO	34-6400806	000000000	05-25-2011	29,645,000	SEE PART VI		X		X		X
D	SERIES 2011 D & E BONDS - SEE PART VI		549310VD9	12-01-2011	152,004,328	SEE PART VI	X			X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired		650,000	20,655,000	7,150,000
2	Amount of bonds legally defeased		193,935,000		40,300,000
3	Total proceeds of issue	45,598,957	199,572,288	29,645,000	152,004,328
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	586,084	2,337,157	263,825	1,505,879
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	45,012,873	127,520,671		
11	Other spent proceeds		69,714,460	29,381,175	150,498,449
12	Other unspent proceeds				
13	Year of substantial completion		2014		

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV **Arbitrage** (Continued)

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

Part V **Procedures To Undertake Corrective Action**

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

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

Return Reference	Explanation
SCHEDULE K, SUPPLEMENTAL INFORMATION	PART I SERIES 2015 BOND DETAIL ISSUER NAME 2015 SERIES B - COUNTY OF LUCAS OHIO ISSUER E IN 34-6400806 CUSIP# 549310VL1 DATE ISSUED 09/30/2015 ISSUE PRICE $45,586,125 PURPOSE FINANCE THE CONSTRUCTION AND EQUIPPING OF A 302 BED PATIENT TOWER ON THE CAMPUS OF THE TO LEDO HOSPITAL MATURITY 11/15/2045 SERIES 2011 BOND DETAIL ISSUER NAME 2011 SERIES A - C OUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP# 549310UL2 & 549310UJ7 DATE ISSUED 02/0 9/2011 ISSUE PRICE $180,148,535 PURPOSE REFINANCE THE PROMEDICA HEALTHCARE 2008B BONDS I SSUED 05/15/2008 FINANCE THE COST OF ACQUISITION, CONSTRUCTION, RENOVATION AND EQUIPPING OF CERTAIN OTHER OHIO HEALTHCARE FACILITIES OF THE MEMBERS OF THE OBLIGATED GROUP MATURIT Y 11/15/2041 ISSUER NAME 2011 SERIES B - COUNTY OF LENAWEE HOSPITAL FINANCE AUTHORITY IS SUER EIN 38-6005798 CUSIP# 52601PBE7 DATE ISSUED 02/09/2011 ISSUE PRICE $16,903,082 PU RPOSE REFINANCE THE REDEMPTION OF THE PROMEDICA HEALTH CARE OBLIGATED GROUP SERIES 2008C BONDS ISSUED 05/15/2008 MATURITY 11/15/2035 ISSUER NAME 2011 SERIES C - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP# N/A DATE ISSUED 05/25/2011 ISSUE PRICE $29,645,000 PURPOSE REFINANCE A PORTION OF THE EARLY OPTIONAL REDEMPTION OF THE PROMEDICA HEALTHCARE OBLIGATED GROUP SERIES 1999 BONDS ISSUED 07/01/1999 MATURITY 11/15/2019 ISSUER NAME 201 1 SERIES D - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP# 549310VD9 DATE ISSUED 12 /01/2011 ISSUE PRICE $142,575,271 PURPOSE TO FINANCE THE EARLY OPTIONAL REDEMPTION OF TH E REMAINING OUTSTANDING MATURITIES OF THE PROMEDICA HEALTHCARE OBLIGATED GROUP SERIES 1999 BONDS ISSUED 04/01/1999 AND 07/26/1999 MATURITY 11/15/2030 ISSUER NAME 2011 SERIES E - COUNTY OF LENAWEE HOSPITAL FINANCE AUTHORITY ISSUER EIN 38-6005798 CUSIP# 52601PB56 DAT E ISSUED 12/01/2011 ISSUE PRICE $9,429,057 PURPOSE REFINANCE THE EARLY OPTIONAL REDEMPT ION OF THE LENAWEE HEALTH ALLIANCE OBLIGATED GROUP SERIES 1999A BONDS ISSUED 04/01/1999 AN D 07/26/1999 MATURITY 11/15/2028 SERIES 2017 BOND DETAIL ISSUER NAME 2017 SERIES A - CO UNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP # N/A DATE ISSUED 12/29/2017 ISSUE PRICE $54,710,000 PURPOSE REFINANCE A PORTION OF THE EARLY OPTIONAL REDEMPTION OF THE PROMEDI CA HEALTHCARE OBLIGATED GROUP SERIES 2008D BONDS ISSUED 05/15/2008 MATURITY 11/15/2040 I SSUER NAME 2017 SERIES B - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP# N/A DATE I SSUED 12/29/2017 ISSUE PRICE $120,010,000 PURPOSE REFINANCE A PORTION OF THE EARLY OPTI ONAL REDEMPTION OF THE PROMEDICA HEALTHCARE OBLIGATED GROUP SERIES 2011A BONDS ISSUED 02/0 9/2011 MATURITY 11/15/2041 ISSUER NAME 2017 SERIES C - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP # N/A DATE ISSUED 12/29/2017 ISSUE PRICE $84,980,000 PURPOSE REFINAN CE A PORTION OF THE EARLY OPTIONAL REDEMPTION OF THE PROMEDICA HEALTHCARE OBLIGATED GROUP SERIES 2011A BONDS ISSUED 02/09/2011 MATURITY 11/15/2041 ISSUER NAME 2017 SERIES D - CO UNTY OF LUCAS OHIO ISSUER EIN

Return Reference	Explanation
SCHEDULE K, SUPPLEMENTAL INFORMATION	34-6400806 CUSIP # N/A DATE ISSUED 12/29/2017 ISSUE PRICE $39,800,000 PURPOSE REFINAN CE A PORTION OF THE EARLY OPTIONAL REDEMPTION OF THE PROMEDICA HEALTHCARE OBLIGATED GROUP SERIES 2011D BONDS ISSUED 12/01/2011 MATURITY 11/15/2029 ISSUER NAME 2017 SERIES F - CO UNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP # N/A DATE ISSUED 5/15/2018 CONVERTED 3/ 31/2011 CONVERTED 12/29/2017 ISSUE PRICE $62,500,000 PURPOSE TO REFINANCE A PORTION OF T HE EARLY OPTIONAL REDEMPTION OF THE PROMEDICA HEALTHCARE OBLIGATED GROUP SERIES 2008A BOND ISSUED 05/15/2008 MATURITY 11/15/2034 ISSUER NAME 2017 SERIES G - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP # 549310VM9 DATE ISSUED 12/29/2017 ISSUE PRICE $80,000,0 00 PURPOSE FINANCE THE CONSTRUCTION AND EQUIPPING OF REPLACEMENT HOSPITAL ON THE CAMPUS O F THE TOELDO HOSPITAL MATURITY 11/15/2048 ISSUER NAME 2017 SERIES H - COUNTY OF LENAWEE HOSPITAL FINANCE AUTHORITY ISSUER EIN 38-6005798 CUSIP # N/A DATE ISSUED 12/29/2017 I SSUE PRICE $29,945,000 PURPOSE REFINANCE A PORTION OF THE EARLY OPTIONAL REDEMPTION OF T HE PROMEDICA HEALTHCARE OBLIGATED GROUP SERIES 2011B & 2011E BONDS ISSUED 02/09/2011 & 12/ 01/2011 FORM 8038 FOR THIS ISSUE ERRONEOUSLY REPORTS THAT THE BONDS ALSO REFUNDED SERIES 2008D ISSUED 5/15/2008, BUT THAT REPORTING WAS IN ERROR MATURITY 11/15/2035 PART I, COLU MN (E) DIFFERENCES BETWEEN THE ISSUE PRICES SHOWN IN PART I, COLUMN (E) AND TOTAL PROCEED S SHOWN IN PART II, LINE 3 ARE DUE TO INVESTMENT EARNINGS PART III, COLUMN (C), COUNTY OF LUCAS, OHIO BONDS PART III HAS NOT BEEN COMPLETED WITH RESPECT TO THE COUNTY OF LUCAS, O HIO BONDS, SINCE SUCH BONDS REFUNDED PRE-2003 BOND ISSUES PART III, COLUMN (D), SERIES 20 11 D & E BONDS PART III HAS NOT BEEN COMPLETED WITH RESPECT TO THE SERIES 2011 D & E BOND S, SINCE SUCH BONDS REFUNDED PRE-2003 BOND ISSUES PART IV, COLUMN (B), LINE 2C, SERIES 20 11 A & B BONDS DATE THE REBATE COMPUTATION WAS PERFORMED 02/22/2016 PART IV, LINE 6 CE RTAIN OF THESE BOND ISSUES CONSTITUTE ADVANCE REFUNDING ISSUES FOR SUCH ISSUES, THIS QUES TION IS BEING ANSWERED WITHOUT REGARD TO A YIELD-RESTRICTED ADVANCE REFUNDING ESCROW FINAN CED WITH PROCEEDS OF THE BONDS

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
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OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE TOLEDO HOSPITAL

Employer identification number
34-4428256

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	COUNTY OF LUCAS OHIO	34-6400806	000000000	12-29-2017	299,500,000	SEE PART VI		X		X		X
B	COUNTY OF LUCAS OHIO	34-6400806	549310VM9	12-29-2017	142,500,000	SEE PART VI		X		X		X
C	COUNTY OF LENAWEE HOSPITAL FINANCE AUTHORITY	38-6005798	000000000	12-29-2017	24,945,000	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	299,500,000	142,500,000	24,945,000	
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows	299,495,737		24,941,128	
7	Issuance costs from proceeds	4,263		3,872	
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		80,000,000		
11	Other spent proceeds		62,500,000		
12	Other unspent proceeds				
13	Year of substantial completion				

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV **Arbitrage** (Continued)

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

Part V **Procedures To Undertake Corrective Action**

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

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

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Schedule L (Form 990 or 990-EZ)

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
THE TOLEDO HOSPITAL

Employer identification number
34-4428256

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SEE PART V	SEE PART V	59,964	SEE PART V		No
(2) SEE PART V	SEE PART V	38,416	SEE PART V		No
(3) SEE PART V	SEE PART V	51,403	SEE PART V		No
(4) SEE PART V	SEE PART V	42,698	SEE PART V		No
(5) SEE PART V	SEE PART V	1,317,551	SEE PART V		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(A) NAME OF INTERESTED PERSON KATELYN WELEVER(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION KATELYN WELEVER IS A FAMILY MEMBER OF ALISON AVENDT (KEY EMPLOYEE) (C) AMOUNT OF TRANSACTION $59,964(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 CHRISTINE WEBER(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION CHRISTINE WEBER IS A FAMILY MEMBER OF JAMES F WEBER (TRUSTEE) (C) AMOUNT OF TRANSACTION $38,416(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 FAITH SUTTER(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION FAITH SUTTER IS A FAMILY MEMBER OF MARTIN P SUTTER (TRUSTEE) (C) AMOUNT OF TRANSACTION $51,403(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 LISA TOFT(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION LISA TOFT IS A FAMILY MEMBER OF BRADLEY J TOFT (TRUSTEE) (C) AMOUNT OF TRANSACTION $42,698(D) DESCRIPTION OF TRANSACTION EMPLOYMENT(E) SHARING OF ORGANIZATION REVENUES? = NO
SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(A) NAME OF INTERESTED PERSON SUBSTANTIAL CONTRIBUTOR(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION SUBSTANTIAL CONTRIBUTOR(C) AMOUNT OF TRANSACTION $1,317,551(D) DESCRIPTION OF TRANSACTION MEDICAL SUPPLIES(E) SHARING OF ORGANIZATION REVENUES? = NO

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319123738

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE TOLEDO HOSPITAL

Employer identification number
34-4428256

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	PROMEDICA HEALTH SYSTEM, INC AND AFFILIATES (PHS) HAVE STANDARDS OF CONDUCT THAT APPLY TO ALL PHS BOARD MEMBERS AND EMPLOYEES BOARD MEMBERS AND EMPLOYEES ARE EXPECTED TO CERTIFY THEIR COMPLIANCE WITH THE APPLICABLE STANDARDS PRIOR TO ELECTION/APPOINTMENT OR PRIOR TO B EGINNING EMPLOYMENT BOARD MEMBERS ANNUALLY (OR IMMEDIATELY IF NEW POTENTIAL CONFLICTS OF INTEREST ARISE), ALL BOARD MEMBERS ARE REQUIRED TO COMPLETE AND RETURN THE BOARD MEMBER SO C 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 SALARIED E MPLOYEES 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

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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 IDENTI FIES ALL NEW HIRES A SAMPLE OF EMPLOYEES IS IDENTIFIED AND AN AUDIT IS CONDUCTED TO ENSUR E THAT REQUIRED DOCUMENTATION IS ON FILE IDENTIFIED CONFLICTS ARE INITIALLY REVIEWED BY T HE V P , 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 C ONFLICT IS CONSIDERED A SIGNIFICANT EXPOSURE RISK FOR PHS, A RECOMMENDATION WILL BE PREPAR ED 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 CERTI FICATION QUESTIONNAIRE, OR FAILURE TO DISCLOSE IMMEDIATELY ANY NEW CONFLICTS OF INTEREST T HAT 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 EMPLOYME NT EMPLOYED PHYSICIANS ANNUALLY (OR IMMEDIATELY IF NEW CONFLICTS OF INTEREST ARISE), ALL EMPLOYED PHYSICIANS ARE REQUIRED TO COMPLETE AND SUBMIT AN ELECTRONIC PHYSICIAN CERTIFICAT ION QUESTIONNAIRE BY THE ESTABLISHED AND COMMUNICATED DEADLINE THE OFFICE OF THE PRESIDEN T/CHIEF MEDICAL OFFICER AND THE CHIEF OPERATING OFFICER FOR PROMEDICA PHYSICIAN GROUP (PPG) ENSURES THAT ALL QUESTIONNAIRES, WHICH ARE STORED ELECTRONICALLY, ARE COMPLETED AND REVI EWED AND ENSURES NOTIFICATION IS PROVIDED TO THE V P , AUDIT & COMPLIANCE OF THE NUMBER OF ANNUAL PHYSICIAN CERTIFICATION QUESTIONNAIRES SENT AND RECEIVED AND ALSO ENSURES COPIES O F ANY QUESTIONNAIRES CONTAINING DISCLOSURES THAT WARRANT FURTHER REVIEW BY THE AUDIT & COM PLIANCE DEPARTMENT ARE FORWARDED ACCORDINGLY ALL NEW EMPLOYED PHYSICIANS ARE PROVIDED EIT HER AN ELECTRONIC OR PAPER COPY OF THE EMPLOYED PHYSICIAN STANDARD OF CONDUCT AND THE PHYS ICIAN CERTIFICATION STATEMENT WHICH THE NEW PHYSICIAN IS REQUIRED TO COMPLETE PRIOR TO BEG INNING EMPLOYMENT IDENTIFIED CONFLICTS ARE INITIALLY REVIEWED BY THE PPG PRESIDENT/CHIEF MEDICAL OFFICER, CHIEF OPERATING OFFICER OR THEIR DESIGNEE, AND IF APPROPRIATE, ARE SUBSEQ UENTLY REPORTED TO THE OFFICE OF THE V P , AUDIT & COMPLIANCE IF THE CONFLICT IS CONSIDER ED A SIGNIFICANT EXPOSURE RISK FOR PHS, A RECOMMENDATION WILL BE PREPARED FOR FINAL APPROV AL BY THE PHS PRESIDENT/CHIEF EXECUTIVE OFFICER RESULTS OF THE EMPLOYED PHYSICIAN AUDIT A RE INCLUDED IN THE ABOVE REPORT TO THE CHAIR OF THE AUDIT & COMPLIANCE COMMITTEE ANY ITEM S THAT MEET CRITERIA FOR PUBLIC DISCLOSURE WILL BE COMMUNICATED TO THE APPROPRIATE PHYSICI AN BY THE PPG PRESIDENT/CHIEF MEDICAL OFFICER OR DESIGNEE IN ADVANCE OF THE POSTING THE P PG PRESIDENT/CHIEF MEDICAL OFF

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Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ICER OR DESIGNEE WILL PROVIDE THE PHYSICIAN-INDUSTRY RELATIONSHIP DISCLOSURES TO THE APPLI CABLE 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/COMMEDICATIONS REPRESENTATIVE

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

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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

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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

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Return Reference	Explanation
FORM 990, PART XI, LINE 9	PENSION/POST-RETIREMENT EXPENSE ADJUSTMENT -105,171 BENEFICIAL INTEREST IN FOUNDATION 17,171,280 SECTION 337(D) GAIN -210,128

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Return Reference	Explanation
FORM 990, PART III, LINE 4	PROMEDICA HEALTH SYSTEM, INC - PROGRAM SERVICE ACCOMPLISHMENTS ESTABLISHED IN 1986, PROME DICA HEALTH SYSTEM, INC (PROMEDICA) IS A MISSION-BASED, LOCALLY OWNED, NOT-FOR-PROFIT HEA LTHCARE ORGANIZATION HIGHLY FOCUSED ON ACHIEVING CORE VALUES HEADQUARTERED IN TOLEDO, OHI O, PROMEDICA SERVES 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 WIS ELY INVEST IN CUTTING-EDGE TECHNOLOGY, INNOVATIVE PROGRAMS AND FAMILY-CENTERED FACILITIES THAT HELP TO ENSURE PATIENTS AND AREA RESIDENTS HAVE EQUAL ACCESS TO HIGH-QUALITY, SAFE CA RE IN THE MOST APPROPRIATE SETTING, REGARDLESS OF A PATIENT'S ABILITY TO PAY BASED ON NEE DS THAT WE HAVE ASSESSED WITHIN THE COMMUNITIES WE SERVE, PROMEDICA LAUNCHED NEW SERVICES AND PROGRAMS IN 2017 TO HELP MEET THE GROWING DEMANDS OF LOCAL CONSUMERS ACROSS ALL SPECTR UMS OF LIFE, INCLUDING THOSE INDIVIDUALS WHO ARE OFTEN THE MOST VULNERABLE WHEN IT COMES T O HEALTH CARE THE ELDERLY, POOR AND UNDERSERVED PROMEDICA'S MISSION IS TO IMPROVE THE HE ALTH AND WELL-BEING OF THOSE WE SERVE THIS IS REFLECTED IN OUR FOUR CORE VALUES, INCLUDIN G COMPASSION - WE TREAT OUR PATIENTS AND EACH OTHER WITH RESPECT, INTEGRITY AND DIGNITY, INNOVATION - WE CONTINUALLY SEARCH TO FIND A BETTER WAY FORWARD, TEAMWORK - WE PARTNER WIT H OTHERS BECAUSE WE ARE BETTER TOGETHER THAN APART, AND EXCELLENCE - WE STRIVE TO BE THE B EST IN ALL WE DO PROMEDICA AND ITS AFFILIATES COMPRISE 220 SITES, MORE THAN 2,000 PHYSICI ANS AND APPROXIMATELY 17,000 EMPLOYEES AND VOLUNTEERS DURING 2017, PROMEDICA DISCHARGED 6 6,395 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 R OLE 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 ECONOM IC OUTPUT OF $4 0 BILLION WE ALSO CREATE A DIRECT ECONOMIC IMPACT WITH OUR REVENUE, PAYRO LL AND EMPLOYMENT ADDITIONALLY, SPENDING ON SERVICES AND MATERIALS WITH VENDORS IN OUR RE GION CREATES AN INDIRECT ECONOMIC BENEFIT OUR PHYSICIANS AND PROVIDERS, LEADERSHIP TEAM M EMBERS, PHYSICIANS AND RESIDENTS, AND EMPLOYEES INDIVIDUALLY CONTRIBUTE PERSONAL RESOURCES TO THE COMMUNITY IN NUMEROUS WAYS - SUCH AS THROUGH TUTORING ELEMENTARY STUDENTS IN READI NG AND OTHER LIFE SKILLS, PROVIDING MONTHLY HEALTH LECTURES AT LOCAL SENIOR CENTERS, GENER OUSLY CONTRIBUTING TO COMMUNITY FUNDRAISING CAMPAIGNS SUCH AS UNITED WAY, PARTICIPATING IN MEDICAL MISSIONS, SERVING ON LOCAL NOT-FOR-PROFIT BOARDS, AND DONATING NONPERISHABLE FOOD S 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 AFFIL IATE HOSPITALS INCLUDE THE TO

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Return Reference	Explanation
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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Return Reference	Explanation
PROMEDICA IS CONTINUALLY IMPROVING ITS SERVICES, FACILITIES,	TECHNOLOGIES, AND OUTREACH EFFORTS TO MEET THE EVER-CHANGING NEEDS OF ITS DIVERSE POPULATI ONS 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 REV ITALIZATION INITIATIVE THANKS TO A GENEROUS $28 5 MILLION GIFT FROM THE FAMILY OF PHILANTH ROPIST AND FORMER BOARD MEMBER RUSSELL J EBEID THE EBEID PROMISE WILL EXPAND THE SCOPE A ND 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 INVESTMEN T 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 COMMU NITIES ACROSS PROMEDICA'S SERVICE AREA IN COMING YEARS - PROMEDICA ALSO ESTABLISHED A NAT IONAL RESEARCH CENTER DEVOTED TO STUDYING THE IMPACT OF SOCIAL DETERMINANTS OF HEALTH ON I NDIVIDUALS AND COMMUNITIES THE CENTER IS BEING DEVELOPED IN COOPERATION WITH THE UNIVERSI TY OF TOLEDO COLLEGE OF MEDICINE AND LIFE SCIENCES IT WILL BE ONE OF THE FIRST OF ITS KIN D 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 H EALTH AND WELL-BEING - THREE PROMEDICA HOSPITALS RECEIVED A 5-STAR RATING FROM THE CENTER S FOR MEDICARE AND MEDICAID SERVICES (CMS) IN ITS MOST RECENT COMPARISON OF ACUTE CARE QUA LITY THE THREE HOSPITALS ARE PROMEDICA BAY PARK, MEMORIAL AND TOLEDO HOSPITALS THE CMS S TAR 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 IN PATIENT AND OUTPATIENT MEASURES THAT INDICATE GOOD PATIENT OUTCOMES SUCH AS 30-DAY MORTALI TY (HEART ATTACK, HEART FAILURE, PNEUMONIA), 30-DAY READMISSIONS, INPATIENT SATISFACTION, HOSPITAL ACQUIRED INFECTIONS, AND MORE - PROMEDICA CONTINUES TO EMPHASIZE A CULTURE OF SA FETY 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 T HE AREA AND SUPPORTING DOWNTOWN REVITALIZATION AND ECONOMIC GROWTH - IN 2017, PROMEDICA W ELCOMED 130 RESIDENTS/FELLOWS AND 460 MEDICAL STUDENTS FROM THE UNIVERSITY OF TOLEDO COLLE GE 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 O HIO, 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 HOSPI TAL IN MICHIGAN, TO BE NAMED THE PROMEDICA CHARLES AND VIRGINIA HICKMAN HOSPITAL THE HICK MAN 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 PROMEDIC A BIXBY AND HERRICK HOSPITALS INTO ONE LOCATION TO BETTER SERVE THE LENAWEE COUNTY COMMUNI TY - 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 VERS ION 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 RECO RD, AND ONE BILL FOR PATIENTS REGARDLESS OF SERVICE PROVIDED OR THE LOCATION OF SERVICE AC ROSS 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 A ND PROVIDES MANY OPERATIONAL EFFICIENCIES THAT ALLOW PARAMOUNT TO MEET THE RIGOROUS CARE M ANAGEMENT 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 OFFE R SMART RX - SAFE MEDICINE AND RESPONSIBLE TREATMENT PROGRAM SMART RX IS AN HOUR-LONG ONL INE 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 TRE ATING PAIN, AND TIPS FOR PATIENTS ON HOW TO APPROPRIATELY HANDLE AND DISPOSE OF POTENTIALL Y 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 , 3 65 DAYS PER YEAR, AND ARE STAFFED BY HIGHLY-TRAINED CERTIFIED NURSE PRACTITIONERS - PROME DICA OPENED A NEW SPECIALTY PHARMACY TO AID PATIENTS WHO ARE LIVING WITH CHRONIC AND COMPL EX HEALTH CONDITIONS AND NEED SPECIALIZED THERAPIES OR PERSONALIZED CARE THE PHARMACY PRO VIDES DISPENSING FOR SPECIALTY MEDICATIONS USED TO TREAT CHRONIC HEALTH CONDITIONS, INCLUD ING CYSTIC FIBROSIS, ULCERATIVE COLITIS AND CHRON'S DISEASE, HEPATITIS C, MULTIPLE SCLEROS IS, AUTOIMMUNE DISEASE, CANCER, AND MUCH MORE THE NEW PHARMACY IS ABLE TO SHIP MEDICATION S 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 INS TITUTE'S (PCI) COMMUNITY OUTREACH INCLUDED CANCER SCREENINGS AND EDUCATION TO THE MOST VUL NERABLE IN OUR COMMUNITY FREE SCREENING MAMMOGRAMS AS WELL AS LUNG CANCER SCREENINGS WERE PROVIDED FOR EARLY DETECTION COLORECTAL CANCER EDUCATION AND NUTRITIONAL PROGRAMS WERE D EVELOPED TO KEEP PEOPLE HEALTHY, WHILE SUN SAFETY EDUCATION WAS PROVIDED TO ELEMENTARY SCH OOL 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 SURVIV ORS, 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 LI FE IN LUCAS COUNTY - PROMEDICA CONTINUES TO OPERATE TWO FOOD CLINICS - ONE AT THE PROMEDI CA 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 PRI MARY 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 T HEIR FAMILY THROUGH DECEMBER 2017, THERE HAVE BEEN MORE THAN 9,700 VISITS TO THE FOOD CLI NIC, IMPACTING MORE THAN 3,200 UNIQUE HOUSEHOLDS THIS TRANSLATES TO ABOUT 74,520 DAYS' WO RTH OF FOOD PROVIDED TO PATIENTS AND FAMILIES, THE EQUIVALENT OF 223,560 MEALS - PROMEDIC A ALSO OFFERS ITS PRESCRIPTION FOR HEALTH PROGRAM IN THE ADRIAN, MICHIGAN, COMMUNITY THRO UGH THIS PROGRAM, PROMEDICA PROVIDERS ARE ABLE TO WRITE A PRESCRIPTION FOR FOOD FOR ELIGIB LE 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 DIAGNOS IS OF HIGH CHOLESTEROL, HIGH BLOOD PRESSURE, OBESITY, PREDIABETES OR DIABETES - PROMEDICA 'S FINANCIAL OPPORTUNITY CENTER (FOC), PROVIDED EDUCATION AND COUNSELING TO NEARLY 1,000 I NDIVIDUALS HOUSED IN THE EBEID INSTITUTE, FOC HELPS INDIVIDUALS NEEDING INCOME SUPPORT (P UBLIC BENEFITS) AND EMPLOYMENT COACHING AND COUNSELING, AS WELL AS FREE TAX PREPARATION TH ROUGH THE OHIO BENEFIT BANK FOC ALSO OFFERS A DIGITAL LITERACY SERIES TO ASSIST INDIVIDUA LS WISHING TO IMPROVE THEIR COMPUTER LITERACY AND SKILLS TO BE MORE MARKETABLE TO PROSPECT IVE EMPLOYERS - IN 2017, PROMEDICA PRIMARY CARE PROVIDERS BEGAN SCREENING PATIENTS FOR SO CIAL DETERMINANTS OF HEALTH BY ASKING QUESTIONS RELATED TO EDUCATION, EMPLOYMENT, FOOD SEC URITY, HOUSING, TRANSPORTATION, AND VIOLENCE PATIENTS WHO SCREEN POSITIVE FOR ANY OF THE FACTORS ARE CONNECTED TO NECESSARY COMMUNITY PROGRAMS AND RESOURCES FOR ASSISTANCE - PROM EDICA TOLEDO HOSPITAL BECAME THE FIRST HOSPITAL IN OHIO TO ACQUIRE SYNAPTIVE MEDICAL'S BRI GHTMATTER TECHNOLOGY, WHICH COMBINES ADVANCED IMAGING, PLANNING, NAVIGATION AND ROBOTIC VI SUALIZATION WITH A DIGITAL MICROSCOPE FOR COMPLEX BRAIN TUMOR AND SPINAL SURGERY THE NEW TECHNOLOGY ALLOWS FOR BETTER SURGICAL ERGONOMICS, FACILITATES COLLABORATION AMONG OPERATIN G ROOM STAFF, AND CONSUMES LESS SURGICAL TIME, ALL FACTORS THAT COULD LEAD TO IMPROVED PAT IENT 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 B EING ACCOUNTABLE TO OTHERS - PROMEDICA INNOVATION'S BUSINESS INCUBATOR ALLOWS CLIENT COMP ANIES IN THE HEALTHCARE FIELD TO ACCELERATE DEVELOPMENT AND COMMERCIALIZATION OF MEDICAL D EVICES AND HEALTH INFORMATION TECHNOLOGY TO IMPROVE PATIENT CARE LOCALLY AND NATIONALLY - ADDITIONALLY, IN 2017, PROMEDICA INNOVATIONS FORMED A COLLABORATIVE ORGANIZATION CALLED N EXTTECH WITH THE UNIVERSITY OF TOLEDO, BOWLING GREEN STATE UNIVERSITY, AND MERCY HEALTH N EXTTECH RECEIVED THE OHIO THIRD FRONTIER GRANT OF $8 7 MILLION TO SERVE AS THE ENTREPRENEU RIAL SERVICES PROVIDER (ESP) FOR 18 COUNTIES IN NORTHWEST OHIO THE ESP OFFERS A NETWORK O F ENTREPRENEURIAL SERVICES AND CAPITAL TO ACCELERATE THE GROWTH OF EARLY STAGE OHIO TECHNO LOGY COMPANIES IN 2017, PROMEDICA CONTRIBUTED $191,681,000 IN COMMUNITY BENEFIT THROUGH C OMMUNITY 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-BEI NG OF RESIDENTS IN THE COMMUNITIES WE SERVE SPECIFICALLY, THROUGH COMMUNITY HEALTH IMPROV EMENT 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 TESTIN G, BLOOD PRESSURE, BONE DENSITY, BODY MASS, AND CANCER CHECKUPS, MAMMOGRAM SCREENINGS FOR LOW-INCOME AND UNINSURED WOMEN, CHILDHOOD IMMUNIZATIONS, REDUCED-COST SCHOOL-ATHLETIC PHYS ICALS, FIRST-AID COVERAGE AT COMMUNITY EVENTS, VOLUNTEER ELEMENTARY SCHOOL MENTORS, PUBLIC HEALTH EDUCATION LECTURES AND SEMINARS, A CHILDHOOD OBESITY PROGRAM, AND MANY OTHER COMMU NITY-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 AMOU NT 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, PROMEDI CA'S COST OF BAD DEBT FOR 2017 WAS $28,737,000 THIS AMOUNT IS NOT INCLUDED IN THE COMMUNI TY BENEFIT AMOUNT OF $191,681,000 NOTED ABOVE FURTHER, PROMEDICA CONTINUES TO BE A LEADIN G PARTICIPANT IN THE LUCAS COUNTY CARENET INITIATIVE - A COLLABORATIVE EFFORT AMONG PROMED ICA, MERCY HEALTH PARTNERS, THE UNIVERSITY OF TOLEDO MEDICAL CENTER, THE CITY OF TOLEDO, A ND OTHERS CARENET WAS CREATED TO PROVIDE FREE OR LOWER-COST HEALTH CARE FOR LOW-INCOME LU CAS COUNTY RESIDENTS ESTABLISHED IN 2003, CARENET BRIDGES THE GAP BETWEEN ADULTS WITHOUT HEALTH INSURANCE AND NEEDED HEALTHCARE SERVICES WHILE SOME INDIVIDUALS MAY QUALIFY FOR GO VERNMENTAL 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 TH E COST - NOT REIMBURSED BY THE GOVERNMENT - FOR TREATING MEDICAID AND OTHER MEANS-TESTED P ATIENTS 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 AMOUN T 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 HO SPITAL 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 FEDE RAL POVERTY LEVEL, PROMEDICA HOSPITALS PROVIDE SIGNIFICANT DISCOUNTS TO FAMILIES WITH INCO MES 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 WRIT ING 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 NECESS ARY TO QUALIFY FOR GOVERNMENT FUNDING PATIENT BILLS PROVIDE CLEAR EXPLANATIONS, QUALIFICA TIONS 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 RAC E, CREED, SEX, NATIONAL ORIGIN, DISABILITY, OR AGE AND, WE RECOGNIZE THAT NOT ALL INDIVID UALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL CARE THEREFORE, WE PROVIDE THESE H EALTHCARE SERVICES, RECRUIT AND TRAIN HEALTHCARE PROFESSIONALS TO SERVE THE BROADER COMMUN ITY, PROVIDE APPROPRIATE FINANCIAL ASSISTANCE, OFFER SERVICES AND CONTRIBUTIONS TO OTHER N ONPROFIT 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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THE TOLEDO HOSPITAL - PROGRAM SERVICE ACCOMPLISHMENTS	THE TOLEDO HOSPITAL (D/B/A PROMEDICA TOLEDO HOSPITAL) IS THE ADULT TERTIARY HOSPITAL OF PR OMEDICA HEALTH SYSTEM, INC (PROMEDICA), A MISSION-BASED, LOCALLY OWNED, NONPROFIT HEALTHC ARE ORGANIZATION HIGHLY FOCUSED ON ACHIEVING CORE VALUES HEADQUARTERED IN TOLEDO, OHIO, P ROMEDICA SERVES 28 COUNTIES IN NORTHWEST OHIO AND SOUTHEAST MICHIGAN, AND IS ONE OF THE RE GION'S LEADING HEALTHCARE PROVIDERS OUR STEWARDSHIP OF RESOURCES HAS ENABLED US TO WISELY INVEST IN PATIENT-CENTERED CARE, ADVANCED TECHNOLOGY, INNOVATIVE PROGRAMS, AND FAMILY-ORI ENTED FACILITIES THAT HELP TO ENSURE PATIENTS AND AREA RESIDENTS HAVE EQUAL ACCESS TO HIGH -QUALITY, SAFE CARE IN THE MOST APPROPRIATE SETTING, REGARDLESS OF PATIENTS' ABILITY TO PA Y FOR MORE THAN 130 YEARS, PROMEDICA TOLEDO HOSPITAL (TH) HAS SERVED METROPOLITAN TOLEDO AND SURROUNDING COMMUNITIES WITH STATE-OF-THE-ART EMERGENCY, MEDICAL, DIAGNOSTIC, AND SURG ICAL SERVICES THE 794-BED HOSPITAL OFFERS ACCESS TO THE AREA'S LARGEST BOARD-CERTIFIED ME DICAL STAFF, WITH MORE THAN 1,000 PRIMARY CARE AND SPECIALTY PHYSICIANS AS WELL AS ADVANCE PRACTICE PROVIDERS ADDITIONALLY, TH OFFERS A NUMBER OF KEY SERVICES TO THE METRO-TOLEDO AREA, SUCH AS THE CENTER FOR WOMEN'S HEALTH, WHICH INCLUDES MATERNAL-FETAL MEDICINE AND A LEVEL III PERINATAL UNIT, JOBST VASCULAR INSTITUTE, PROMEDICA BREAST CARE, AND A LEVEL I T RAUMA CENTER OTHER PROGRAMS AND SERVICES INCLUDE WELL-ESTABLISHED NEUROSCIENCES, CARDIOVA SCULAR AND ORTHOPAEDIC DEPARTMENTS, A NATIONALLY RECOGNIZED BARIATRIC PROGRAM, A CERTIFIED COMPREHENSIVE STROKE CENTER, AND AN EMERGENCY CENTER THAT TREATS MORE THAN 100,000 PATIEN TS ANNUALLY ALL SERVICES ARE FULLY BACKED BY ACCREDITED ANCILLARY SERVICES, SUCH AS LABOR ATORY, RADIOLOGY, AS WELL AS PHYSICAL, SPEECH, AND OCCUPATIONAL THERAPIES PROMEDICA TOLED O CHILDREN'S HOSPITAL (TCH), OPERATING AS PART OF TH, PROVIDES PEDIATRIC TERTIARY CARE TC H EXCLUSIVELY SERVES THE HEALTHCARE NEEDS OF CHILDREN AND ADOLESCENTS UNDER THE AGE OF 18 TCH'S MEDICAL STAFF INCLUDES BOARD-CERTIFIED PHYSICIANS AND ADVANCE PRACTICE PROVIDERS, W HILE A NEWBORN INTENSIVE CARE UNIT INCLUDES A NEONATAL PHYSICIAN AND PEDIATRIC HOSPITALIST WHO ARE ON DUTY 24 HOURS A DAY OTHER TCH SPECIALTY SERVICES INCLUDE A PEDIATRIC CANCER C ENTER, ASTHMA TREATMENT AND EDUCATION SERVICES, PEDIATRIC PSYCHIATRY, AND A DEDICATED LEVE L II PEDIATRIC TRAUMA CENTER IN 2017, TH CONTINUED CONSTRUCTION OF ITS NEW GENERATIONS BE D TOWER THE NEW FACILITY WILL BE 13 STORIES TALL WITH MORE 300 PATIENT BEDS AND WILL OFFE R IMPROVED ACCESS FOR PATIENTS WHILE PROVIDING THE LATEST TECHNOLOGY AND PROCESSES TO ENSU RE A SAFE, HIGH QUALITY ENVIRONMENT FOR PATIENT CARE AND HEALING THE GENERATIONS TOWER IS EXPECTED TO OPEN FOR PATIENT CARE BY THE END OF 2019 IN 2017, TH WAS NAMED ONE OF THE BE ST 100 HOSPITALS IN THE NATION BY HEALTHGRADES AMERICA'S 100 BEST HOSPITALS FOR THE THIRD YEAR IN A ROW THE AWARD RECOGNIZES THE TOP 2% OF HOSPITALS IN THE NATION FOR EXHIBITING C LINICAL EXCELLENCE FOR AT LEAS

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THE TOLEDO HOSPITAL - PROGRAM SERVICE ACCOMPLISHMENTS	T FOUR CONSECUTIVE YEARS TH ALSO WAS RECOGNIZED BY U S NEWS AND WORLD REPORT AS ONE OF T HE BEST HOSPITALS IN OHIO, WITH A NUMBER 8 RANKING ADDITIONALLY, BECKER'S NAMED TH TO ITS LIST OF 100 HOSPITALS AND HEALTH SYSTEMS WITH GREAT HEART PROGRAMS, AND TRUVEN HEALTH ANA LYTICS RECOGNIZED TH AS ONE OF THE COUNTRY'S 50 TOP CARDIOVASCULAR HOSPITALS THIS RANKING PUTS TH IN THE TOP 5% OF HOSPITALS NATIONWIDE FOR CARDIOVASCULAR OUTCOMES A DIVISION OF TH, PROMEDICA WILDWOOD ORTHOPAEDIC AND SPINE HOSPITAL (WOSH) IS AN ALL-DIGITAL, ACUTE CARE FACILITY THAT PROVIDES INPATIENT AND OUTPATIENT ORTHOPAEDIC SURGERY TO ADDRESS THE NEEDS OF AGING BABY BOOMERS AND OTHERS WHO EXPERIENCE CHRONIC PAIN FROM JOINT DISEASE THIS UNIQ UE, FREE-STANDING HOSPITAL SERVES ONLY ORTHOPAEDIC AND SPINE PATIENTS, OFFERING DIAGNOSTIC , SURGICAL AND REHABILITATION SERVICES ALL IN ONE CONVENIENT AND EASILY ACCESSIBLE LOCATIO N WOSH RECEIVED NATIONAL RECOGNITION WITH THE PRESS GANEY GUARDIAN OF EXCELLENCE AWARD, P RESENTED TO ORGANIZATIONS SCORING IN THE 95TH PERCENTILE OR HIGHER FOR PATIENT EXPERIENCE METRICS IN 2017, TH SERVED 35,920 INPATIENTS, 520,587 OUTPATIENTS, AND 95,861 EMERGENCY C ENTER PATIENTS TH CONTRIBUTED $83,379,000 IN COMMUNITY BENEFIT THROUGH COMMUNITY BENEFIT EXPENDITURES, FINANCIAL ASSISTANCE AND GOVERNMENT-SPONSORED, MEANS-TESTED HEALTH CARE THR OUGH COMMUNITY HEALTH IMPROVEMENT SERVICES, HEALTH PROFESSIONS EDUCATION, SUBSIDIZED HEALT H SERVICES, AND OTHER COMMUNITY BENEFIT OPERATIONS, TH CONTRIBUTED $24,475,000 TO THE COMM UNITY DURING 2017 INCLUDED IN THIS FIGURE ARE PROGRAMS SUCH AS - THE COME TO THE TABLE I NITIATIVE THAT PROVIDES 24 HOURS' WORTH OF FOOD TO PATIENTS WHO QUALIFY FOR FOOD INSECURIT Y BY COMPLETING A QUESTIONNAIRE - THE AUTISM COLLABORATIVE - A COLLABORATION BETWEEN TCH AND LOCAL AUTISM ORGANIZATIONS AND UNIVERSITIES - TO PROVIDE EXPERT KNOWLEDGE AND SERVICES UNDER ONE UMBRELLA ORGANIZATION, ALLOWING THOSE WITH AUTISM AND THEIR FAMILIES TO RESEARC H AND FIND THE BEST POSSIBLE CARE - SUPPORT GROUPS FOR PATIENTS' FAMILIES TO ASSIST WITH MANAGING CHRONIC DISEASE AND TO OFFER SOCIAL SERVICES INFORMATION - WITH THE GOAL OF IMPR OVING INFANT MORTALITY RATES IN OUR REGION, A NURSING MOTHERS SUPPORT GROUP IS OFFERED AT NO CHARGE THROUGHOUT THE YEAR - THE TEEN PEP (PEERS EDUCATING PEERS) PROGRAM EXTENDS CARE AND EDUCATION OUTSIDE THE HOSPITAL, IN MORE NONTRADITIONAL WAYS, BY ENCOURAGING TEENS TO TALK WITH THEIR PEERS ABOUT IMPORTANT TOPICS SUCH AS TEEN RELATIONSHIPS, BULLYING, AND PHY SICAL AND EMOTIONAL ABUSE - FREE AND LOW-COST OUTPATIENT CLINICS THAT OFFER A WIDE ARRAY OF HEALTH SERVICES INCLUDING IMMUNIZATIONS, VASCULAR SCREENINGS AND TREATMENT OF MINOR ILL NESSES THAT MIGHT NOT REQUIRE AN EMERGENCY CENTER VISIT BUT STILL REQUIRE MEDICAL ATTENTIO N - PREPARATION FOR PARENTHOOD CLASSES THAT HELP PREPARE EXPECTANT PARENTS FOR A HEALTHY LABOR AND DELIVERY, AND OFFER INFANT SAFETY TIPS, AS WELL AS NEW MOTHER CARE AND HEALTHY B ABY EDUCATION - FREE SCREENIN

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THE TOLEDO HOSPITAL - PROGRAM SERVICE ACCOMPLISHMENTS	G MAMMOGRAMS AND BREAST CARE EDUCATION THAT EMPHASIZES THE IMPORTANCE OF ROUTINE SELF-BREA ST EXAMS FOR UNINSURED AND UNDERINSURED WOMEN IN THE TOLEDO AREA - IN-KIND DONATIONS AND G ENERAL CONTRIBUTIONS, WHICH SUPPORT LOCAL NON-PROFIT ORGANIZATIONS WITH SIMILAR VALUES TH ALSO PROVIDED A SIGNIFICANT AMOUNT OF FINANCIAL ASSISTANCE TO THE COMMUNITY DURING 2017, OF WHICH $7,929,000 REPRESENTED UNCOMPENSATED AMOUNTS FOR TREATMENT TO THOSE PATIENTS WHO DID NOT HAVE THE FINANCIAL RESOURCES TO PAY FOR HOSPITAL SERVICES FINANCIAL ASSISTANCE RE PRESENTS THE COST TO PROVIDE SERVICE AND DOES NOT INCLUDE THE COSTS FOR ACCOUNTS THAT ARE WRITTEN OFF TO BAD DEBT FOR PATIENTS WHO DID NOT PAY THEIR BILLS TH'S COST OF BAD DEBT FO R 2017 WAS $7,706,000 THIS AMOUNT IS NOT INCLUDED IN THE COMMUNITY BENEFIT TOTAL OF $83,3 79,000 INDICATED ABOVE TH PROVIDED $50,975,000 OF COMMUNITY SUPPORT WHICH REPRESENTS THE COSTS - NOT REIMBURSED BY THE GOVERNMENT - FOR TREATING MEDICAID AND OTHER MEANS-TESTED PA TIENTS IN 2017, THE TOTAL COSTS - NOT REIMBURSED BY THE GOVERNMENT - FOR TREATING MEDICAR E PATIENTS WAS $46,905,000 AND IS NOT INCLUDED IN THE COMMUNITY BENEFIT AMOUNT OF $83,379, 000 NOTED ABOVE DURING 2017, TH EXPENDED $176,011,000 IN NET PAYROLL, PROVIDING 4,708 JOB S IN NORTHWEST OHIO A TOTAL OF $11,249,000 WAS WITHHELD FROM HOSPITAL EMPLOYEES IN STATE AND LOCAL TAXES IN SUMMARY, TH DEMONSTRATES PROMEDICA'S MISSION AND CORE VALUES BY PROVID ING HIGH-QUALITY HEALTH CARE TO ALL PATIENTS, REGARDLESS OF THEIR RACE, CREED, SEX, NATION AL ORIGIN, DISABILITY, OR AGE AND, WE RECOGNIZE THAT NOT ALL INDIVIDUALS POSSESS THE ABIL ITY TO PURCHASE ESSENTIAL MEDICAL CARE THEREFORE, WE PROVIDE THESE HEALTHCARE SERVICES, R ECRUIT AND TRAIN HEALTHCARE PROFESSIONALS TO SERVE THE BROADER COMMUNITY, PROVIDE APPROPRI ATE FINANCIAL ASSISTANCE, OFFER SERVICES AND CONTRIBUTIONS TO OTHER NONPROFIT ORGANIZATION S THAT ALLOW THEM TO PROVIDE KEY SERVICES TO THEIR CONSTITUENTS, AND PRESENT FREE EDUCATIO NAL CLASSES, HEALTH FAIRS AND OTHER ACTIVITIES TO OUR LOCAL COMMUNITY TO HELP ENSURE ALL M EMBERS HAVE EQUAL ACCESS TO CARE

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COMMUNITY BENEFIT DEFINITIONS	PROMEDICA HEALTH SYSTEM, INC AND ITS SUBSIDIARIES (PROMEDICA) PREPARES ITS COMMUNITY BENE FIT REPORTS CONSISTENT WITH GUIDELINES PUBLISHED BY THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES AND CONSISTENT WITH FORM 990, SCHEDULE H, HOSPITALS, REPORTING COMMUNITY B ENEFITS ARE PROGRAMS AND ACTIVITIES THAT PROVIDE TREATMENT AND/OR PROMOTE HEALTH AND HEALI NG AS A RESPONSE TO IDENTIFIED COMMUNITY NEEDS COMMUNITY BENEFITS REPORTED BY PROMEDICA R ESPOND TO IDENTIFIED COMMUNITY NEEDS AND MEET AT LEAST ONE OF THE FOLLOWING CRITERIA - IM PROVE ACCESS TO HEALTHCARE SERVICE - ENHANCE THE HEALTH OF THE COMMUNITY - ADVANCE HEALT HCARE KNOWLEDGE - RELIEVE OR REDUCE THE BURDEN OF GOVERNMENT OR OTHER COMMUNITY EFFORTS FINANCIAL ASSISTANCE CONSISTENT WITH ITS MISSION, PROMEDICA PROVIDES A SIGNIFICANT AMOUNT OF FINANCIAL ASSISTANCE TO PATIENTS WITH LIMITED OR NO ABILITY TO PAY THEIR BILL PROMEDIC A HOSPITALS PROVIDE FREE CARE TO THOSE UNINSURED PATIENTS WITH INCOMES UP TO 200% OF THE F EDERAL POVERTY LEVEL SIGNIFICANT DISCOUNTS ARE ALSO PROVIDED ON A SLIDING SCALE TO UNINSU RED PATIENTS UP TO 400% OF THE FEDERAL POVERTY LEVEL FINANCIAL ASSISTANCE IS REPORTED IN THE FORM OF COST TO PROVIDE SERVICES AND HAS BEEN REDUCED TO REFLECT REIMBURSEMENT RECEIVE D FROM STATE PROGRAMS DESIGNED TO RELIEVE THE BURDEN OF PROVIDING FINANCIAL ASSISTANCE TH E COST OF FINANCIAL ASSISTANCE DOES NOT INCLUDE THE COSTS FOR ACCOUNTS THAT ARE WRITTEN OF F TO BAD DEBT FOR PATIENTS THAT DO NOT PAY THEIR BILL GOVERNMENT-SPONSORED HEALTH CARE GO VERNMENT-SPONSORED HEALTH CARE INCLUDE SERVICES THAT ARE REIMBURSED OR PARTIALLY REIMBURSE D THROUGH GOVERNMENT MEANS-TESTED PROGRAMS SUCH AS MEDICAID PROMEDICA INCLUDES THE UNPAID COSTS OF THESE PUBLIC PROGRAMS TO THE EXTENT THAT PAYMENTS RECEIVED ARE LESS THAN THE COS TS OF PROVIDING SERVICES THE UNPAID COSTS OF TREATING MEDICARE PATIENTS IS REPORTED SEPAR ATELY AND IS NOT INCLUDED IN PROMEDICA'S COMMUNITY BENEFIT REPORT ADDITIONALLY, THE COST OF FINANCIAL ASSISTANCE HAS BEEN ELIMINATED FROM ANY AMOUNTS REPORTED IN THIS CATEGORY CO MMUNITY HEALTH IMPROVEMENT SERVICES & COMMUNITY BENEFIT OPERATIONS COMMUNITY HEALTH IMPROV EMENT SERVICES INCLUDE ACTIVITIES CARRIED OUT FOR THE EXPRESS PURPOSE OF IMPROVING COMMUNI TY HEALTH THESE ACTIVITIES GENERALLY DO NOT GENERATE INPATIENT OR OUTPATIENT BILLS AS THE Y EXTEND BEYOND PATIENT CARE ACTIVITIES AND ARE SUBSIDIZED BY PROMEDICA COMMUNITY BENEFIT OPERATIONS INCLUDE COSTS ASSOCIATED WITH DEDICATED STAFF, COMMUNITY HEALTH NEED AND/OR AS SESSMENT, AND OTHER COSTS ASSOCIATED WITH COMMUNITY BENEFIT PLANNING AND ADMINISTRATION H EALTH PROFESSIONS EDUCATION HEALTH PROFESSIONS EDUCATION INCLUDE COSTS FOR ALL EDUCATIONAL PROGRAMS PROMEDICA IS INVOLVED WITH, THE PROVISION OF A CLINICAL SETTING FOR TRAINING FOR HEALTHCARE STUDENTS OUTSIDE THE ORGANIZATION, AND FUNDING FOR HEALTHCARE EDUCATION SUBSI DIZED HEALTH SERVICES SUBSIDIZED HEALTH SERVICES ARE SERVICES PROVIDED TO THE COMMUNITY DE SPITE A FINANCIAL LOSS THESE

990 Schedule O, Supplemental Information

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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE TOLEDO HOSPITAL

Employer identification number
34-4428256

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

See Additional Data Table

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

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

See Additional Data Table

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

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)REYNOLDS ROAD SURGERY CENTER LLC	J	157,500	FMV
(2)NORTHWEST OHIO DEDICATED BREAST MRI LLC	S	500,000	FMV

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

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

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

Part VII **Supplemental Information**

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

Additional Data

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
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	
100 MADISON AVE TOLEDO, OH 43604 34-1517671	PARENT COMPANY OF HEALTH SYSTEM	OH	501(C)(3)	12B, II	N/A		No
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	
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	RESPITE 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) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
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	