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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made public

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable

☒ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

PROMEDICA HEALTH SYSTEM INC

Doing business as

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

Room/suite

100 MADISON AVE ATTN TAX DEPARTMENT

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

TOLEDO, OH 43604

D Employer identification number

34-1517671

E Telephone number

(567) 585-3618

G Gross receipts \$ 713,262,972

F Name and address of principal officer

STEVEN M CAVANAUGH

100 MADISON AVE ATTN TAX DEPARTMENT

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 1986

M State of legal domicile OH

Part I

Summary

Activities & Governance

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

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

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

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

32

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

23

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

2,639

6 Total number of volunteers (estimate if necessary)

576

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

408,679

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

0

Revenue

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

124,698,236

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

355,056,811

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

1,170,786

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

310,301

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

481,236,134

481,455,363

Expenses

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

21,585,446

38,148,846

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)

163,331,163

173,958,487

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)

157,938,511

1,386,531,315

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

342,855,120

1,598,638,648

19 Revenue less expenses Subtract line 18 from line 12

138,381,014

-1,117,183,285

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

2,632,015,389

2,579,413,759

21 Total liabilities (Part X, line 26)

164,513,971

234,435,053

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

2,467,501,418

2,344,978,706

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

2019-11-14

Date

STEVEN M CAVANAUGH 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 P01057347

Firm's name ▶ DELOITTE TAX LLP

Firm's EIN ▶ 86-1065772

Firm's address ▶ 111 MONUMENT CIRCLE STE 4200

Phone no (317) 464-8600

INDIANAPOLIS, IN 462045108

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ ☒**1** Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses \$ 1,521,040,533	including grants of \$ 38,148,846)	(Revenue \$ 287,302,688)
See Additional Data				

4b	(Code)	(Expenses \$ 1,528,065	including grants of \$)	(Revenue \$ 0)
See Additional Data				

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

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

4e Total program service expenses 1,522,568,598

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	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☒

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 298	
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	2,639	2b	Yes	
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	Yes	
b BR, CH, CI, EZ, GR, HU, ID, IS, JA, KS, NI, PL, SW If "Yes," enter the name of the foreign country: TU						
5a Was the organization filing any reports required by the U.S. Treasury Department regarding foreign bank and financial accounts (FBAR)?				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		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15	Yes	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

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 32		
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 23		
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		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	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		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
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		No
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	No
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	
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	Yes
b Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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-A 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

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 ☐

1

● 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

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	23,085,310	2,818,098	4,391,374

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 ▶ 204

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
TRIMEDX INC 5451 LAKEVIEW PARKWAY S DRIVE INDIANAPOLIS, IN 46268	HEALTHCARE EQUIPMENT SERVICES	18,639,416
MCKINSEY & COMPANY INC 2711 CENTERVILLE RD STE 400 WILMINGTON, DE 19808	MANAGEMENT CONSULTING	8,142,857
MICROSOFT LICENSING GP 6100 NEIL RD RENO, NV 89511	SOFTWARE LICENSING	4,849,085
CDW GOVERNMENT LLC 300 N MILWAUKEE AVE VERNON HILLS, IL 60061	SOFTWARE LICENSING	4,387,218
SODEXO INC & AFFILIATES 4880 PAYSHERE CR CHICAGO, IL 60674	FOOD SERVICES	4,050,542

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 ► 152

Part VIII		Statement of Revenue					
Check if Schedule O contains a response or note to any line in this Part VIII ☐							
		(A)	(B)	(C)	(D)		
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	137,658,203				
	e Government grants (contributions)	1e	182,484				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	35,626,989				
	g Noncash contributions included in lines 1a - 1f \$ _____						
	h Total. Add lines 1a-1f ▶ 173,467,676						
Program Service Revenue			Business Code				
	2a ADMIN SUPPORT SERV	551114	286,650,339	285,221,015	1,429,324		
	b COMMUNITY WELLNESS	900099	156,848	156,848			
	c CPR TRAINING CENTER	900099	115,548	115,548			
	d EDUCATION	900099	1,200	1,200			
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f ▶ 286,923,935							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		970,689		-1,860,600	2,831,289	
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss) ▶		-15,902			-15,902	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss) ▶		17,822,825	361,892		17,460,933	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
	b Less direct expenses b						
	c Net income or (loss) from fundraising events ▶						
	9a Gross income from gaming activities See Part IV, line 19 a						
	b Less direct expenses b						
	c Net income or (loss) from gaming activities ▶						
	10a Gross sales of inventory, less returns and allowances a						
b Less cost of goods sold b							
c Net income or (loss) from sales of inventory ▶							
Miscellaneous Revenue		Business Code					
11a PARKING		812930	679,562	65,200	614,362		
b DIETARY		722514	642,943	417,350	225,593		
c MEDICAL RECORDS		900099	227,486	227,486			
d All other revenue			736,149	736,149			
e Total. Add lines 11a-11d ▶			2,286,140				
12 Total revenue. See Instructions ▶			481,455,363	287,302,688	408,679	20,276,320	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	38,148,846	38,148,846		
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.	18,926,650	15,141,320	3,785,330	
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.	116,950,618	93,560,494	23,390,124	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	5,784,482	4,627,586	1,156,896	
9 Other employee benefits.	24,027,051	19,221,641	4,805,410	
10 Payroll taxes.	8,269,686	6,615,749	1,653,937	
11 Fees for services (non-employees):				
a Management.	9,400	7,520	1,880	
b Legal.	279,303		279,303	
c Accounting.	1,679,977		1,679,977	
d Lobbying.	116,640		116,640	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	24,334		24,334	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	36,210,967	28,968,774	7,242,193	
12 Advertising and promotion.	4,468,064	3,574,451	893,613	
13 Office expenses.	7,361,762	5,889,409	1,472,353	
14 Information technology.	43,917,206	35,133,765	8,783,441	
15 Royalties.				
16 Occupancy.	6,285,035	5,028,028	1,257,007	
17 Travel.	1,898,906	1,519,125	379,781	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	14,381,416	11,505,133	2,876,283	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	34,696,951	27,757,561	6,939,390	
23 Insurance.				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a INVEST IN AFFILIATES	1,191,540,562	1,191,540,562		
b ACQUISITION REL COSTS	16,814,216	13,451,373	3,362,843	
c RESTRUCTURING	13,423,325	10,738,660	2,684,665	
d UBI TAXES	750,000		750,000	
e All other expenses	12,673,251	10,138,601	2,534,650	
25 Total functional expenses. Add lines 1 through 24e.	1,598,638,648	1,522,568,598	76,070,050	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		2,477,961	1	19,576,423
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		1,706,035	5	2,026,035
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		10,991,927	7	11,366,384
	8	Inventories for sale or use		73,283	8	124,338
	9	Prepaid expenses and deferred charges		54,843,489	9	33,627,953
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	386,315,311		
	b	Less: accumulated depreciation	10b	150,900,014		
				243,896,813	10c	235,415,297
	11	Investments—publicly traded securities		11,315,687	11	39,514,017
	12	Investments—other securities. See Part IV, line 11		69,434,166	12	65,208,055
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11		2,237,276,028	15	2,172,555,257	
16	Total assets. Add lines 1 through 15 (must equal line 34)		2,632,015,389	16	2,579,413,759	
Liabilities	17	Accounts payable and accrued expenses		94,868,313	17	97,553,903
	18	Grants payable			18	
	19	Deferred revenue			19	2,000,000
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		4,437,515	23	7,025,918
	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		65,208,143	25	127,855,232
	26	Total liabilities. Add lines 17 through 25		164,513,971	26	234,435,053
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		2,448,744,301	27	2,324,638,221
	28	Temporarily restricted net assets		18,757,117	28	20,340,485
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
33	Total net assets or fund balances		2,467,501,418	33	2,344,978,706	
34	Total liabilities and net assets/fund balances		2,632,015,389	34	2,579,413,759	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	481,455,363
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,598,638,648
3	Revenue less expenses Subtract line 2 from line 1	3	-1,117,183,285
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,467,501,418
5	Net unrealized gains (losses) on investments	5	-22,081,574
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	1,016,742,147
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,344,978,706

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

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 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?
- 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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

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

Form 990 (2018)

Form 990, Part III, Line 4a:

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

Form 990, Part III, Line 4b:

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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRIAN P KENNEDY TRUSTEE	1 00 0 00	X						0	0	0
BRUCE A BARNETT MD TRUSTEE	1 00 40 00	X						0	543,824	18,267
DANIEL W FARRELL JR EX OFFICIO	1 00 1 00	X						0	0	0
DAVID A SNAVELY EX OFFICIO	1 00 0 00	X						0	0	0
DOUGLAS L KAPNICK TRUSTEE	1 00 0 00	X						0	0	0
ELAINE CANNING EX OFFICIO	1 00 1 00	X						0	0	0
ELIZABETH C BRADY EX OFFICIO	1 00 1 00	X						0	0	0
EMMETT T BOYLE JR MD EX OFFICIO	1 00 40 00	X						0	629,056	50,624
EMORY M SCHMIDT EX OFFICIO	1 00 9 00	X						0	0	0
EVON M EBEID TRUSTEE	1 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HUSSIEN Y SHOUSER TRUSTEE	1 00 0 00	X						0	0	0
JAMES A HOFFMAN TRUSTEE	1 00 0 00	X						0	0	0
JAMES F WHITE JR EX OFFICIO	1 00 2 00	X						0	0	0
JANE M MILLER EX OFFICIO	1 00 0 00	X						0	0	0
KAREN S CALENDER RN EX OFFICIO	1 00 2 00	X						0	0	0
KEVIN J SAUDER TRUSTEE	1 00 0 00	X						0	0	0
KURT L DARROW EX OFFICIO	1 00 2 00	X						0	0	0
LARRY C PETERSON EX OFFICIO	1 00 1 00	X						0	0	0
LESLIE A CHAPMAN EX OFFICIO	1 00 1 00	X						0	0	0
LISA A MCDUFFIE MSSA LISW-S TRUSTEE	1 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LISA G HAWKER EX OFFICIO	1 00 3 00	X						0	0	0
MARCY L BROWN TRUSTEE	1 00 2 00	X						0	0	0
MARK A KLEIN EX OFFICIO	1 00 0 00	X						0	0	0
MARY ELLEN K PIZZA MD TRUSTEE	1 00 40 00	X						0	161,736	2,019
MICHAEL C MCMURRAY TRUSTEE	1 00 0 00	X						0	0	0
MICHAEL M HYLANT TRUSTEE	1 00 0 00	X						0	0	0
NANCY PARIS KABAT EX OFFICIO	1 00 3 00	X						0	0	0
PATRICK E BOWE TRUSTEE	1 00 0 00	X						0	0	0
PAUL JOHN FENTON MD TRUSTEE	1 00 0 00	X						0	0	0
PRAVEEN K TAMIRISA MD TRUSTEE	1 00 40 00	X						0	787,753	51,106

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			
RANDALL OOSTRA PRESIDENT, EX OFFICIO	40 00 16 00	X		X				2,904,245	0	157,073
RICHARD SCOTT TRUMBULL TRUSTEE	1 00 0 00	X						0	0	0
ROBERT W LACLAIR CHAIRPERSON	1 00 11 00	X		X				0	0	0
STEPHANIE M COLE MD TRUSTEE	1 00 0 00	X						0	0	0
STEPHEN H STAELIN VICE-CHAIR	1 00 3 00	X		X				0	0	0
THOMAS J WINSTON TRUSTEE	1 00 1 00	X						0	0	0
WILLIAM R MCDONNELL EX OFFICIO	1 00 3 00	X						0	0	0
JEFFREY C KUHN SECRETARY	40 00 14 00			X				809,040	0	69,385
MICHAEL P BROWNING TREASURER	40 00 12 00			X				1,246,637	0	81,854
ARTURO POLIZZI PRESIDENT, METRO REGION	40 00 3 00				X			637,534	0	26,604

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			
DAVID SCOTT MIERZWIAK MD VP, MEDICAL AFFAIRS, TTH	40 00 3 00					X		495,889	0	296,721
GARY L MOORMAN VP, MEDICAL AFFAIRS, PMRH	40 00 0 50					X		435,758	0	33,997
NEERAJ K KANWAL MD SR VP, INPT & RETAIL PHARMACY	40 00 5 50					X		595,108	0	57,232
RANDALL SCHIMMOELLER SR VP, POST ACUTE & SOC DET	40 00 3 50					X		386,124	0	43,271
ALAN M SATTLER FORMER OFFICER	0 00 40 00						X	26,372	136,150	54,541
CHASE CANFIELD FORMER KEY EMPLOYEE	40 00 0 50						X	294,092	0	93,163
DARRIN M ARQUETTE FORMER KEY EMPLOYEE	40 00 7 00						X	314,477	0	60,173
DEANA L SIEVERT FORMER KEY EMPLOYEE	40 00 5 00						X	403,997	0	122,688
GARY W AKENBERGER FORMER OFFICER	40 00 5 00						X	548,253	0	64,476
JERED WILSON FORMER KEY EMPLOYEE	0 00 40 00						X	332,240	0	27,990

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			
KATHLEEN M KRUEGER FORMER KEY EMPLOYEE	40 00 1 00						X	334,161	0	36,273
KATHLEEN S HANLEY FORMER OFFICER	0 00 0 00						X	1,569,411	0	0
PAUL FAVORITE FORMER KEY EMPLOYEE	40 00 0 00						X	234,835	0	12,802
ROBIN L WHITNEY FORMER KEY EMPLOYEE	40 00 2 00						X	339,412	0	36,285
VIVIEN TOWNSEND FORMER KEY EMPLOYEE	40 00 0 00						X	298,158	0	32,755

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
PROMEDICA HEALTH SYSTEM INC

Employer identification number
34-1517671

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☒

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

☐

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

☒

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

☐

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

☐

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

☐

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

Enter the number of supported organizations

18
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total	18				581,143,177	0

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION A, LINE 5	PROMEDICA HEALTH SYSTEM, INC ADDED THE FOLLOWING SUPPORTED ORGANIZATIONS DURING TAX YEAR 2018 - COMMUNITY HEALTH CENTER OF BRANCH COUNTY - 38-6108110 - HCR MANORCARE, INC - 82-5373223 PROMEDICA HEALTH SYSTEM, INC , A NON-FOR-PROFIT HEALTHCARE ORGANIZATION ACQUIRED COMMUNITY HEALTH CENTER OF BRANCH COUNTY AND ITS SUBSIDIARIES AND AFFILIATES AS OF JANUARY 1 , 2018 AND HCR MANORCARE, INC AND ITS SUBSIDIARIES AND AFFILIATES AS OF JULY 26, 2018 THE SUPPORTED ORGANIZATIONS ADDED FALL WITHIN THE CLASS DESCRIBED WITHIN THE ORGANIZATION'S GOVERNING DOCUMENT, THEREFORE, NO AMENDMENT WAS MADE PROMEDICA HEALTH SYSTEM, INC REMOVE D THE FOLLOWING SUPPORTED ORGANIZATION DURING TAX YEAR 2018 - FLOWER HOSPITAL - 34-4428794 PROMEDICA HEALTH SYSTEM, INC IS NO LONGER THE MEMBER OF FLOWER HOSPITAL PURSUANT TO A MERGER OF THE TOLEDO HOSPITAL AND FLOWER HOSPITAL EFFECTIVE DECEMBER 2, 2018 THE MERGER DID NOT REQUIRE AN AMENDMENT TO THE ORGANIZATION'S GOVERNING DOCUMENT

990 Schedule A, Supplemental Information

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

Additional Data

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

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

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) BAY PARK COMMUNITY HOSPITAL	341883132	3		No	0	0
(A) COMMUNITY HEALTH CENTER OF BRANCH COUNTY	386108110	3		No	0	0
(B) DEFIANCE HOSPITAL INC	344446484	3		No	0	0
(C) EMMA L BIXBY MEDICAL CENTER	382796005	3		No	0	0
(D) FLOWER HOSPITAL	344428794	3		No	0	0
(E) FOSTORIA HOSPITAL ASSOCIATION	340898745	3		No	0	0
(F) HERRICK MEMORIAL HOSPITAL INC	383049015	3		No	0	0
(G) MEMORIAL HOSPITAL	344430849	3		No	5,000,000	0
(H) MERCY MEMORIAL HOSPITAL CORPORATION	381984289	3		No	12,142,857	0
(I) THE TOLEDO HOSPITAL	344428256	3		No	320	0
(J) HCR MANORCARE INC	825373223	10		No	550,000,000	0
(K) KAITLYN'S COTTAGE INC	454781053	10		No	0	0
(L) LENAWEE LONG TERM CARE	382879330	10		No	0	0
(M) MONROE COMMUNITY HEALTH SERVICES	382934134	10		No	0	0
(N) PROMEDICA CONTINUING CARE SERVICES CORPORATION	344492440	10		No	0	0

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

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(P) PROMEDICA PHYSICIAN GROUP	341899439	10		No	14,000,000	0
(A) TOLEDO DISTRICT NURSE ASSOCIATION	344427949	10		No	0	0
(B) VISITING NURSE HOSPICE AND HEALTHCARE	341831624	10		No	0	0

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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

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 PROMEDICA HEALTH SYSTEM INC	Employer identification number 34-1517671
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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

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

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a. If zero or less, enter -0-

i Subtract line 1f from line 1c. If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(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)		(b)
		Yes	No	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?	Yes		116,640
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?		No	
j	Total. Add lines 1c through 1i			116,640
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).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

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	PROMEDICA HEALTH SYSTEM, INC. MADE A GRANT TO STRATEGIC HEALTH CARE - A PORTION OF WHICH IS ALLOCABLE TO LOBBYING

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493319021399

SCHEDULE D

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

PROMEDICA HEALTH SYSTEM INC

Employer identification number

34-1517671

Part I

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

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

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

(a) Donor advised funds

(b) Funds and other accounts

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

Yes

No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Yes

No

Part II

Conservation Easements.

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

1

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

3

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

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes

No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes

No

9

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

Part III

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

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

1a

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

1b

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

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2018

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

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

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	721,231	15,511,470		16,232,701
b Buildings	9,026,522	71,268,880	6,349,040	73,946,362
c Leasehold improvements		3,601,668	1,298,676	2,302,992
d Equipment		276,079,853	142,664,887	133,414,966
e Other		10,105,687	587,411	9,518,276
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				235,415,297

Part VII

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

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

Part VIII

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

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

Part IX

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

(a) Description	(b) Book value
(1) INVESTMENT IN AFFILIATES	1,978,170,995
(2) DUE FROM AFFILIATES	94,267,044
(3) OTHER SEGREGATED INVESTMENTS	138,285
(4) OTHER NON-CURRENT ASSETS	36,887,931
(5) OTHER RECEIVABLES	10,052,992
(6) BENEFICIAL INTEREST IN FOUNDATION	20,354,818
(7) DEFERRED COMPENSATION	32,683,192
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	2,172,555,257

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	61,696,540
DEFERRED COMPENSATION	32,683,192
MALPRACTICE TAIL LIABILITY	3,744,379
ASSET REMEDIATION OBLIGATION	6,193,328
PENSION LIABILITY	23,537,793
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	127,855,232

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		2e		
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		4c		
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				
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		2e		
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 :		4c		
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				
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5		

Part XIII Supplemental Information

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
PROMEDICA HEALTH SYSTEM INC

Statement of Activities Outside the United States

- Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Employer identification number
34-1517671

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EAST ASIA AND THE PACIFIC	0	0	UNRELATED TRADE OR BUSINESS		86,722
3a Sub-total	0	0			86,722
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			86,722

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

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

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

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

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

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

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
PROMEDICA HEALTH SYSTEM INC

Employer identification number

34-1517671

Part I 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 62

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVOCATES FOR BASIC LEGAL EQUALITY INC 525 JEFFERSON AVE SUITE 300 TOLEDO, OH 43604	23-7376131	501(C)(3)	7,500				CHARITABLE DONATION
ALZHEIMER'S ASSOCIATION NORTHWEST OHIO CHAPTER 2500 N REYNOLDS ROAD TOLEDO, OH 43615	13-3039601	501(C)(3)	25,000				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY 135 CHESTERFIELD STE 100 MAUMEE, OH 43537	13-1788491	501(C)(3)	32,250				CHARITABLE DONATION
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 752843543	13-5613797	501(C)(3)	31,500				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES 2025 E STREET NW WASHINGTON, DC 200065009	53-0196605	501(C)(3)	58,000				CHARITABLE DONATION
ARAB COMMUNITY FOR ECONOMIC & SOCIAL SERVICES 2651 SAULINO CT DEARBORN, MI 48120	23-7444497	501(C)(3)	5,500				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTS COMMISSION OF GREATER TOLEDO 1838 PARKWOOD AVE STE 120 TOLEDO, OH 43624	34-1358701	501(C)(3)	135,000				CHARITABLE DONATION
B'NAI B'RITH INTERNATIONAL 1120 20TH STREET NW STE 300N WASHINGTON, DC 20036	53-0179971	501(C)(3)	10,000				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUBS OF TOLEDO 2250 N DETROIT AVE TOLEDO, OH 43606	34-4427933	501(C)(3)	15,500				CHARITABLE DONATION
CAL RIPKEN SR FOUNDATION INC 1427 CLARKVIEW RD STE 100 BALTIMORE, MD 21209	52-2310500	501(C)(3)	50,000				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHERRY STREET MISSION MINISTRIES 105 17TH STREET TOLEDO, OH 43604	34-1133369	501(C)(3)	10,000				CHARITABLE DONATION
CROSWELL OPERA HOUSE 129 E MAUMEE ST ADRIAN, MI 49221	38-6144993	501(C)(3)	60,000				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CYSTIC FIBROSIS FOUNDATION 2265 LIVERNOISE SUITE 410 TROY, MI 480831606	38-1723341	501(C)(3)	8,250				CHARITABLE DONATION
EVANS SCHOLARS FOUNDATION ONE BRIAR RD GOLF, IL 60029	36-2518129	501(C)(3)	8,000				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST TEE OF LAKE ERIE LLC PO BOX 351142 TOLEDO, OH 43635	46-5657531	501(C)(3)	15,000				CHARITABLE DONATION
FRANCISCAN CENTER OF LOURDES UNIVERSITY 6832 CONVENT BLVD SYLVANIA, OH 43560	34-1226547	501(C)(3)	6,000				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GABBY'S LADDER 431 E ELM AVE MONROE, MI 48162	38-3564824	501(C)(3)	260,125				CHARITABLE DONATION
GOOD GRIEF OF NORTHWEST OHIO 7015 SPRING MEADOWS DRIVE WEST STE 201 HOLLAND, OH 43528	46-0765319	501(C)(3)	15,000				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEARCARE CONNECTION INC DBA GIVEHEAR 130 WEST MAIN STREET STE 150 FORT WAYNE, IN 46802	45-2803181	501(C)(3)	25,000				CHARITABLE DONATION
HOPE COMMUNITY CENTER 431 BAKER STREET ADRIAN, MI 49221	38-2177974	501(C)(3)	11,000				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUDSON AREA SCHOOLS 781 N MAPLE GROVE AVE HUDSON, MI 49247	38-6026620	501(C)(3)	100,000				CHARITABLE DONATION
LENAWEE COMMUNITY FOUNDATION 606 N EVANS ST TECUMSEH, MI 49286	38-6095474	501(C)(3)	7,200				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LENAWEE INVESTMENT OPPORTUNITY NETWORK LLC 5285 W US 223 STE A ADRIAN, MI 49221	82-5404299	501(C)(3)	16,500				CHARITABLE DONATION
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE RYE BROOK, NY 10573	13-5644916	501(C)(3)	13,250				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIMA MEMORIAL HOSPITAL FOUNDATION 1001 BELLEFONTAINE RD LIMA, OH 45804	34-1707570	501(C)(3)	25,000				CHARITABLE DONATION
LOCAL INITIATIVES SUPPORT CORPORATION 245 N SUPERIOR 2 TOLEDO, OH 43604	13-3030229	501(C)(3)	10,000				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LPGA TOURNAMENT PROPERTIES ONE LLC 100 INTERNATIONAL GOLF DRIVE DAYTONA BEACH, FL 32124	62-1370922	501(C)(6)	100,000				CHARITABLE DONATION
LUCAS COUNTY SHERIFF'S OFFICE DRUG ABUSE RESPONSE TEAM INC 1622 SPIELBUSCH AVE TOLEDO, OH 43604	81-5075376	GOV'T ENTITY	40,317				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARCH OF DIMES 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	13-1846366	501(C)(3)	27,632				CHARITABLE DONATION
MEMORIAL HOSPITAL 715 S TAFT AVE FREMONT, OH 43420	34-4430849	501(C)(3)	5,000,000				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
MERCY MEMORIAL HOSPITAL CORPORATION 718 N MACOMB ST MONROE, MI 48162	38-1984539	501(C)(3)	12,142,857				OPERATING GRANT
MIRACLE LEAGUE OF NW OHIO 843 ELK RIDGE DRIVE NORTHWOOD, OH 43619	20-4979084	501(C)(3)	25,000				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONROE COUNTY BUSINESS DEVELOPMENT CORPORATION 102 E FRONT ST MONROE, MI 48161	38-2415486	501(C)(3)	8,750				CHARITABLE DONATION
MONROE COUNTY CHAMBER OF COMMERCE PO BOX 626 MONROE, MI 48162	38-1566376	501(C)(6)	7,050				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL MUSEUM OF THE GREAT LAKES 1701 FRONT ST TOLEDO, OH 43605	34-6549217	501(C)(3)	10,000				CHARITABLE DONATION
OHIO CANCER RESEARCH ASSOCIATES 2740 NAVARRE AVE OREGON, OH 43616	31-1038309	501(C)(3)	10,000				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONE YOGA LLC 721 W 26TH ST MINNEAPOLIS, MN 55405	68-0605274	501(C)(3)	29,525				CHARITABLE DONATION
OPEN DOOR MINISTRY 2825 CHERRY ST TOLEDO, OH 43608	34-1555495	501(C)(3)	12,500				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OTTAWA HILLS COMMUNITY AND SCHOOLS FOUNDATION 2125 RICHARDS RD TOLEDO, OH 43606	34-1476780	501(C)(3)	175,000				CHARITABLE DONATION
PROMEDICA FOUNDATION 444 N SUMMIT ST TOLEDO, OH 43604	34-1517672	501(C)(3)	2,264,700				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)	14,000,000				OPERATING GRANT
REGIONAL GROWTH PARTNERSHIP 300 MADISON AVE STE 270 TOLEDO, OH 43604	34-1823833	501(C)(6)	100,000				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIVER RAISIN NATIONAL BATTLEFIELD PARK FOUNDATION INC 28 S MACOMB ST MONROE, MI 48161	46-2501428	501(C)(3)	252,500				CHARITABLE DONATION
RONALD MCDONALD HOUSE CHARITIES OF NORTHWEST OHIO 3883 MONROE STREET TOLEDO, OH 43606	34-1349742	501(C)(3)	253,650				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHARE THE WARMTH PO BOX 726 ADRIAN, MI 49221	81-5143616	501(C)(3)	10,160				CHARITABLE DONATION
ST URSULA ACADEMY 4025 INDIAN ROAD TOLEDO, OH 43606	34-0873639	501(C)(3)	10,000				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSAN G KOMEN BREAST CANCER FOUNDATION INC PO BOX 8489 TOLEDO, OH 43612	75-1835298	501(C)(3)	24,500				CHARITABLE DONATION
SYLVANIA SCHOOLS ATHLETIC FOUNDATION 4747 N HOLLAND-SYLVANIA RD SYLVANIA, OH 43560	76-0818891	501(C)(3)	1,000,000				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE DEMOCRACY COLLABORATIVE FOUNDATION 1422 EUCLID AVE STE 616 CLEVELAND, OH 44115	20-0387511	501(C)(3)	10,000				CHARITABLE DONATION
THE FAIR HOUSING CENTER 432 N SUPERIOR ST TOLEDO, OH 436041416	23-7441706	501(C)(3)	10,000				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE VICTORY CENTER 5532 W CENTRAL AVE SUITE B TOLEDO, OH 43615	34-1767997	501(C)(3)	11,750				CHARITABLE DONATION
TOLEDO AREA HUMANE SOCIETY 1920 INDIAN WOODS CIRCLE MAUMEE, OH 43537	34-4429093	501(C)(3)	50,000				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOLEDO ASIAN AMERICAN PHYSICIANS OF INDIAN ORIGIN INC PO BOX 27 MAUMEE, OH 43537	82-4385037	501(C)(3)	10,000				CHARITABLE DONATION
TOLEDO COMMUNITY FOUNDATION 300 MADISON AVE STE 1300 TOLEDO, OH 43604	23-7284004	501(C)(3)	78,500				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOLEDO OPERA ASSOCIATION 425 JEFFERSON AVE SUITE 601 TOLEDO, OH 436041066	34-6556139	501(C)(3)	115,250				CHARITABLE DONATION
TOLEDO ORCHESTRA ASSOCIATION INC 1838 PARKWOOD AVE 310 TOLEDO, OH 436242502	34-4005365	501(C)(3)	510,866				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOLEDO PUBLIC SCHOOLS FOUNDATION 420 E MANHATTAN BLVD RM 110 TOLEDO, OH 43608	34-6401449	501(C)(3)	410,100				CHARITABLE DONATION
TOLEDO ROADRUNNERS CLUB PO BOX 8818 TOLEDO, OH 43613	34-1237238	501(C)(3)	15,000				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOLEDO SCIENCE CENTER DBA IMAGINATION STATION ONE DISCOVERY WAY TOLEDO, OH 436041579	31-1337258	501(C)(3)	50,000				CHARITABLE DONATION
TOLEDO SOCIETY FOR THE BLIND INC 1819 CANTON AVE TOLEDO, OH 43624	34-4428258	501(C)(3)	5,250				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOLEDO URBAN FOUNDATION INC 1339 DORR ST TOLEDO, OH 43607	45-4650966	501(C)(3)	8,300				CHARITABLE DONATION
TOLEDO-LUCAS COUNTY CONVENTION AND VISITORS BUREAU INC 401 JEFFERSON AVE TOLEDO, OH 43604	34-1388178	501(C)(3)	25,000				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TOLEDO FOUNDATION 2801 BANCROFT ST TOLEDO, OH 43606	34-6555110	501(C)(3)	71,200				CHARITABLE DONATION
YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF NW OHIO 1018 JEFFERSON AVE TOLEDO, OH 43604	34-4428265	501(C)(3)	10,000				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ZEST OF TOLEDO INC 953 PHILLIPS AVE TOLEDO, OH 43612	82-4401053	501(C)(3)	18,793				CHARITABLE DONATION

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization
PROMEDICA HEALTH SYSTEM INC

Employer identification number
34-1517671

Part I Questions Regarding Compensation

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

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

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

1b Yes

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

2 Yes

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- | | |
|---|---|
| ☒ Compensation committee | ☐ Written employment contract |
| ☒ Independent compensation consultant | ☒ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?

4a Yes

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4b Yes

c Participate in, or receive payment from, an equity-based compensation arrangement?

4c No

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

5a No

b Any related organization?

5b No

If "Yes," on line 5a or 5b, describe in Part III

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

6a No

b Any related organization?

6b Yes

If "Yes," on line 6a or 6b, describe in Part III

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III

7 Yes

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

8 No

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9

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

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

[illegible]

Part III Supplemental Information

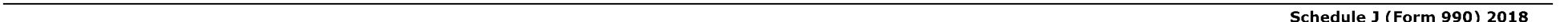
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	TAX INDEMNIFICATION AND GROSS-UP PAYMENTS 5 KEY EMPLOYEES INCLUDED IN TAXABLE COMPENSATION 1 HIGHEST COMPENSATED EMPLOYEE INCLUDED IN TAXABLE COMPENSATION HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE 1 KEY EMPLOYEE INCLUDED IN TAXABLE COMPENSATION PERSONAL SERVICES 2 OFFICERS INCLUDED IN TAXABLE COMPENSATION 12 KEY EMPLOYEES INCLUDED IN TAXABLE COMPENSATION 1 HIGHEST COMPENSATED EMPLOYEE INCLUDED IN TAXABLE COMPENSATION 4 FORMER KEY EMPLOYEES INCLUDED IN TAXABLE COMPENSATION

Return Reference	Explanation
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 CHASE CANFIELD \$146,511 DANIEL K CASSAVAR, MD \$124,846 DANIEL P SCHWANKE \$64,823 DAVID SCOTT MIERZWIAK, MD \$80,815 GARY L MOORMAN \$77,070 JOHN C RANDOLPH \$114,554

Return Reference	Explanation
PART I, LINE 4B	ELIGIBLE EMPLOYEES PARTICIPATE IN VARIOUS NONQUALIFIED DEFERRED COMPENSATION PLANS ORGANIZED UNDER CODE SECTION 457(F) THE EXACT PURPOSE OF EACH PLAN VARIES, BUT THEY INCLUDE COMPENSATION LIMITATION MAKE-UP PLANS, VOLUNTARY DEFERRAL PLANS, DEFERRAL OF A PORTION OF INCENTIVE BONUS TYPE PLANS, ETC ANY AMOUNT ULTIMATELY PAID UNDER THE PROGRAM TO THE EMPLOYEE IS REPORTED AS COMPENSATION ON FORM 990, SCHEDULE J, PART II, COLUMN B IN THE YEAR PAID SUPPLEMENTAL NONQUALIFIED PLAN PAYMENTS WERE MADE DURING THE YEAR TO THE FOLLOWING LISTED PERSONS IN PART VII DANIEL P SCHWANKE \$2,284 GARY L MOORMAN \$2,450 KATHLEEN S HANLEY \$1,569,411 LEE W HAMMERLING, MD \$23,822 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

Return Reference	Explanation
PART I, LINE 6	CERTAIN LISTED PERSONS RECEIVED INCENTIVES BASED ON INDIVIDUAL PRODUCTIVITY NET EARNINGS PART I, LINE 7 AN INCENTIVE BONUS IS PAID TO ALL EXECUTIVES BASED ON ATTAINMENT OF GOALS IN THE AREAS OF 1) PATIENT SATISFACTION, 2) EMPLOYEE ENGAGEMENT, 3) GROWTH, 4) QUALITY AND SAFETY, AND 5) PROFITABILITY



Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
BRUCE A BARNETT MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	530,333	6,333	7,158	0	18,267	562,091	0
EMMETT T BOYLE JR MD EX OFFICIO	(i)	0	0	0	0	0	0	0
	(ii)	557,710	40,000	31,346	0	50,624	679,680	0
MARY ELLEN K PIZZA MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	102,285	46,163	13,288	0	2,019	163,755	0
PRAVEEN K TAMIRISA MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	750,799	0	36,954	0	51,106	838,859	0
RANDALL OOSTRA PRESIDENT, EX OFFICIO	(i)	1,514,553	1,012,405	377,287	122,095	34,978	3,061,318	0
	(ii)	0	0	0	0	0	0	0
JEFFREY C KUHN SECRETARY	(i)	540,493	238,408	30,139	40,353	29,032	878,425	0
	(ii)	0	0	0	0	0	0	0
MICHAEL P BROWNING TREASURER	(i)	703,353	516,162	27,122	25,025	56,829	1,328,491	0
	(ii)	0	0	0	0	0	0	0
ARTURO POLIZZI PRESIDENT, METRO REGION	(i)	377,515	244,500	15,519	0	26,604	664,138	0
	(ii)	0	0	0	0	0	0	0
BARBARA J PETEE CHIEF GOVT REL, ADVOC OFF	(i)	300,374	200,600	9,551	25,364	2,628	538,517	75,000
	(ii)	0	0	0	0	0	0	0
BENET S RUPP SR VP, HUMAN RESOURCES	(i)	241,650	110,751	22,574	286,667	21,053	682,695	0
	(ii)	0	0	0	0	0	0	0
BRIAN K MILLER MD CHIEF MEDICAL INFO OFFICER	(i)	333,647	96,800	60,260	12,309	34,838	537,854	0
	(ii)	0	0	0	0	0	0	0
DANIEL K CASSAVAR MD PRESIDENT & CMO, PPG	(i)	361,189	235,100	247,287	634,635	47,104	1,525,315	0
	(ii)	0	0	0	0	0	0	0
DAWN BUSKEY PRES, REGIONAL ACUTE CARE MI	(i)	309,070	170,635	3,226	24,168	26,106	533,205	75,000
	(ii)	0	0	0	0	0	0	0
DEE A BIALECKI-HAASE MD CMO, PROMEDICA INSURANCE CORP	(i)	330,619	94,408	1,878	21,416	6,855	455,176	0
	(ii)	0	0	0	0	0	0	0
GARY M CATES CHIEF PHILANTHROPIC OFFICER	(i)	299,798	208,367	9,335	20,707	28,427	566,634	75,000
	(ii)	0	0	0	0	0	0	0
HOLLY BRISTOLL CHIEF INT OFF , ACADEMIC AFF	(i)	304,909	147,900	8,473	23,185	46,999	531,466	0
	(ii)	0	0	0	0	0	0	0
JOHN C RANDOLPH CHIEF INFORMATION OFFICER	(i)	341,791	531,701	194,962	773,239	28,767	1,870,460	208,784
	(ii)	0	0	0	0	0	0	0
KAREN L STRAUSS CHIEF STRAT , MKTG , COMM , HR OFF	(i)	545,911	255,496	11,187	20,269	34,849	867,712	0
	(ii)	0	0	0	0	0	0	0
KENT E BISHOP MD CXO & CMO, PPG & ACUTE CARE	(i)	0	0	0	0	0	0	0
	(ii)	543,307	0	16,272	0	53,747	613,326	0
KEVIN C WEBB PHD CHIEF ACUTE & POST ACUTE OFFICER	(i)	553,892	261,069	10,564	28,858	29,231	883,614	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				
LEE W HAMMERLING MD CHIEF ACADEMIC OFFICER, PRES	(i)	704,232	308,500	58,566	11,000	43,694	1,125,992	23,822
	(ii)	0	0	0	0	0	0	0
LORI A JOHNSTON PRES , PROMEDICA INSURANCE CORP	(i)	424,305	207,600	29,871	26,500	48,996	737,272	0
	(ii)	0	0	0	0	0	0	0
PAMELA M JENSEN PRES , REGIONAL ACUTE CARE OH	(i)	252,071	158,994	2,720	16,670	36,330	466,785	75,000
	(ii)	0	0	0	0	0	0	0
ROBERT S FREDRICK SR VP ACADEMIC AFFAIRS	(i)	274,821	71,500	69,426	20,692	17,885	454,324	0
	(ii)	0	0	0	0	0	0	0
SCOTT FOUGHT VP, FINANCE, ACUTE CARE OPS	(i)	258,064	67,597	28,627	14,276	46,669	415,233	0
	(ii)	0	0	0	0	0	0	0
STANTON E RISSER SR VP, FINANCE	(i)	275,075	77,939	5,122	7,095	15,130	380,361	0
	(ii)	0	0	0	0	0	0	0
STEPHEN SADOWSKI DEPUTY GENERAL COUNSEL	(i)	228,194	143,900	734	9,418	39,417	421,663	75,000
	(ii)	0	0	0	0	0	0	0
DANIEL P SCHWANKE PRESIDENT, MONROE REG HOSP	(i)	190,832	95,000	130,903	351,125	25,757	793,617	2,284
	(ii)	0	0	0	0	0	0	0
DAVID SCOTT MIERZWIAK MD VP, MEDICAL AFFAIRS, TTH	(i)	221,344	151,300	123,245	255,915	40,806	792,610	66,600
	(ii)	0	0	0	0	0	0	0
GARY L MOORMAN VP, MEDICAL AFFAIRS, PMRH	(i)	237,466	85,000	113,292	4,615	29,382	469,755	2,450
	(ii)	0	0	0	0	0	0	0
NEERAJ K KANWAL MD SR VP, INPT & RETAIL PHARMACY	(i)	332,073	214,000	49,035	20,851	36,381	652,340	0
	(ii)	0	0	0	0	0	0	0
RANDALL SCHIMMOELLER SR VP, POST ACUTE & SOC DET	(i)	237,535	90,700	57,889	13,517	29,754	429,395	0
	(ii)	0	0	0	0	0	0	0
ALAN M SATTLER FORMER OFFICER	(i)	15,282	11,047	43	8,443	40,243	75,058	0
	(ii)	133,192	0	2,958	0	5,855	142,005	0
CHASE CANFIELD FORMER KEY EMPLOYEE	(i)	12,639	119,700	161,753	64,010	29,153	387,255	75,000
	(ii)	0	0	0	0	0	0	0
DARRIN M ARQUETTE FORMER KEY EMPLOYEE	(i)	221,026	91,800	1,651	11,201	48,972	374,650	0
	(ii)	0	0	0	0	0	0	0
DEANA L SIEVERT FORMER KEY EMPLOYEE	(i)	245,666	143,500	14,831	81,382	41,306	526,685	75,000
	(ii)	0	0	0	0	0	0	0
GARY W AKENBERGER FORMER OFFICER	(i)	331,601	172,000	44,652	27,580	36,896	612,729	75,000
	(ii)	0	0	0	0	0	0	0
JERED WILSON FORMER KEY EMPLOYEE	(i)	252,838	78,044	1,358	6,712	21,278	360,230	0
	(ii)	0	0	0	0	0	0	0
KATHLEEN M KRUEGER FORMER KEY EMPLOYEE	(i)	247,078	84,073	3,010	8,356	27,917	370,434	0
	(ii)	0	0	0	0	0	0	0
KATHLEEN S HANLEY FORMER OFFICER	(i)	0	0	1,569,411	0	0	1,569,411	1,569,411
	(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				
PAUL FAVORITE FORMER KEY EMPLOYEE	(i)	147,330	85,400	2,105	0	12,802	247,637	0
	(ii)	0	0	0	0	0	0	0
ROBIN L WHITNEY FORMER KEY EMPLOYEE	(i)	249,216	87,462	2,734	8,496	27,789	375,697	0
	(ii)	0	0	0	0	0	0	0
VIVIEN TOWNSEND FORMER KEY EMPLOYEE	(i)	221,983	75,108	1,067	14,973	17,782	330,913	0
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
PROMEDICA HEALTH SYSTEM INC

Employer identification number
34-1517671

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

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

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

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

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) PART V	PART V	PART V		X	2,026,035	2,026,035		No	Yes		Yes	
Total						▶ \$ 2,026,035						

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS	(A) NAME OF INTERESTED PERSON RANDALL OOSTRA, PRESIDENT(B) RELATIONSHIP WITH ORGANIZATION RANDALL OOSTRA IS PRESIDENT AND CEO OF PROMEDICA HEALTH SYSTEM, INC (C) PURPOSE OF LOAN LIFE INSURANCE PREMIUM PAYMENTS(D) LOAN TO OR FROM THE ORGANIZATION LOAN FROM THE ORGANIZATION(E) ORIGINAL PRINCIPAL AMOUNT \$2,026,035(F) BALANCE DUE \$2,026,035(G) IN DEFAULT? = NO(H) APPROVED BY BOARD OR COMMITTEE? = YES(I) WRITTEN AGREEMENT? = YES
SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(A) NAME OF INTERESTED PERSON ANDREW HYLANT(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION ANDREW HYLANT IS A FAMILY MEMBER OF MICHAEL M. HYLANT (TRUSTEE) (C) AMOUNT OF TRANSACTION \$12,142(D) DESCRIPTION OF TRANSACTION EMPLOYMENT(E) SHARING OF ORGANIZATION REVENUES? = NO
SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(A) NAME OF INTERESTED PERSON MOLLY LACLAIR(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION MOLLY LACLAIR IS A FAMILY MEMBER OF ROBERT W. LACLAIR (CHAIRPERSON) (C) AMOUNT OF TRANSACTION \$37,901(D) DESCRIPTION OF TRANSACTION EMPLOYMENT(E) SHARING OF ORGANIZATION REVENUES? = NO
SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(A) NAME OF INTERESTED PERSON TAD PETERSON(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION TAD PETERSON IS A FAMILY MEMBER OF LARRY C. PETERSON (TRUSTEE) (C) AMOUNT OF TRANSACTION \$41,060(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 CAITLIN OOSTRA(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION CAITLIN OOSTRA IS A FAMILY MEMBER OF RANDALL OOSTRA (PRESIDENT, EX OFFICIO) (C) AMOUNT OF TRANSACTION \$46,234(D) DESCRIPTION OF TRANSACTION EMPLOYMENT(E) SHARING OF ORGANIZATION REVENUES? = NO
SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(A) NAME OF INTERESTED PERSON KELLY MCGAHARAN(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION KELLY MCGAHARAN IS A FAMILY MEMBER OF ROBERT W. LACLAIR (CHAIRPERSON) (C) AMOUNT OF TRANSACTION \$58,939(D) DESCRIPTION OF TRANSACTION EMPLOYMENT(E) SHARING OF ORGANIZATION REVENUES? = NO
SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(A) NAME OF INTERESTED PERSON JOHN-CLAUDE ACAMPA(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION JOHN-CLAUDE ACAMPA IS A FAMILY MEMBER OF DAVID A. SNAVELY (TRUSTEE) (C) AMOUNT OF TRANSACTION \$79,139(D) DESCRIPTION OF TRANSACTION EMPLOYMENT(E) SHARING OF ORGANIZATION REVENUES? = NO
SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(A) NAME OF INTERESTED PERSON THOMAS SNAVELY(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION THOMAS SNAVELY IS A FAMILY MEMBER OF DAVID A. SNAVELY (TRUSTEE) (C) AMOUNT OF TRANSACTION \$47,312(D) DESCRIPTION OF TRANSACTION EMPLOYMENT(E) SHARING OF ORGANIZATION REVENUES? = NO
SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(A) NAME OF INTERESTED PERSON DANIEL CASSAVAR(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION DANIEL CASSAVAR IS A FAMILY MEMBER OF DANIEL K. CASSAVAR, MD (KEY EMPLOYEE) (C) AMOUNT OF TRANSACTION \$68,805(D) DESCRIPTION OF TRANSACTION EMPLOYMENT(E) SHARING OF ORGANIZATION REVENUES? = NO
SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(A) NAME OF INTERESTED PERSON KELLY DANICKE(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION KELLY DANICKE IS A FAMILY MEMBER OF KATHLEEN M. KRUEGER (FORMER KEY EMPLOYEE) (C) AMOUNT OF TRANSACTION \$62,207(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 JENNY MCINTYRE(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION JENNY MCINTYRE IS A FAMILY MEMBER OF JEFFREY C. KUHN (SECRETARY) (C) AMOUNT OF TRANSACTION \$16,306(D) DESCRIPTION OF TRANSACTION EMPLOYMENT(E) SHARING OF ORGANIZATION REVENUES? = NO

Additional Data

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
PART V	PART V	12,142	PART V		No
PART V	PART V	37,901	PART V		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
PART V	PART V	41,060	PART V		No
PART V	PART V	46,234	PART V		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
PART V	PART V	58,939	PART V		No
PART V	PART V	79,139	PART V		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
PART V	PART V	47,312	PART V		No
PART V	PART V	68,805	PART V		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
PART V	PART V	62,207	PART V		No
PART V	PART V	23,413	PART V		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
KRISTINA EBEID	KRISTINA EBEID IS A FAMILY MEMBER OF EVON M EBEID (TRUSTEE)	56,622	EMPLOYMENT		No
JUSTIN HAMMERLING	JUSTIN HAMMERLING IS A FAMILY MEMBER OF LEE W HAMERLING, MD (KEY EMPLOYEE)	159,851	EMPLOYMENT		No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
PROMEDICA HEALTH SYSTEM INC

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

34-1517671

990 Schedule O, Supplemental Information

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

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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

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Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	PROMEDICA HEALTH SYSTEM, INC AND AFFILIATES (PHS) HAVE STANDARDS OF CONDUCT THAT APPLY TO ALL PHS BOARD MEMBERS AND EMPLOYEES BOARD MEMBERS AND EMPLOYEES ARE EXPECTED TO CERTIFY THEIR COMPLIANCE WITH THE APPLICABLE STANDARDS PRIOR TO ELECTION/APPOINTMENT OR PRIOR TO BEGINNING EMPLOYMENT BOARD MEMBERS ANNUALLY (OR IMMEDIATELY IF NEW POTENTIAL CONFLICTS OF INTEREST ARISE), ALL BOARD MEMBERS ARE REQUIRED TO COMPLETE AND RETURN THE BOARD MEMBER SOC SURVEY WITHIN 30 DAYS OF DISSEMINATION BOARD MEMBER SOC SURVEYS ARE REVIEWED BY THE V P , AUDIT & COMPLIANCE/CHIEF COMPLIANCE OFFICER (CCO) SUMMARIZED INFORMATION IS FORWARDED FOR REVIEW TO THE CHIEF FINANCIAL OFFICER, GENERAL COUNSEL, BUSINESS UNIT PRESIDENTS AND T HE PRESIDENT AND CHIEF EXECUTIVE OFFICER (PRESIDENT/CEO), BASED UPON THEIR RESPECTIVE KNOW LEDGE OF THE BOARD MEMBERS THE PURPOSE OF THIS REVIEW IS TO BOTH INFORM MANAGEMENT OF THE DISCLOSED CONFLICTS AND TO ALLOW THEM TO IDENTIFY TO THE V P , AUDIT & COMPLIANCE, ANY PO TENTIAL UNDISCLOSED CONFLICTS THE AUDIT & COMPLIANCE DEPARTMENT THEN CONDUCTS AN AUDIT OF ALL BOARD MEMBER SOC SURVEYS (ALONG WITH ANY RELATIONSHIPS NOTED THROUGH THE ABOVE REVIEW) TO IDENTIFY ANY POSITIONAL CONFLICTS OF INTEREST AND TO TEST MATERIAL TRANSACTIONS WITH BOARD MEMBERS/THEIR AFFILIATES FOR FAIR MARKET VALUE THE RESULTS OF THE AUDIT ARE REPORTE D DIRECTLY TO THE CHAIR OF THE AUDIT & COMPLIANCE COMMITTEE WITH A COPY TO THE PRESIDENT/C EO THE REPORT INCLUDES A SUMMARY OF THE AUDIT PROCEDURES PERFORMED, ANY SIGNIFICANT CONCE RNS IDENTIFIED, AND THEIR RESOLUTION ANY UNRESOLVED CONFLICTS ARE ADDRESSED BY THE AUDIT COMMITTEE WITH RECOMMENDATIONS TO THE FULL BOARD AS NEEDED FAILURE TO COMPLETE THE SURVEY OR THE SUBMISSION OF A FALSE OR INCOMPLETE SURVEY, OR FAILURE TO DISCLOSE IMMEDIATELY ANY NEW CONFLICTS OF INTEREST THAT MAY ARISE, OR FAILURE TO COOPERATE WITHOUT CONDITION, HONE STLY AND COMPLETELY WITH ANY INVESTIGATION OR REVIEW OF THE BOARD MEMBER'S SURVEY RESULTS OR HIS/HER ACTIONS OR CIRCUMSTANCES SHALL BE GROUNDS FOR SANCTION BY THE BOARD OF TRUSTEES UP TO AND INCLUDING REMOVAL FROM THE BOARD/COMMITTEE/COUNCIL EMPLOYEES, EXCLUDING EMPLOY ED PHYSICIANS ANNUALLY (OR IMMEDIATELY IF NEW CONFLICTS OF INTEREST ARISE), ALL SALARIE E EMPLOYEES AND SPECIFICALLY IDENTIFIED HOURLY EMPLOYEES, EXCLUDING EMPLOYED PHYSICIANS, ARE REQUIRED TO COMPLETE AND SUBMIT AN ELECTRONIC EMPLOYEE CERTIFICATION QUESTIONNAIRE BY AN E STABLISHED DEADLINE THAT IS COMMUNICATED TO THE EMPLOYEE THE HUMAN RESOURCES DEPARTMENT E NSURES THAT ALL QUESTIONNAIRES, WHICH ARE STORED ELECTRONICALLY, ARE COMPLETED AND PROVIDE S NOTIFICATION TO THE V P , AUDIT & COMPLIANCE OF THE NUMBER OF ANNUAL EMPLOYEE CERTIFICAT ION QUESTIONNAIRES SENT AND RECEIVED AND COPIES OF ANY QUESTIONNAIRES CONTAINING DISCLOSUR ES THAT WARRANT FURTHER REVIEW BY THE AUDIT & COMPLIANCE DEPARTMENT ALL NEW EMPLOYEES, EX CLUDING EMPLOYED PHYSICIANS, ARE PROVIDED EITHER AN ELECTRONIC OR PAPER COPY OF THE EMPLOY EE STANDARD OF CONDUCT AND THE

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

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Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	R THEIR DESIGNEE IN ADVANCE OF THE POSTING THE PRESIDENT, PROVIDERS, ACUTE AND AMBULATORY CARE, THE CHIEF OPERATING OFFICER OR THEIR DESIGNEE WILL PROVIDE THE PHYSICIAN-INDUSTRY R ELATIONSHIP DISCLOSURES TO THE APPLICABLE PHS MARKETING/COMMUNICATIONS REPRESENTATIVE THE PUBLIC DISCLOSURE WILL BE POSTED ON THE PHS WEBSITE (HTTPS //WWW PROMEDICA ORG/PAGES/ABOU T-US/INDUSTRY-RELATIONSHIPS ASPX) DATABASE BY THE PHS MARKETING/COMMUNICATIONS REPRESENTAT IVE

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

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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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FORM 990, PART XI, LINE 9	PENSION/POST-RETIREMENT EXPENSE ADJUSTMENT -39,491,320 BENEFICIAL INTEREST IN FOUNDATION 1,594,502 LOSS ON UNCOLLECTIBLE PLEDGES -30,000,000 TRANSFER OF NET ASSETS FROM FOSTORIA HOSPITAL ASSOCIATION 49,000,000 TRANSFER OF NET ASSETS FROM DEFIANCE HOSPITAL, INC 151,000,000 TRANSFER OF NET ASSETS FROM BAY PARK COMMUNITY HOSPITAL 48,000,000 TRANSFER OF NET ASSETS FROM EMMA L BIXBY MEDICAL CENTER 15,000,000 TRANSFER OF NET ASSETS FROM HERRICK MEMORIAL HOSPITAL, INC 6,000,000 TRANSFER OF NET ASSETS FROM THE TOLEDO HOSPITAL 1,156,000,000 TRANSFER OF NET ASSETS FROM FLOWER HOSPITAL 195,000,000 TRANSFER OF NET ASSETS TO HCR MANORCARE, INC -550,000,000 INHERENT CONTRIBUTION - ACQUIS OF COMMUNITY HEALTH CENTER OF BRANCH COUNTY 13,812,971 INHERENT CONTRIBUTION - ACQUIS OF COMMUNITY HEALTH CENTER FOUNDATION 825,994

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FORM 990, PART III, LINE 4	PROMEDICA HEALTH SYSTEM, INC - PROGRAM SERVICE ACCOMPLISHMENTS ESTABLISHED IN 1986, PROMEDICA HEALTH SYSTEM, INC (PROMEDICA) IS A MISSION-BASED, LOCALLY OWNED, NOT-FOR-PROFIT HEALTHCARE ORGANIZATION HIGHLY FOCUSED ON ACHIEVING CORE VALUES HEADQUARTERED IN TOLEDO, OHIO, PROMEDICA SERVES 28 STATES ACROSS THE COUNTRY AND IS ONE OF THE NATION'S LEADING HEALTH SYSTEMS OUR STEWARDSHIP OF RESOURCES HAS ENABLED US TO WISELY INVEST IN CUTTING-EDGE TECHNOLOGY, INNOVATIVE PROGRAMS AND FAMILY-CENTERED FACILITIES THAT HELP TO ENSURE PATIENTS AND AREA RESIDENTS HAVE EQUAL ACCESS TO HIGH-QUALITY, SAFE CARE IN THE MOST APPROPRIATE SETTING, REGARDLESS OF A PATIENT'S ABILITY TO PAY BASED ON NEEDS THAT WE HAVE ASSESSED WITHIN THE COMMUNITIES WE SERVE, PROMEDICA LAUNCHED NEW SERVICES AND PROGRAMS IN 2018 TO HELP MEET THE GROWING DEMANDS OF LOCAL CONSUMERS ACROSS ALL SPECTRUMS OF LIFE, INCLUDING THOSE INDIVIDUALS WHO ARE OFTEN THE MOST VULNERABLE WHEN IT COMES TO HEALTH CARE THE ELDERLY, POOR AND UNDERSERVED PROMEDICA'S MISSION IS TO IMPROVE THE HEALTH AND WELL-BEING OF THOSE WE SERVE THIS IS REFLECTED IN OUR FOUR CORE VALUES, INCLUDING COMPASSION - WE TREAT OUR PATIENTS AND EACH OTHER WITH RESPECT, INTEGRITY AND DIGNITY, INNOVATION - WE CONTINUALLY SEARCH TO FIND A BETTER WAY FORWARD, TEAMWORK - WE PARTNER WITH OTHERS BECAUSE WE ARE BETTER TOGETHER THAN APART, AND EXCELLENCE - WE STRIVE TO BE THE BEST IN ALL WE DO PROMEDICA AND ITS AFFILIATES COMPRISE MORE THAN 600 SITES, MORE THAN 2,000 PHYSICIANS AND APPROXIMATELY 57,000 EMPLOYEES AND VOLUNTEERS DURING 2018, PROMEDICA DISCHARGED 65,585 INPATIENTS AND SERVED 1,259,585 OUTPATIENTS, WHILE HANDLING 294,959 EMERGENCY VISITS SYSTEM-WIDE AS WELL AS 92,795 URGENT CARE VISITS AND MORE THAN 1,456 VIRTUAL VISITS THROUGH PROMEDICA ONDEMAND AMONG THE REGION'S LARGEST EMPLOYERS, PROMEDICA PLAYS A SIGNIFICANT ROLE IN ECONOMIC DEVELOPMENT AND STABILITY IN OUR REGION DURING 2018, FOR EVERY ONE DOLLAR OF REVENUE, ANOTHER 27 CENTS WAS CREATED IN OUR SERVICE-AREA ECONOMY, WITH A TOTAL ECONOMIC OUTPUT OF \$4.0 BILLION WE ALSO CREATE A DIRECT ECONOMIC IMPACT WITH OUR REVENUE, PAYROLL AND EMPLOYMENT ADDITIONALLY, SPENDING ON SERVICES AND MATERIALS WITH VENDORS IN OUR REGION CREATES AN INDIRECT ECONOMIC BENEFIT OUR PHYSICIANS AND PROVIDERS, LEADERSHIP TEAM MEMBERS, RESIDENTS, AND EMPLOYEES INDIVIDUALLY CONTRIBUTE PERSONAL RESOURCES TO THE COMMUNITY IN NUMEROUS WAYS - SUCH AS THROUGH TUTORING ELEMENTARY STUDENTS IN READING AND OTHER LIFE SKILLS, PROVIDING MONTHLY HEALTH LECTURES AT LOCAL SENIOR CENTERS, GENEROUSLY CONTRIBUTING TO COMMUNITY FUNDRAISING CAMPAIGNS SUCH AS UNITED WAY, PARTICIPATING IN MEDICAL MISSIONS, SERVING ON LOCAL NOT-FOR-PROFIT BOARDS, AND DONATING NONPERISHABLE FOODS AND CLOTHING ITEMS TO NUMEROUS LOCAL COMMUNITY ORGANIZATIONS AND CHURCHES - UNDERSCORING A KEY BENEFIT OF PROMEDICA BEING LOCALLY OWNED AND OPERATED PROMEDICA'S MEMBER AND AFFILIATE HOSPITALS INCLUDE THE TOLEDO HOSPITAL, TOLEDO CHILDREN'S

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FORM 990, PART III, LINE 4	HOSPITAL (OPERATING AS PART OF THE TOLEDO HOSPITAL), PROMEDICA WILDWOOD ORTHOPAEDIC AND SPINE HOSPITAL (A DIVISION OF THE TOLEDO HOSPITAL), FLOWER HOSPITAL (A DIVISION OF THE TOLEDO HOSPITAL), FOSTORIA HOSPITAL ASSOCIATION, DEFIANCE HOSPITAL, INC., BAY PARK COMMUNITY HOSPITAL, HERRICK MEMORIAL HOSPITAL, INC., EMMA L. BIXBY MEDICAL CENTER, MEMORIAL HOSPITAL, MERCY MEMORIAL HOSPITAL CORPORATION, AND COMMUNITY HEALTH CENTER OF BRANCH COUNTY. IN 2018, PROMEDICA ALSO PROVIDED INTEGRATED SERVICES, COMPRISED OF: - PROMEDICA CONTINUING CARE SERVICES CORPORATION, PROVIDING REHABILITATION, HOSPICE, HOME CARE, AMBULATORY AND SENIOR SERVICES, COMMUNITY HEALTH, MEDICAL TRANSPORTATION SERVICES, AND CARE COORDINATION - PROMEDICA PHYSICIAN GROUP (PROMEDICA PHYSICIANS), WITH MORE THAN 900 HEALTHCARE PROVIDERS, INCLUDING PRIMARY CARE, OBSTETRICS AND SPECIALTY PHYSICIANS, AS WELL AS ADVANCED PRACTICE PROVIDERS. TOGETHER, THIS GROUP HELPS PROMEDICA BROADEN THE CARE WE OFFER TO AREA RESIDENTS, INCLUDING IN SMALLER, OUTLYING COMMUNITIES - PROMEDICA INSURANCE CORPORATION, THE LARGEST HEALTH MAINTENANCE ORGANIZATION PHYSICALLY LOCATED IN NORTHWEST OHIO. IN 2018, PARAMOUNT ADVANTAGE PROVIDED MEDICAID COVERAGE TO MORE THAN 248,000 MEMBERS ACROSS ALL OF OHIO'S 88 COUNTIES - PROMEDICA INDEMNITY CORPORATION, PROVIDING MEDICAL PROFESSIONAL AND COMPREHENSIVE GENERAL LIABILITY COVERAGE FOR PROMEDICA, INCLUDING IN OUTLYING AREAS WHERE PRIMARY-CARE PHYSICIAN RECRUITMENT IS DIFFICULT - TWELVE CONTROLLED FOUNDATIONS THAT SERVE AS FUNDRAISING ENTITIES FOR THEIR RESPECTIVE HOSPITALS/BUSINESS UNITS AND FACILITIES, SUCH AS THE EBEL HOSPICE RESIDENCE ON THE PROMEDICA FLOWER 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 PEDIATRIC CARE. A FUNDAMENTAL PART OF OUR MISSION IS THAT OUR SERVICES ARE TAILORED TO THE NEEDS OF OUR COMMUNITIES AND THEY ARE AVAILABLE TO EVERYONE IN OUR COMMUNITY, REGARDLESS OF THEIR ABILITY TO PAY. IN ADDITION TO BEING A STRONG ADVOCATE FOR THE HEALTH AND WELL-BEING OF OTHERS, PROMEDICA PROVIDES AND PROMOTES COMMUNITY WELLNESS, COLLABORATING WITH APPROXIMATELY 300 NONPROFIT AGENCIES AND ORGANIZATIONS ACROSS OUR REGION. IN 2018, THAT HAD VALUES AND MISSIONS SIMILAR TO OUR OWN. PROMEDICA IS CONTINUALLY IMPROVING ITS SERVICES, FACILITIES, TECHNOLOGIES, AND OUTREACH EFFORTS TO MEET THE EVER-CHANGING NEEDS OF ITS DIVERSE POPULATIONS. IN DIRECT RESPONSE TO COMMUNITY NEEDS, A FEW EXAMPLES FROM 2018 INCLUDE THE FOLLOWING: - IN JULY 2018, PROMEDICA ACQUIRED THE OPERATIONS OF HCR MANORCARE, INC. (EIN 27-4239231). CONCURRENTLY, A JOINT VENTURE WAS FORMED BETWEEN HCR MANORCARE, INC. (EIN 82-5373223, FORMERLY SUBURBAN HEALTHCO, INC.) AND A REAL ESTATE INVESTMENT TRUST (REIT) WHICH ACQUIRED THE REAL PROPERTY USED IN HCR MANORCARE, INC.'S OPERATIONS AS THE OPERATOR.

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FORM 990, PART III, LINE 4	, HCR MANORCARE, INC (EIN 82-5373223) ENTERED INTO AN AMENDED AND RESTATED MASTER LEASE WITH THE JOINT VENTURE FOR THE REAL PROPERTY HCR MANORCARE, INC IS A LEADING PROVIDER OF SHORT-TERM, POST-ACUTE CARE SERVICES AND LONG-TERM CARE, WITH A NETWORK OF MORE THAN 400 ASSISTED LIVING FACILITIES, SKILLED NURSING AND REHABILITATION CENTERS, MEMORY CARE COMMUNITIES, OUTPATIENT REHABILITATION CLINICS, AND HOSPICE AND HOME HEALTH AGENCIES THE ACQUISITION POSITIONS PROMEDICA AS ONE OF THE TOP 15 LARGEST U S HEALTH SYSTEMS IN THE NATION, ALLOWING US TO EXPAND THE CONTINUUM OF CARE AND ENHANCE THE HEALTH AND WELL-BEING OF AMERICA'S AGING POPULATION - PROMEDICA EARNED THE GOLD AWARD FOR EXCELLENCE FROM THE PARTNERSHIP FOR EXCELLENCE (TPE) FOLLOWING A RIGOROUS EVALUATION OF PROMEDICA'S APPLICATION BASED ON CRITERIA OF THE BALDRIGE FRAMEWORK FOR EXCELLENCE APPLICANTS ARE EVALUATED IN SEVEN AREAS AS DEFINED BY THE FRAMEWORK, INCLUDING LEADERSHIP, STRATEGY, CUSTOMERS, MEASUREMENT, ANALYSIS AND KNOWLEDGE MANAGEMENT, WORKFORCE, OPERATIONS, AND RESULTS - IN ADDITION TO SYSTEM RECOGNITION, PROMEDICA MEMORIAL HOSPITAL RECEIVED THE 2018 PLATINUM GOVERNOR'S AWARD FOR EXCELLENCE FROM THE PARTNERSHIP FOR EXCELLENCE, THE HIGHEST HONOR FOR PERFORMANCE EXCELLENCE IN OUR REGION - A NEW NEUROSCIENCES CENTER ON THE PROMEDICA TOLEDO HOSPITAL CAMPUS OPENED ITS DOORS TO PATIENTS IN 2018 PROMEDICA PHYSICIANS, NEUROLOGISTS, AND NEUROSURGEONS AS WELL AS UNIVERSITY OF TOLEDO (UT) NEUROLOGISTS AND NEUROSURGEONS HAVE ALL RELOCATED TO THIS ONE COLLABORATIVE SPACE AS AN EXTENSION OF PROMEDICA'S ACADEMIC AFFILIATION WITH THE UT COLLEGE OF MEDICINE - PROMEDICA ANNOUNCED IT IS TEAMING UP WITH THE NATIONAL NON-PROFIT LOCAL INITIATIVES SUPPORT CORPORATION (LISC) TO INVEST \$10 MILLION EACH AS PART OF THE EB EID NEIGHBORHOOD PROMISE INITIATIVE BEGUN IN 2017 WORK WILL BEGIN IN TOLEDO'S UPTOWN NEIGHBORHOOD WHERE PROMEDICA AND LISC ALREADY WORK TOGETHER TO OPERATE THE FINANCIAL OPPORTUNITY CENTER (FOC) HOUSED AT THE EB EID CENTER ADDITIONALLY, PROMEDICA ANNOUNCED THAT IT IS PARTNERING WITH GOODWILL INDUSTRIES OF NORTHWEST OHIO TO ADD A JOB-TRAINING COMPONENT TO ITS EB EID NEIGHBORHOOD PROMISE - THE GENERATIONS OF CARE PROJECT CAPITAL CAMPAIGN, FOR THE NEW BED TOWER ON THE PROMEDICA TOLEDO HOSPITAL CAMPUS, RECEIVED A \$2.5 MILLION DONATION FROM TOUCHSTONE WEALTH PARTNERS THE GENERATIONS TOWER WILL OPEN TO PATIENTS IN SUMMER 2019, EQUIPPED WITH THE LATEST MEDICAL TECHNOLOGY AND EQUIPMENT, AND OFFERING ALL PRIVATE PATIENT ROOMS, HELPING TO ADVANCE PROMEDICA'S MISSION NOW AND WELL INTO THE FUTURE

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- PROMEDICA RECEIVED A \$500,000 DONATION FROM KEYBANK TOWARD THE EBEID	NEIGHBORHOOD PROMISE THAT WILL SUPPORT THE FINANCIAL OPPORTUNITY CENTER (FOC) PROGRAM, AS WELL AS OTHER HEALTH EFFORTS AT THE CENTER AND FOR THE COMMUNITY - PROMEDICA CONTINUES TO EMPHASIZE A CULTURE OF SAFETY ACROSS ITS HOSPITALS AND OUTPATIENT SERVICES THE YEAR-END SERIOUS SAFETY EVENT RATE (SSER) WAS 0.82, WITH A SERIOUS SAFETY EVENT (SSE) OCCURRING SOMEWHERE IN THE SYSTEM EVERY 6.3 DAYS - PROMEDICA CONTINUED TO GROW AS AN ACADEMIC HEALTH CENTER, WITH MORE THAN 125 RESIDENTS AND FELLOWS FROM THE UNIVERSITY OF TOLEDO COLLEGE OF MEDICINE AND LIFE SCIENCES (UT COM) JOINING THE RESIDENCY PROGRAM AT PROMEDICA TOLEDO HOSPITAL IN 2018 THIS MARKS THE THIRD WAVE OF INTEGRATION OF LEARNERS AT PROMEDICA UNDER THE ACADEMIC AFFILIATION WITH UT COM, WITH PROMEDICA NOW HOSTING FOUR TIMES THE NUMBER OF RESIDENTS AND FELLOWS THAN BEFORE THE AFFILIATION WAS SIGNED - THE PROMEDICA HEART RHYTHM CENTER OPENED AT PROMEDICA TOLEDO HOSPITAL IN 2018 TO ENSURE THAT PATIENTS WITH HEART RHYTHM CONDITIONS HAVE ACCESS TO THE HIGHEST QUALITY AND MOST ADVANCED CARE THE 6,500 SQUARE-FOOT CENTER FEATURES THREE DEDICATED ELECTROPHYSIOLOGY LABS AND NEW EQUIPMENT INCLUDING THREE TYPES OF 3D-CARDIAC IMAGING - IN 2018, COMMUNITY HEALTH CENTER OF BRANCH COUNTY, BECAME PROMEDICA'S 13TH HOSPITAL THE HOSPITAL, DOING BUSINESS AS PROMEDICA COLDWATER REGIONAL HOSPITAL, SERVES THE COLDWATER, MICHIGAN COMMUNITY PROVIDING COMPASSIONATE CARE AND OUTSTANDING CLINICAL OUTCOMES, WHILE SUPPORTING THE PROMEDICA MISSION TO IMPROVE HEALTH AND WELL-BEING - THE NEW LENAWEE COUNTY HOSPITAL, TO BE NAMED THE PROMEDICA CHARLES AND VIRGINIA HICKMAN HOSPITAL, COMMEMORATED THE HIGHEST STEEL BEAM BEING PLACED ATOP THE FACILITY WITH A "TOPPING OFF" CEREMONY THE 205,000 SQUARE FOOT FACILITY WILL REPLACE BOTH PROMEDICA BIXBY AND HERRICK HOSPITALS WHEN IT IS COMPLETED THE NEW FACILITY WILL FEATURE 58 ACUTE CARE BEDS AND A 28-BED EMERGENCY CENTER, AS WELL AS DEDICATED BEHAVIORAL HEALTH BEDS, INPATIENT AND OUTPATIENT SURGERY CENTERS, AND A WOMEN'S HEALTH CENTER, ALONG WITH MANY OTHERS THE HOSPITAL IS NAMED FOR THE HICKMAN FAMILY, WHO MADE THE LARGEST DONATION IN THE HISTORY OF PROMEDICA TO HELP US BETTER SERVE THE LENAWEE COUNTY COMMUNITY - PROMEDICA GRANTS SECURED \$ 336,000 FROM THE MICHIGAN HEALTH ENDOWMENT FUND TO BE USED TO ESTABLISH A FARM ON THE NEW HOSPITAL CAMPUS IN LENAWEE COUNTY THE FUND SUPPORTS EFFORTS TO IMPROVE THE QUALITY OF HEALTH CARE WHILE REDUCING COSTS AND ADVANCING HEALTH AND WELLNESS THE NEW PROMEDICA GROWS PROGRAM WILL CONSIST OF GROWING ORGANIC PRODUCE YEAR-ROUND ON A 3-ACRE FARM THE FARM WILL INCLUDE EDUCATIONAL SPACE FOR YOUTH, A THERAPEUTIC HEALING SPACE FOR PATIENTS AND SENIORS, AND A SANCTUARY OF QUIET REFLECTION FOR STAFF AND THE COMMUNITY - PROMEDICA AND SONIC HEALTHCARE USA ENTERED INTO A JOINT VENTURE THROUGH ITS RESPECTIVE SUBSIDIARIES THE JOINT VENTURE PROVIDES A GROWTH OPPORTUNITY FOR PROMEDICA, AS IT EXTENDS OUR FOOTPRINT ACROSS OHIO, MICHIGAN, AND INDIANA FOR L

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Return Reference	Explanation
- PROMEDICA RECEIVED A \$500,000 DONATION FROM KEYBANK TOWARD THE EBEID	ABORATORY SERVICES - AS PART OF PROMEDICA'S ELECTRONIC HEALTH RECORD (EHR) JOURNEY, THE I NFORMATION TECHNOLOGY SERVICES TEAM COMPLETED THE SYSTEM-WIDE UPGRADE TO THE NEW EPIC 2018 PLATFORM THE UPGRADE ALLOWS PROMEDICA TO TAKE ADVANTAGE OF SOME OF THE MANY ENHANCEMENTS THAT EPIC HAS MADE TO ITS SOFTWARE BASED ON USER INPUT - THE UNIVERSITY OF TOLEDO (UT) C OLLEGE OF NURSING AND PROMEDICA EXPANDED THEIR PARTNERSHIP TO ADDRESS NURSING EDUCATION AS WELL AS CURRENT AND FUTURE HEALTHCARE INDUSTRY CHALLENGES THE PLANNED PARTNERSHIP WILL FOCUS ON ENHANCING UNDERGRADUATE AND GRADUATE NURSING EDUCATION - PROMEDICA PARTICIPATED I N 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 C ANCER INSTITUTE'S (PCI) COMMUNITY OUTREACH INCLUDED CANCER SCREENINGS AND EDUCATION TO THE MOST VULNERABLE IN OUR COMMUNITY FREE SCREENING MAMMOGRAMS AS WELL AS LUNG CANCER SCREE NINGS WERE PROVIDED FOR EARLY DETECTION COLORECTAL CANCER EDUCATION AND NUTRITIONAL PROGRA MS WERE DEVELOPED TO KEEP PEOPLE HEALTHY, WHILE SUN SAFETY EDUCATION WAS PROVIDED TO ELEME NTARY SCHOOL CHILDREN TO HELP PREVENT FUTURE CASES OF SKIN CANCER PCI ALSO HOSTED ANNUAL CANCER SURVIVOR CELEBRATIONS FOR SURVIVORS, FRIENDS AND CAREGIVERS ACROSS THE REGION AND S PONSORED COMMUNITY EVENTS INCLUDING THE ANNUAL NW OHIO SUSAN G KOMEN, RACE FOR THE CURE A ND AMERICAN CANCER SOCIETY RELAY FOR LIFE IN LUCAS COUNTY - PROMEDICA AND THE TOLEDO ZOO ANNOUNCED A PARTNERSHIP TO RENOVATE THE ZOO'S MORE THAN 80-YEAR-OLD MUSEUM OF SCIENCE REN OVATIONS ARE EXPECTED TO BE COMPLETED IN SPRING 2019 WITH A FOCUS ON BIODIVERSITY THROUGHO UT THE COURSE OF HISTORY IN NORTHWEST OHIO - PROMEDICA WAS THE LEAD SPONSOR FOR THE SECON D ANNUAL SUMMER CONCERT SERIES IN 2018 THE WEEKLY CONCERTS TOOK PLACE AT THE RENOVATED PR OMENADE PARK, IN DOWNTOWN TOLEDO, FROM JUNE THROUGH SEPTEMBER AND FEATURED A VARIETY OF LO CAL AND NATIONAL MUSICIANS AND MUSIC GENRES - PROMEDICA OPENED THE MAUMEE CANCER CENTER I N 2018 TO PROVIDE HIGH-QUALITY CANCER CARE CLOSE TO HOME FOR MAUMEE RESIDENTS CLINICAL SE RVICES AT THE CENTER INCLUDE MEDICAL AND RADIATION ONCOLOGY, CARE NAVIGATION, AND A WIDE R ANGE OF SUPPORT PROGRAMS SUCH AS SOCIAL WORK, NUTRITION COUNSELING WITH DIETITIANS, HEALIN G CARE PROGRAMS, AND GENETIC COUNSELING THROUGH THE CENTER, PATIENTS NOW HAVE ACCESS TO T HE PROMEDICA CANCER INSTITUTE'S COMPLETE SPECTRUM OF CANCER CARE SERVICES AND RESOURCES - PROMEDICA HOSTED ITS FIRST SOCIAL DETERMINANTS OF HEALTH RESEARCH CONFERENCE IN 2018 MOR E THAN 250 PHYSICIANS, EXECUTIVES, CLINICIANS, AND COMMUNITY LEADERS ATTENDED THE FULL-DAY CONFERENCE, WHICH WAS FOCUSED ON USING RESEARCH TO VALIDATE HOW PROMEDICA IS IMPROVING OU TCOMES AND REDUCING COSTS VIA ITS SOCIAL DETERMINANTS OF HEALTH (SDOH) INTERVENTIONS - PR OMEDICA CONTINUES TO OPERATE TWO FOOD CLINICS - ONE AT THE PROMEDICA HEALTH AND WELLNESS C ENTER AND THE OTHER AT PROMEDI

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Return Reference	Explanation
- PROMEDICA RECEIVED A \$500,000 DONATION FROM KEYBANK TOWARD THE EBEID	CA'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 2018, MORE THAN 10,000 VISITS TO THE FOOD CLINIC, IMPACTING MORE THAN 3,300 UNIQUE HOUSEHOLDS, IN EFFORTS TO HELP REDUCE FOOD INSECURITY. THIS TRANSLATES TO ABOUT 78,255 DAYS' WORTH OF FOOD PROVIDED TO PATIENTS AND FAMILIES, THE EQUIVALENT OF 234,765 MEALS. - FOR ITS MICHIGAN PATIENTS, PROMEDICA OFFERED VEGGIE MOBILE VOUCHERS TO PATIENTS WHO SCREEN POSITIVE FOR FOOD INSECURITY. PROMEDICA BIXBY AND HERRICK HOSPITALS PROVIDE THE \$5 VOUCHERS SO PATIENTS CAN REDEEM THEM FOR FRESH PRODUCE AT ANY OF THE VEGGIE MOBILE STOPS. IN 2018, NEARLY 100 PATIENTS IDENTIFIED AS FOOD INSECURE WERE PROVIDED A FOOD BOX AND VEGGIE MOBILE VOUCHERS UPON DISCHARGE. - PROMEDICA'S FINANCIAL OPPORTUNITY CENTER (FOC), PROVIDED EDUCATION AND COUNSELING TO APPROXIMATELY 1,000 INDIVIDUALS HOUSED IN THE EBEID INSTITUTE, FOC HELPS INDIVIDUALS NEEDING INCOME SUPPORT (PUBLIC BENEFITS) AND EMPLOYMENT COACHING AND COUNSELING, AS WELL AS FREE TAX PREPARATION THROUGH THE OHIO BENEFIT BANK. FOC ALSO OFFERS A DIGITAL LITERACY SERIES TO ASSIST INDIVIDUALS WISHING TO IMPROVE THEIR COMPUTER LITERACY AND SKILLS TO BE MORE MARKETABLE TO PROSPECTIVE EMPLOYERS. IN 2018, PROMEDICA PRIMARY CARE PROVIDERS CONTINUED SCREENING PATIENTS FOR SOCIAL DETERMINANTS OF HEALTH BY ASKING QUESTIONS RELATED TO EDUCATION, EMPLOYMENT, FOOD SECURITY, HOUSING, TRANSPORTATION, AND VIOLENCE. SCREENINGS ALSO WERE EXPANDED TO HOSPITAL INPATIENTS, USING THE SAME QUESTIONS. PATIENTS WHO SCREEN POSITIVE FOR ANY OF THE FACTORS ARE CONNECTED TO NECESSARY COMMUNITY PROGRAMS AND RESOURCES FOR ASSISTANCE. - PROMEDICA'S SUMMER YOUTH EMPLOYMENT PROGRAM PARTNERED 34 CENTRAL-CITY TEENS AGES 16 - 19 WITH MENTORS IN DEPARTMENTS SUCH AS HUMAN RESOURCES, RADIOLOGY, DIETARY, AND INFORMATION TECHNOLOGY TO LEARN SKILLS INCLUDING CUSTOMER SERVICE, PUNCTUALITY AND BEING ACCOUNTABLE TO OTHERS. - PROMEDICA INNOVATION'S BUSINESS INCUBATOR ALLOWS CLIENT COMPANIES IN THE HEALTH CARE FIELD TO ACCELERATE DEVELOPMENT AND COMMERCIALIZATION OF MEDICAL DEVICES AND HEALTH INFORMATION TECHNOLOGY TO IMPROVE PATIENT CARE LOCALLY AND NATIONALLY.

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Return Reference	Explanation
IN 2018, PROMEDICA CONTRIBUTED \$266,410,000 IN COMMUNITY BENEFIT	THROUGH COMMUNITY BENEFIT EXPENDITURES, FINANCIAL ASSISTANCE AND GOVERNMENT-SPONSORED, MEANS-TESTED HEALTH CARE THESE NUMBERS NOT ONLY INDICATE PROMEDICA'S LONG-STANDING COMMITMENT TO THE COMMUNITY, BUT ALSO FULFILL OUR NOT-FOR-PROFIT STATUS BY IMPROVING THE HEALTH AND WELL-BEING OF RESIDENTS IN THE COMMUNITIES WE SERVE SPECIFICALLY, THROUGH COMMUNITY HEALTH IMPROVEMENT SERVICES, HEALTH PROFESSIONS EDUCATION, SUBSIDIZED HEALTH SERVICES, RESEARCH ACTIVITIES, CASH AND IN-KIND CONTRIBUTIONS, AND OTHER COMMUNITY BENEFIT OPERATIONS, PROMEDICA CONTRIBUTED \$72,488,000 IN 2018 THESE PROGRAMS INCLUDED FREE COMMUNITY HEALTH SCREENINGS, SUCH AS DIABETES TESTING, BLOOD PRESSURE, BONE DENSITY, BODY MASS, AND CANCER CHECK UPS, MAMMOGRAM SCREENINGS FOR LOW-INCOME AND UNINSURED WOMEN, CHILDHOOD IMMUNIZATIONS, REDUCED-COST SCHOOL-ATHLETIC PHYSICALS, FIRST-AID COVERAGE AT COMMUNITY EVENTS, VOLUNTEER ELEMENTARY SCHOOL MENTORS, PUBLIC HEALTH EDUCATION LECTURES AND SEMINARS, A CHILDHOOD OBESITY PROGRAM, AND MANY OTHER COMMUNITY-BASED INITIATIVES PROMEDICA ALSO CONTRIBUTED \$12,791,000 IN FINANCIAL ASSISTANCE FOR PATIENTS WHO DID NOT HAVE THE FINANCIAL RESOURCES TO PAY FOR HOSPITAL SERVICES THIS AMOUNT REPRESENTS THE COST TO PROVIDE SERVICE AND DOES NOT INCLUDE THE COSTS FOR ACCOUNTS THAT ARE WRITTEN OFF TO BAD DEBT FOR PATIENTS WHO DO NOT PAY THE IR BILLS IN ADDITION, PROMEDICA'S COST OF BAD DEBT FOR 2018 WAS \$54,439,000 THIS AMOUNT IS NOT INCLUDED IN THE COMMUNITY BENEFIT AMOUNT OF \$266,410,000 NOTED ABOVE FURTHER, PROMEDICA CONTINUES TO BE A LEADING PARTICIPANT IN THE LUCAS COUNTY CARENET INITIATIVE - A COLLABORATIVE EFFORT AMONG PROMEDICA, MERCY HEALTH PARTNERS, THE UNIVERSITY OF TOLEDO MEDICAL CENTER, THE CITY OF TOLEDO, AND OTHERS CARENET WAS CREATED TO PROVIDE FREE OR LOWER-COST HEALTH CARE FOR LOW-INCOME LUCAS COUNTY RESIDENTS ESTABLISHED IN 2003, CARENET BRIDGES THE GAP BETWEEN ADULTS WITHOUT HEALTH INSURANCE AND NEEDED HEALTHCARE SERVICES WHILE SOME INDIVIDUALS MAY QUALIFY FOR GOVERNMENTAL INSURANCE PROGRAMS SUCH AS MEDICAID, OTHERS DO NOT, IT IS FOR THESE INDIVIDUALS THAT CARENET WAS ESTABLISHED ADDITIONALLY DURING 2018, PROMEDICA PROVIDED \$181,131,000 OF COMMUNITY BENEFIT THROUGH THE COST - NOT REIMBURSED BY THE GOVERNMENT - FOR TREATING MEDICAID AND OTHER MEANS-TESTED PATIENTS PROMEDICA'S TOTAL COST - NOT REIMBURSED BY THE GOVERNMENT - FOR TREATING MEDICARE PATIENTS DURING 2018 WAS \$116,399,000 AND IS NOT REFLECTED IN THE COMMUNITY BENEFIT AMOUNT OF \$266,410,000 NOTED ABOVE INDEED, PROMEDICA GOES BEYOND INDUSTRY STANDARDS IN MEETING THE GOAL OF PROVIDING CARE TO EVERYONE, REGARDLESS OF THEIR ABILITY TO PAY WE PROVIDE HOSPITAL CARE FREE-OF-CHARGE TO ALL FAMILIES WITHOUT INSURANCE WITH INCOMES AT OR BELOW 200% OF THE FEDERAL POVERTY LEVEL IN ADDITION TO FREE CARE FOR THOSE FAMILIES UNDER THIS FEDERAL POVERTY LEVEL, PROMEDICA HOSPITALS PROVIDE SIGNIFICANT DISCOUNTS TO FAMILIES WITH INCOMES OF UP TO 400% OF THE FEDERAL POVERTY LEVEL IN MANY SITUATIONS

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Return Reference	Explanation
IN 2018, PROMEDICA CONTRIBUTED \$266,410,000 IN COMMUNITY BENEFIT	ATIONS, OTHER FUNDING SOURCES ARE SECURED AND ACCOMMODATIONS MADE PROMEDICA'S POLICIES ARE POSTED AND AVAILABLE IN WRITING IN ALL PROMEDICA FACILITIES ALSO, FINANCIAL ADVOCATES ARE AVAILABLE TO HELP PATIENTS BY EXPLAINING OUR FREE CARE AND DISCOUNT PROGRAMS, AND TO ASSIST WITH THE PAPERWORK NECESSARY TO QUALIFY FOR GOVERNMENT FUNDING PATIENT BILLS PROVIDE CLEAR EXPLANATIONS, QUALIFICATIONS AND REMINDERS OF THESE PROGRAMS IN SUMMARY, PROMEDICA DEMONSTRATES ITS MISSION AND CORE VALUES BY PROVIDING HIGH-QUALITY HEALTH CARE TO ALL PATIENTS, REGARDLESS OF THEIR RACE, CREED, SEX, NATIONAL ORIGIN, DISABILITY, OR AGE AND, WE RECOGNIZE THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL CARE THEREFORE, WE PROVIDE THESE HEALTHCARE SERVICES, RECRUIT AND TRAIN HEALTHCARE PROFESSIONALS TO SERVE THE BROADER COMMUNITY, PROVIDE APPROPRIATE FINANCIAL ASSISTANCE, OFFER SERVICES AND CONTRIBUTIONS TO OTHER NONPROFIT ORGANIZATIONS THAT ALLOW THEM TO PROVIDE KEY SERVICES TO THEIR CONSTITUENTS, AND PRESENT FREE EDUCATIONAL CLASSES, HEALTH FAIRS AND OTHER ACTIVITIES TO OUR LOCAL COMMUNITY TO HELP ENSURE ALL MEMBERS HAVE EQUAL ACCESS TO CARE

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

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

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
PROMEDICA HEALTH SYSTEM INC

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number
34-1517671

Part I Identification of Disregarded Entities

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

See Additional Data Table

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

Part II Identification of Related Tax-Exempt Organizations

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

See Additional Data Table

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

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

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

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity

1a

No

b Gift, grant, or capital contribution to related organization(s)

1b

Yes

c Gift, grant, or capital contribution from related organization(s)

1c

Yes

d Loans or loan guarantees to or for related organization(s)

1d

Yes

e Loans or loan guarantees by related organization(s)

1e

No

f Dividends from related organization(s)

1f

Yes

g Sale of assets to related organization(s)

1g

No

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

j Lease of facilities, equipment, or other assets to related organization(s)

1j

No

k Lease of facilities, equipment, or other assets from related organization(s)

1k

Yes

l Performance of services or membership or fundraising solicitations for related organization(s)

1l

No

m Performance of services or membership or fundraising solicitations by related organization(s)

1m

No

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

1n

Yes

o Sharing of paid employees with related organization(s)

1o

Yes

p Reimbursement paid to related organization(s) for expenses

1p

Yes

q Reimbursement paid by related organization(s) for expenses

1q

Yes

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

1r

Yes

s Other transfer of cash or property from related organization(s)

1s

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

See Additional Data Table

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

Schedule R (Form 990) 2018

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 34-1517671

Name: PROMEDICA HEALTH SYSTEM INC

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) MIDWEST CARDIOVASCULAR CONSULTANTS LLC 100 MADISON AVE TOLEDO, OH 43604 61-1448753	EMPLOYS PHYSICIANS	OH	0	736,336	PROMEDICA PHYSICIAN GROUP
(1) PROMEDICA CENTRAL PHYSICIANS LLC 100 MADISON AVE TOLEDO, OH 43604 34-1881137	EMPLOYS PHYSICIANS	OH	354,649,647	181,933,294	PROMEDICA PHYSICIAN GROUP
(2) PROMEDICA NORTHWEST OHIO CARDIOLOGY CONSULTANTS LLC 100 MADISON AVE TOLEDO, OH 43604 26-3888045	EMPLOYS PHYSICIANS	OH	17,769,096	-80,836,806	PROMEDICA PHYSICIAN GROUP
(3) THE PHARMACY COUNTER LLC 100 MADISON AVE TOLEDO, OH 43604 27-1325141	MEDICAL EQUIPMENT & PHARMACY	OH	56,708,108	20,301,908	PROMEDICA PHYSICIAN GROUP
(4) WOLF CREEK ASSOCIATES LLC 901 KIMOLE LN ADRIAN, MI 49221 38-3164818	FACILITY LEASING	MI	119,263	1,642,312	EMMA L BIXBY MEDICAL CENTER
(5) PROMEDICA MONROE CARDIOLOGY PLLC 100 MADISON AVE TOLEDO, OH 43604 27-2920342	EMPLOYS PHYSICIANS	MI	980,675	-4,689,889	PROMEDICA PHYSICIAN GROUP
(6) ERIE WEST HOSPICE & PALLIATIVE CARE LTD 100 MADISON AVE TOLEDO, OH 43604 20-5752995	PROVIDES HOSPICE CARE	OH	4,904,176	11,613,404	PROMEDICA CONTINUUM SERVICES
(7) PROMEDICA PHYSICIANS MANAGEMENT SERVICES LLC 100 MADISON AVE TOLEDO, OH 43604 45-3230331	PRACTICE MANAGEMENT	OH	0	-3,618,016	PROMEDICA PHYSICIAN GROUP
(8) PROMEDICA SURGICAL SERVICES LLC 100 MADISON AVE TOLEDO, OH 43604	EMPLOYS PHYSICIANS	OH	0	0	PROMEDICA PHYSICIAN GROUP
(9) MISSION POINTE GOLF COURSE LLC 2142 NORTH COVE TOLEDO, OH 43606	GOLF COURSE	OH	0	394,588	PROMEDICA FOUNDATION
(10) PROMEDICA INNOVATIONS LLC 100 MADISON AVE TOLEDO, OH 43604	INVESTMENT COMPANY	OH	0	0	PROMEDICA HEALTH SYSTEM INC
(11) PROMEDICA GENITO-URINARY SURGEONS LLC 100 MADISON AVE TOLEDO, OH 43604 46-1120436	EMPLOYS PHYSICIANS	OH	5,837,695	-17,434,894	PROMEDICA PHYSICIAN GROUP
(12) PROMEDICA MONROE PHYSICIANS PLLC 100 MADISON AVE TOLEDO, OH 43604 46-1111822	EMPLOYS PHYSICIANS	MI	10,180,701	-12,596,368	PROMEDICA PHYSICIAN GROUP
(13) PROMEDICA MULTI-SPECIALTY PHYSICIANS LLC 100 MADISON AVE TOLEDO, OH 43604 45-4976786	EMPLOYS PHYSICIANS	OH	0	162,176	PROMEDICA PHYSICIAN GROUP
(14) PROMEDICA HOSPITALISTS LLC 100 MADISON AVE TOLEDO, OH 43604	EMPLOYS PHYSICIANS	OH	0	0	PROMEDICA PHYSICIAN GROUP
(15) PROMEDICA HOSPITALISTS PLLC 100 MADISON AVE TOLEDO, OH 43604	EMPLOYS PHYSICIANS	MI	0	0	PROMEDICA PHYSICIAN GROUP
(16) MEMORIAL ANESTHESIA LTD 715 SOUTH TAFT AVE FREMONT, OH 43420 20-5763680	EMPLOYS PHYSICIANS	OH	0	0	PROMEDICA PHYSICIAN GROUP
(17) MEMORIAL PROFESSIONAL SERVICES LTD 715 SOUTH TAFT AVE FREMONT, OH 43420 27-3763993	EMPLOYS PHYSICIANS	OH	11,357,703	-13,164,795	PROMEDICA PHYSICIAN GROUP
(18) PHS VENTURES LLC 100 MADISON AVE TOLEDO, OH 43604 34-1880473	HEALTH CARE MANAGEMENT SERVICES	DE	0	0	PROMEDICA HEALTH SYSTEM INC
(19) 300 MADISON BUILDING LLC 100 MADISON AVE TOLEDO, OH 43604 82-2062486	REAL ESTATE	OH	2,478,025	16,935,384	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
(21) MARINA DISTRICT DEVELOPMENT LLC 100 MADISON AVE TOLEDO, OH 43604	REAL ESTATE	OH	0	3,915,257	PROMEDICA HEALTH SYSTEM INC
(1) PHS INVESTMENTS LLC 100 MADISON AVE TOLEDO, OH 43604	INVESTMENT COMPANY	OH	0	19,882,948	THE TOLEDO HOSPITAL
(2) PROMEDICA INTERNATIONAL LLC 100 MADISON AVE TOLEDO, OH 43604	CONSULTING SERVICES	OH	785,700	0	PROMEDICA HEALTH SYSTEM INC
(3) PROMEDICA ACTIVE MOBILITY LLC 100 MADISON AVE TOLEDO, OH 43604 81-5178173	DURABLE MEDICAL EQUIPMENT	OH	217,481	35,124	PROMEDICA HEALTH SYSTEM INC
(4) 1611 MONROE INVESTORS LLC 100 MADISON AVE TOLEDO, OH 43604	REAL ESTATE	OH	0	151,840	PROMEDICA HEALTH SYSTEM INC
(5) BALL PARK PROPERTIES LLC 100 MADISON AVE TOLEDO, OH 43604 82-3954332	REAL ESTATE	OH	0	1,118,158	PROMEDICA HEALTH SYSTEM INC
(6) PROMEDICA PRIMARY CARE PROVIDERS LLC 100 MADISON AVE TOLEDO, OH 43604 83-1731861	EMPLOYS PHYSICIANS	OH	0	0	PROMEDICA PHYSICIAN GROUP
(7) TOLEDO RIVERFRONT HOTEL LLC 100 MADISON AVE TOLEDO, OH 43604 47-2211190	REAL ESTATE	OH	517,083	8,774,753	PROMEDICA HEALTH SYSTEM INC
(8) KAPIOS LLC 2865 N REYNOLDS RD TOLEDO, OH 43615 81-2624635	SOFTWARE DEVELOPMENT	OH	-331,796	193,400	PROMEDICA HEALTH SYSTEM INC
(9) ANCILLARY SERVICES MANAGEMENT LLC 333 N SUMMIT ST TOLEDO, OH 43604 34-1636874	MEDICAL SUPPLIES	OH	0	0	HCR HEALTHCARE LLC
(10) ARDEN COURTS OF ARLINGTON TX LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624126	ASSISTED LIVING FACILITY	DE	0	0	HCR IV HEALTHCARE LLC
(11) ARDEN COURTS OF HAMDEN CT LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625105	ASSISTED LIVING FACILITY	DE	0	0	HCR III HEALTHCARE LLC
(12) ARDEN COURTS OF HAZEL CREST IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0621940	ASSISTED LIVING FACILITY	DE	0	0	HCR IV HEALTHCARE LLC
(13) ARDEN COURTS OF LOUISVILLE KY LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622079	ASSISTED LIVING FACILITY	DE	0	0	HCR IV HEALTHCARE LLC
(14) HCR CANTERBURY VILLAGE LLC 333 N SUMMIT ST TOLEDO, OH 43604 38-2032536	SKILLED NURSING FACILITY	DE	0	0	HCR HEALTHCARE LLC
(15) HCR HEALTHCARE LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624435	HOLDING COMPANY	DE	0	0	HCR MANORCARE INC
(16) HCR II HEALTHCARE LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-1250342	HOLDING COMPANY	DE	0	0	HCR HEALTHCARE LLC
(17) HCR III HEALTHCARE LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624411	HOLDING COMPANY	DE	0	0	HCR II HEALTHCARE LLC
(18) HCR IV HEALTHCARE LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-1283803	HOLDING COMPANY	DE	0	0	HCR III HEALTHCARE LLC
(19) HEARTLAND CARE LLC 333 N SUMMIT ST TOLEDO, OH 43604 32-0091717	HOLDING COMPANY	OH	0	0	HCR MANOR CARE SERVICES LLC

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

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(41) HEARTLAND EMPLOYMENT SERVICES LLC 333 N SUMMIT ST TOLEDO, OH 43604 34-1903270	EMPLOYMENT SERVICES	OH	0	0	HCR HEALTHCARE LLC
(1) HEARTLAND-OAK PAVILION OF CINCINNATI OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0614533	SKILLED NURSING FACILITY	DE	0	0	HCR IV HEALTHCARE LLC
(2) MANOR CARE AVIATION LLC 333 N SUMMIT ST TOLEDO, OH 43604 52-1462072	AVIATION	DE	0	0	HCR HEALTHCARE LLC
(3) MANOR CARE OF DELAWARE COUNTY LLC 333 N SUMMIT ST TOLEDO, OH 43604 52-1916053	HOLDING COMPANY	DE	0	0	HCR HEALTHCARE LLC
(4) MANOR CARE OF OKLAHOMA CITY (NORTHWEST) LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0610163	SKILLED NURSING FACILITY	DE	0	0	HCR III HEALTHCARE LLC
(5) MANOR CARE OF WINTER PARK FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 36-2899194	SKILLED NURSING FACILITY	DE	0	0	WINTER PARK NURSING CENTER LLC
(6) MANOR CARE SUPPLY LLC 333 N SUMMIT ST TOLEDO, OH 43604 52-2055097	PURCHASING COMPANY	DE	0	0	HCR HEALTHCARE LLC
(7) MANORCARE HEALTH SERVICES OF OKLAHOMA LLC 333 N SUMMIT ST TOLEDO, OH 43604 52-2055078	HOLDING COMPANY	DE	0	0	HCR HEALTHCARE LLC
(8) MANORCARE HEALTH SERVICES OF TOLEDO OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 90-0904333	HOLDING COMPANY	DE	0	0	HCR HEALTHCARE LLC
(9) PROMEDICA OF ADRIAN MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 38-3985660	SKILLED NURSING FACILITY	DE	0	0	MANORCARE HEALTH SERVICES OF TOLEDO OH LLC
(10) PROMEDICA OF SYLVANIA OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 61-1771805	SKILLED NURSING FACILITY	DE	0	0	MANORCARE HEALTH SERVICES OF TOLEDO OH LLC
(11) REHABILITATION ADMINISTRATION LLC 333 N SUMMIT ST TOLEDO, OH 43604 61-1295825	REHABILITATION SERVICES	DE	0	0	HEARTLAND REHABILITATION SERVICES LLC
(12) SPRINGHOUSE OF BETHESDA MD LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622235	ASSISTED LIVING FACILITY	DE	0	0	HCR III HEALTHCARE LLC
(13) SPRINGHOUSE OF SILVER SPRING MD LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622508	ASSISTED LIVING FACILITY	DE	0	0	HCR III HEALTHCARE LLC
(14) WINTER PARK NURSING CENTER LLC 333 N SUMMIT ST TOLEDO, OH 43604 37-1019107	HOLDING COMPANY	DE	0	0	MANORCARE HEALTH SERVICES LLC
(15) AMERICAN REHABILITATION GROUP LLC 333 N SUMMIT ST TOLEDO, OH 43604 61-1284533	OUTPATIENT REHABILITATION	DE	357,897	0	REHABILITATION ADMINISTRATION LLC
(16) HCR HOME HEALTH CARE AND HOSPICE LLC 333 N SUMMIT ST TOLEDO, OH 43604 34-1787978	HOLDING COMPANY	OH	0	0	HCR HEALTHCARE LLC
(17) HCR MANOR CARE SERVICES OF FLORIDA III LLC 333 N SUMMIT ST TOLEDO, OH 43604 45-2507279	HOSPICE SERVICE	FL	7,601,384	0	HCR HOME HEALTH CARE AND HOSPICE LLC
(18) HCR MANOR CARE SERVICES OF FLORIDA LLC 333 N SUMMIT ST TOLEDO, OH 43604 74-3193136	HOSPICE SERVICE	FL	2,547,629	836,753	HCR HOME HEALTH CARE AND HOSPICE LLC
(19) HCR MANOR CARE SERVICES LLC 333 N SUMMIT ST TOLEDO, OH 43604 34-1838217	ADMINISTRATIVE SERVICES	OH	599,756	161,295,137	HCR HEALTHCARE LLC

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(61) HCR MANORCARE MEDICAL SERVICES OF FLORIDA LLC 333 N SUMMIT ST TOLEDO, OH 43604 65-0666550	OUTPATIENT REHABILITATION	FL	6,836,271	1,442,008	HEARTLAND REHABILITATION SERVICES LLC
(1) HEALTH CARE AND RETIREMENT CORPORATION OF AMERICA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-1305723	SKILLED NURSING FACILITY	DE	11,516,998	12,455,542	HCR HEALTHCARE LLC
(2) HEARTLAND HOME CARE LLC 333 N SUMMIT ST TOLEDO, OH 43604 34-1787895	HOME HEALTH CARE SERVICE	OH	13,557,751	4,231,835	HEARTLAND REHABILITATION SERVICES LLC
(3) HEARTLAND HOME HEALTH CARE SERVICES LLC 333 N SUMMIT ST TOLEDO, OH 43604 34-1787967	HOME HEALTH CARE SERVICE	OH	1,060,030	593,380	HCR HOME HEALTH CARE AND HOSPICE LLC
(4) HEARTLAND HOSPICE SERVICES LLC 333 N SUMMIT ST TOLEDO, OH 43604 34-1788398	HOSPICE SERVICE	OH	147,578,096	49,934,309	HCR HOME HEALTH CARE AND HOSPICE LLC
(5) HEARTLAND REHABILITATION EXTENSION SERVICES LLC 333 N SUMMIT ST TOLEDO, OH 43604 81-2116419	OUTPATIENT REHABILITATION	DE	1,017,906	483,609	HEARTLAND REHABILITATION SERVICES LLC
(6) HEARTLAND REHABILITATION SERVICES OF FLORIDA LLC 333 N SUMMIT ST TOLEDO, OH 43604 59-2504386	OUTPATIENT REHABILITATION	FL	3,679,481	1,105,318	HEARTLAND REHABILITATION SERVICES LLC
(7) HEARTLAND REHABILITATION SERVICES OF KENTUCKY LLC 333 N SUMMIT ST TOLEDO, OH 43604 61-1301414	OUTPATIENT REHABILITATION	DE	2,082,011	432,938	REHABILITATION ADMINISTRATION LLC
(8) HEARTLAND REHABILITATION SERVICES OF MICHIGAN LLC 333 N SUMMIT ST TOLEDO, OH 43604 30-0535129	OUTPATIENT REHABILITATION	DE	93,947	24,753	HEARTLAND REHABILITATION SERVICES LLC
(9) HEARTLAND REHABILITATION SERVICES OF NEW JERSEY LLC 333 N SUMMIT ST TOLEDO, OH 43604 22-2137595	OUTPATIENT REHABILITATION	DE	867,058	292,792	HEARTLAND REHABILITATION SERVICES LLC
(10) HEARTLAND REHABILITATION SERVICES OF OHIO LLC 333 N SUMMIT ST TOLEDO, OH 43604 34-1479648	OUTPATIENT REHABILITATION	OH	898,549	324,393	HEARTLAND REHABILITATION SERVICES LLC
(11) HEARTLAND REHABILITATION SERVICES OF VIRGINIA LLC 333 N SUMMIT ST TOLEDO, OH 43604 54-1508699	OUTPATIENT REHABILITATION	DE	1,644,895	447,583	HEARTLAND REHABILITATION SERVICES LLC
(12) HEARTLAND REHABILITATION SERVICES LLC 333 N SUMMIT ST TOLEDO, OH 43604 34-1280619	OUTPATIENT REHABILITATION	OH	958,156	327,878	HCR HEALTHCARE LLC
(13) HEARTLAND SERVICES LLC 333 N SUMMIT ST TOLEDO, OH 43604 34-1760503	HOLDING COMPANY	OH	0	34,918,396	HCR HEALTHCARE LLC
(14) HEARTLAND THERAPY PROVIDER NETWORK LLC 333 N SUMMIT ST TOLEDO, OH 43604 37-1027432	OUTPATIENT REHABILITATION	DE	130,485	57,156	HCR HEALTHCARE LLC
(15) IN HOME HEALTH LLC 333 N SUMMIT ST TOLEDO, OH 43604 41-1458213	HOME HEALTH CARE SERVICE	MN	88,661,581	26,905,184	MANORCARE HEALTH SERVICES LLC
(16) INDUSTRIAL WASTES LLC 333 N SUMMIT ST TOLEDO, OH 43604 25-1457630	REAL ESTATE	DE	0	119,760	HCR HEALTHCARE LLC
(17) MANOR CARE OF LACEY WA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624391	SKILLED NURSING FACILITY	DE	6,346,828	2,662,465	MANORCARE HEALTH SERVICES LLC
(18) MANOR CARE OF SALMON CREEK WA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624375	SKILLED NURSING FACILITY	DE	8,380,593	2,860,598	MANORCARE HEALTH SERVICES LLC
(19) MANORCARE HEALTH SERVICES LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-1305666	SKILLED NURSING FACILITY	DE	29,454,418	36,766,648	HCR HEALTHCARE LLC

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(81) MILESTONE HEALTHCARE LLC 333 N SUMMIT ST TOLEDO, OH 43604 75-2592398	MEDICAL STAFFING	DE	9,458,894	3,690,676	HEARTLAND REHABILITATION SERVICES LLC
(1) PORTFOLIO ONE LLC 333 N SUMMIT ST TOLEDO, OH 43604 22-1604502	SKILLED NURSING FACILITY	OH	5,772,775	2,178,718	HCR HEALTHCARE LLC
(2) ARDEN COURTS OF AKRON OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623857	ASSISTED LIVING FACILITY	DE	1,031,626	125,145	HCR IV HEALTHCARE LLC
(3) ARDEN COURTS OF ALLENTOWN PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623965	ASSISTED LIVING FACILITY	DE	1,502,508	168,523	HCR III HEALTHCARE LLC
(4) ARDEN COURTS OF ANNANDALE VA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624314	ASSISTED LIVING FACILITY	DE	2,315,691	148,596	HCR IV HEALTHCARE LLC
(5) ARDEN COURTS OF AUSTIN TX LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624145	ASSISTED LIVING FACILITY	DE	1,025,560	73,192	HCR IV HEALTHCARE LLC
(6) ARDEN COURTS OF AVON CT LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625113	ASSISTED LIVING FACILITY	DE	1,018,425	87,237	HCR III HEALTHCARE LLC
(7) ARDEN COURTS OF BINGHAM FARMS MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622828	ASSISTED LIVING FACILITY	DE	1,459,700	171,004	HCR IV HEALTHCARE LLC
(8) ARDEN COURTS OF CHERRY HILL NJ LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623009	ASSISTED LIVING FACILITY	DE	1,707,003	245,920	HCR III HEALTHCARE LLC
(9) ARDEN COURTS OF DELRAY BEACH FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625237	ASSISTED LIVING FACILITY	DE	1,650,566	167,328	HCR III HEALTHCARE LLC
(10) ARDEN COURTS OF ELK GROVE VILLAGE IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625405	ASSISTED LIVING FACILITY	DE	1,270,152	111,021	HCR IV HEALTHCARE LLC
(11) ARDEN COURTS OF FARMINGTON CT LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625092	ASSISTED LIVING FACILITY	DE	1,571,345	95,573	HCR III HEALTHCARE LLC
(12) ARDEN COURTS OF FT MYERS FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625314	ASSISTED LIVING FACILITY	DE	1,275,216	204,006	HCR III HEALTHCARE LLC
(13) ARDEN COURTS OF GENEVA IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625428	ASSISTED LIVING FACILITY	DE	1,715,410	104,899	HCR IV HEALTHCARE LLC
(14) ARDEN COURTS OF GLEN ELLYN IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625418	ASSISTED LIVING FACILITY	DE	788,946	115,398	HCR IV HEALTHCARE LLC
(15) ARDEN COURTS OF JEFFERSON HILLS PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624075	ASSISTED LIVING FACILITY	DE	1,718,387	164,734	HCR III HEALTHCARE LLC
(16) ARDEN COURTS OF KENSINGTON MD LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622568	ASSISTED LIVING FACILITY	DE	2,307,631	136,099	HCR III HEALTHCARE LLC
(17) ARDEN COURTS OF KENWOOD OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623245	ASSISTED LIVING FACILITY	DE	1,089,007	119,433	HCR IV HEALTHCARE LLC
(18) ARDEN COURTS OF KING OF PRUSSIA PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624032	ASSISTED LIVING FACILITY	DE	1,768,271	300,563	HCR III HEALTHCARE LLC
(19) ARDEN COURTS OF LARGO FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625141	ASSISTED LIVING FACILITY	DE	1,438,088	207,538	HCR III HEALTHCARE LLC

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(101) ARDEN COURTS OF LIVONIA MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622866	ASSISTED LIVING FACILITY	DE	1,547,718	200,154	HCR IV HEALTHCARE LLC
(1) ARDEN COURTS OF MONROEVILLE PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623898	ASSISTED LIVING FACILITY	DE	1,651,324	229,530	HCR III HEALTHCARE LLC
(2) ARDEN COURTS OF NORTHBROOK IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625378	ASSISTED LIVING FACILITY	DE	1,659,213	72,769	HCR IV HEALTHCARE LLC
(3) ARDEN COURTS OF PALM HARBOR FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625222	ASSISTED LIVING FACILITY	DE	1,715,777	160,045	HCR III HEALTHCARE LLC
(4) ARDEN COURTS OF PALOS HEIGHTS IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625390	ASSISTED LIVING FACILITY	DE	1,496,914	160,775	HCR IV HEALTHCARE LLC
(5) ARDEN COURTS OF PARMA OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623801	ASSISTED LIVING FACILITY	DE	1,636,023	126,253	HCR IV HEALTHCARE LLC
(6) ARDEN COURTS OF PIKESVILLE MD LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622121	ASSISTED LIVING FACILITY	DE	1,811,739	226,979	HCR III HEALTHCARE LLC
(7) ARDEN COURTS OF POTOMAC MD LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622198	ASSISTED LIVING FACILITY	DE	1,585,371	167,883	HCR III HEALTHCARE LLC
(8) ARDEN COURTS OF RICHARDSON TX LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624214	ASSISTED LIVING FACILITY	DE	1,436,555	149,305	HCR IV HEALTHCARE LLC
(9) ARDEN COURTS OF SAN ANTONIO TX LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624189	ASSISTED LIVING FACILITY	DE	1,448,958	217,237	HCR IV HEALTHCARE LLC
(10) ARDEN COURTS OF SARASOTA FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625246	ASSISTED LIVING FACILITY	DE	1,514,233	93,167	HCR III HEALTHCARE LLC
(11) ARDEN COURTS OF SEMINOLE FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625266	ASSISTED LIVING FACILITY	DE	1,586,505	210,850	HCR III HEALTHCARE LLC
(12) ARDEN COURTS OF SILVER SPRING MD LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622164	ASSISTED LIVING FACILITY	DE	1,676,433	99,248	HCR III HEALTHCARE LLC
(13) ARDEN COURTS OF SOUTH HOLLAND IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622045	ASSISTED LIVING FACILITY	DE	1,224,034	78,562	HCR IV HEALTHCARE LLC
(14) ARDEN COURTS OF STERLING HEIGHTS MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622772	ASSISTED LIVING FACILITY	DE	1,354,384	142,940	HCR IV HEALTHCARE LLC
(15) ARDEN COURTS OF TAMPA FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625330	ASSISTED LIVING FACILITY	DE	1,296,073	194,751	HCR III HEALTHCARE LLC
(16) ARDEN COURTS OF TOWSON MD LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622661	ASSISTED LIVING FACILITY	DE	1,592,511	103,316	HCR III HEALTHCARE LLC
(17) ARDEN COURTS OF W ORANGE NJ LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622938	ASSISTED LIVING FACILITY	DE	2,357,550	193,121	HCR III HEALTHCARE LLC
(18) ARDEN COURTS OF W PALM BEACH FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625258	ASSISTED LIVING FACILITY	DE	1,637,004	272,272	HCR III HEALTHCARE LLC
(19) ARDEN COURTS OF WAYNE NJ LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622912	ASSISTED LIVING FACILITY	DE	2,045,949	286,955	HCR III HEALTHCARE LLC

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(121) ARDEN COURTS OF WESTLAKE OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623289	ASSISTED LIVING FACILITY	DE	1,769,581	161,572	HCR IV HEALTHCARE LLC
(1) ARDEN COURTS OF WILMINGTON DE LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625127	ASSISTED LIVING FACILITY	DE	1,916,646	251,469	HCR III HEALTHCARE LLC
(2) ARDEN COURTS OF WINTER SPRINGS FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625340	ASSISTED LIVING FACILITY	DE	1,679,315	172,294	HCR III HEALTHCARE LLC
(3) ARDEN COURTS OF YARDLEY PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623944	ASSISTED LIVING FACILITY	DE	1,758,955	282,618	HCR III HEALTHCARE LLC
(4) ARDEN COURTS-ANDERSON OF CINCINNATI OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623677	ASSISTED LIVING FACILITY	DE	1,899,465	188,795	HCR IV HEALTHCARE LLC
(5) ARDEN COURTS-BAINBRIDGE OF CHAGRIN FALLS OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623202	ASSISTED LIVING FACILITY	DE	1,977,662	195,675	HCR IV HEALTHCARE LLC
(6) ARDEN COURTS-FAIR OAKS OF FAIRFAX VA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624353	ASSISTED LIVING FACILITY	DE	1,979,567	83,368	HCR IV HEALTHCARE LLC
(7) ARDEN COURTS-LELY PALMS OF NAPLES FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625279	ASSISTED LIVING FACILITY	DE	1,516,410	198,295	HCR III HEALTHCARE LLC
(8) ARDEN COURTS-NORTH HILLS OF PITTSBURGH PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623920	ASSISTED LIVING FACILITY	DE	1,542,450	136,809	HCR III HEALTHCARE LLC
(9) ARDEN COURTS-SUSQUEHANNA OF HARRISBURG PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624065	ASSISTED LIVING FACILITY	DE	1,661,906	212,943	HCR III HEALTHCARE LLC
(10) ARDEN COURTS-WARMINSTER OF HATBORO PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623869	ASSISTED LIVING FACILITY	DE	1,397,480	150,712	HCR III HEALTHCARE LLC
(11) ARDEN COURTS OF WHIPPANY NJ LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623155	ASSISTED LIVING FACILITY	DE	1,287,566	215,472	HCR III HEALTHCARE LLC
(12) CHRISTOPHER EAST HEALTH CARE CENTER OF LOUISVILLE KY LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0619900	SKILLED NURSING FACILITY	DE	-2,103	6,097	HCR IV HEALTHCARE LLC
(13) COLUMBIA REHABILITATION AND NURSING CENTER-COLUMBIA SC LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623408	OUTPATIENT REHABILITATION	DE	3,818,328	1,662,629	HCR III HEALTHCARE LLC
(14) DEVON MANOR-DEVON PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622826	SKILLED NURSING FACILITY	DE	0	45,972	HCR III HEALTHCARE LLC
(15) DONAHOE MANOR-BEDFORD PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623108	SKILLED NURSING FACILITY	DE	2,651,327	935,535	HCR III HEALTHCARE LLC
(16) FOSTRIAN COURTS ASSISTED LIVING-FLUSHING MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622894	SKILLED NURSING FACILITY	DE	561,361	59,714	HCR IV HEALTHCARE LLC
(17) HAMPTON HOUSE-WILKES-BARRE PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0610244	SKILLED NURSING FACILITY	DE	3,218,534	1,713,249	HCR III HEALTHCARE LLC
(18) HEARTLAND OF BOYNTON BEACH FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623523	SKILLED NURSING FACILITY	DE	4,425,436	1,218,132	HCR III HEALTHCARE LLC
(19) HEARTLAND OF ADELPHI MD LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0620015	SKILLED NURSING FACILITY	DE	5,847,325	2,453,062	HCR III HEALTHCARE LLC

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(141) HEARTLAND OF ALLEN PARK MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0611286	SKILLED NURSING FACILITY	DE	6,566,504	2,115,831	HCR IV HEALTHCARE LLC
(1) HEARTLAND OF ANN ARBOR MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0612384	SKILLED NURSING FACILITY	DE	7,465,249	3,041,311	HCR IV HEALTHCARE LLC
(2) HEARTLAND OF AUSTIN TX LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624533	SKILLED NURSING FACILITY	DE	310,859	458,239	HCR IV HEALTHCARE LLC
(3) HEARTLAND OF BATTLE CREEK MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0612206	SKILLED NURSING FACILITY	DE	2,365,104	900,006	HCR IV HEALTHCARE LLC
(4) HEARTLAND OF BECKLEY WV LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625053	SKILLED NURSING FACILITY	DE	2,923	0	HCR IV HEALTHCARE LLC
(5) HEARTLAND OF BEDFORD TX LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624511	SKILLED NURSING FACILITY	DE	208,279	85,969	HCR IV HEALTHCARE LLC
(6) HEARTLAND OF BELLEFONTAINE OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609497	SKILLED NURSING FACILITY	DE	2,203,715	326,390	HCR IV HEALTHCARE LLC
(7) HEARTLAND OF BOCA RATON FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623949	SKILLED NURSING FACILITY	DE	4,880,221	1,567,009	HCR III HEALTHCARE LLC
(8) HEARTLAND OF BROOKSVILLE FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623416	SKILLED NURSING FACILITY	DE	0	0	HCR III HEALTHCARE LLC
(9) HEARTLAND OF BUCYRUS OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0614610	SKILLED NURSING FACILITY	DE	2,518,435	702,813	HCR IV HEALTHCARE LLC
(10) HEARTLAND OF CANTON IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0604153	SKILLED NURSING FACILITY	DE	1,408,288	325,285	HCR IV HEALTHCARE LLC
(11) HEARTLAND OF CANTON MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0620527	SKILLED NURSING FACILITY	DE	8,461,874	3,376,143	HCR IV HEALTHCARE LLC
(12) HEARTLAND OF CENTERBURG OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0614447	SKILLED NURSING FACILITY	DE	16	0	HCR IV HEALTHCARE LLC
(13) HEARTLAND OF CENTERVILLE OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609683	SKILLED NURSING FACILITY	DE	3,463,994	1,224,480	HCR IV HEALTHCARE LLC
(14) HEARTLAND OF CHAMPAIGN IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0615806	SKILLED NURSING FACILITY	DE	2,355,667	595,879	HCR IV HEALTHCARE LLC
(15) HEARTLAND OF CHILLICOTHE OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609311	SKILLED NURSING FACILITY	DE	3,769,323	1,081,912	HCR IV HEALTHCARE LLC
(16) HEARTLAND OF CLARKSBURG WV LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625029	SKILLED NURSING FACILITY	DE	-53	0	HCR IV HEALTHCARE LLC
(17) HEARTLAND OF DEARBORN HEIGHTS MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0611231	SKILLED NURSING FACILITY	DE	4,908,389	1,661,957	HCR IV HEALTHCARE LLC
(18) HEARTLAND OF DECATUR IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0615541	SKILLED NURSING FACILITY	DE	1,506,101	368,034	HCR IV HEALTHCARE LLC
(19) HEARTLAND OF EATON OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609364	SKILLED NURSING FACILITY	DE	-1,119	0	HCR IV HEALTHCARE LLC

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(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
(161) HEARTLAND OF FORT MYERS FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623726	SKILLED NURSING FACILITY	DE	5,658,908	1,777,363	HCR III HEALTHCARE LLC
(1) HEARTLAND OF GALESBURG IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624455	SKILLED NURSING FACILITY	DE	2,550,484	743,397	HCR IV HEALTHCARE LLC
(2) HEARTLAND OF GRAND RAPIDS MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0611403	SKILLED NURSING FACILITY	DE	319,372	252,513	HCR IV HEALTHCARE LLC
(3) HEARTLAND OF GREENVILLE OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0614250	SKILLED NURSING FACILITY	DE	1,997,078	326,584	HCR IV HEALTHCARE LLC
(4) HEARTLAND OF HENRY IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0614845	SKILLED NURSING FACILITY	DE	2,602,637	572,088	HCR IV HEALTHCARE LLC
(5) HEARTLAND OF HILLSBORO OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609351	SKILLED NURSING FACILITY	DE	3,475,320	1,071,332	HCR IV HEALTHCARE LLC
(6) HEARTLAND OF HOLLAND MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0611679	SKILLED NURSING FACILITY	DE	0	23,039	HCR IV HEALTHCARE LLC
(7) HEARTLAND OF HYATTSVILLE MD LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0619980	SKILLED NURSING FACILITY	DE	5,582,764	2,367,288	HCR III HEALTHCARE LLC
(8) HEARTLAND OF IONIA MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0611974	SKILLED NURSING FACILITY	DE	243,176	279,540	HCR IV HEALTHCARE LLC
(9) HEARTLAND OF JACKSON MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0611756	SKILLED NURSING FACILITY	DE	0	0	HCR IV HEALTHCARE LLC
(10) HEARTLAND OF JACKSON OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0614303	SKILLED NURSING FACILITY	DE	2,231,996	177,886	HCR IV HEALTHCARE LLC
(11) HEARTLAND OF JACKSONVILLE FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623590	SKILLED NURSING FACILITY	DE	4,394,621	1,742,763	HCR III HEALTHCARE LLC
(12) HEARTLAND OF KALAMAZOO MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0612121	SKILLED NURSING FACILITY	DE	0	0	HCR IV HEALTHCARE LLC
(13) HEARTLAND OF KENDALL FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623392	SKILLED NURSING FACILITY	DE	1,842,824	41,961	HCR III HEALTHCARE LLC
(14) HEARTLAND OF KETTERING OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609231	SKILLED NURSING FACILITY	DE	3,675,808	1,035,642	HCR IV HEALTHCARE LLC
(15) HEARTLAND OF KEYSER WV LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624987	SKILLED NURSING FACILITY	DE	0	0	HCR IV HEALTHCARE LLC
(16) HEARTLAND OF LAUDERHILL FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623998	SKILLED NURSING FACILITY	DE	1,188,178	0	HCR III HEALTHCARE LLC
(17) HEARTLAND OF MACOMB IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624476	SKILLED NURSING FACILITY	DE	2,541,398	750,063	HCR IV HEALTHCARE LLC
(18) HEARTLAND OF MADEIRA OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609604	SKILLED NURSING FACILITY	DE	3,288,999	725,455	HCR IV HEALTHCARE LLC
(19) HEARTLAND OF MARIETTA OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609259	SKILLED NURSING FACILITY	DE	3,315,880	877,449	HCR IV HEALTHCARE LLC

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(181) HEARTLAND OF MARION OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0613105	SKILLED NURSING FACILITY	DE	5,314,000	1,336,440	HCR IV HEALTHCARE LLC
(1) HEARTLAND OF MARTINSBURG WV LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625081	SKILLED NURSING FACILITY	DE	0	0	HCR IV HEALTHCARE LLC
(2) HEARTLAND OF MARYSVILLE OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609393	SKILLED NURSING FACILITY	DE	51,096	0	HCR IV HEALTHCARE LLC
(3) HEARTLAND OF MENTOR OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0610122	SKILLED NURSING FACILITY	DE	4,475,700	1,485,605	HCR IV HEALTHCARE LLC
(4) HEARTLAND OF MIAMISBURG OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0794075	SKILLED NURSING FACILITY	DE	3,207,755	1,460,710	HCR IV HEALTHCARE LLC
(5) HEARTLAND OF MOLINE IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624491	SKILLED NURSING FACILITY	DE	4,811,537	1,261,983	HCR IV HEALTHCARE LLC
(6) HEARTLAND OF NORMAL IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0615386	SKILLED NURSING FACILITY	DE	1,911,332	343,831	HCR IV HEALTHCARE LLC
(7) HEARTLAND OF ORANGE PARK FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623613	SKILLED NURSING FACILITY	DE	5,037,490	1,876,032	HCR III HEALTHCARE LLC
(8) HEARTLAND OF OREGON OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609590	SKILLED NURSING FACILITY	DE	3,537,767	740,673	HCR IV HEALTHCARE LLC
(9) HEARTLAND OF PAXTON IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0614884	SKILLED NURSING FACILITY	DE	1,162,199	140,835	HCR IV HEALTHCARE LLC
(10) HEARTLAND OF PEORIA IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0615478	SKILLED NURSING FACILITY	DE	1,755,048	388,841	HCR IV HEALTHCARE LLC
(11) HEARTLAND OF PERRYSBURG OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609189	SKILLED NURSING FACILITY	DE	4,550,267	1,348,123	HCR IV HEALTHCARE LLC
(12) HEARTLAND OF PIQUA OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609466	SKILLED NURSING FACILITY	DE	2,502,901	297,321	HCR IV HEALTHCARE LLC
(13) HEARTLAND OF PITTSBURGH PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0610260	SKILLED NURSING FACILITY	DE	6,256,027	2,350,871	HCR III HEALTHCARE LLC
(14) HEARTLAND OF PLATTEVILLE WI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624818	SKILLED NURSING FACILITY	DE	1,325,127	93,532	HCR III HEALTHCARE LLC
(15) HEARTLAND OF PORTSMOUTH OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609290	SKILLED NURSING FACILITY	DE	3,574,131	751,680	HCR IV HEALTHCARE LLC
(16) HEARTLAND OF RAINELLE WV LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625009	SKILLED NURSING FACILITY	DE	0	0	HCR IV HEALTHCARE LLC
(17) HEARTLAND OF SAGINAW MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0612275	SKILLED NURSING FACILITY	DE	-161	0	HCR IV HEALTHCARE LLC
(18) HEARTLAND OF SAN ANTONIO TX LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623701	SKILLED NURSING FACILITY	DE	377,785	340,148	HCR IV HEALTHCARE LLC
(19) HEARTLAND OF SARASOTA FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623968	SKILLED NURSING FACILITY	DE	5,775,561	1,670,368	HCR III HEALTHCARE LLC

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(201) HEARTLAND OF SPRINGFIELD OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609416	SKILLED NURSING FACILITY	DE	3,011,017	708,683	HCR IV HEALTHCARE LLC
(1) HEARTLAND OF TAMARAC FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623500	SKILLED NURSING FACILITY	DE	1,851,238	275,171	HCR III HEALTHCARE LLC
(2) HEARTLAND OF THREE RIVERS MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0612325	SKILLED NURSING FACILITY	DE	3,264,886	634,037	HCR IV HEALTHCARE LLC
(3) HEARTLAND OF URBANA OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0614353	SKILLED NURSING FACILITY	DE	0	59,006	HCR IV HEALTHCARE LLC
(4) HEARTLAND OF WEST BLOOMFIELD MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0611547	SKILLED NURSING FACILITY	DE	-7,984	263,361	HCR IV HEALTHCARE LLC
(5) HEARTLAND OF WATERVILLE OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609511	SKILLED NURSING FACILITY	DE	4,050,108	648,845	HCR IV HEALTHCARE LLC
(6) HEARTLAND OF WAUSEON OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0614568	SKILLED NURSING FACILITY	DE	1,431,768	247,386	HCR IV HEALTHCARE LLC
(7) HEARTLAND OF WEST HOUSTON TX LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623684	SKILLED NURSING FACILITY	DE	0	18,779	HCR IV HEALTHCARE LLC
(8) HEARTLAND OF WHITEHALL MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0612438	SKILLED NURSING FACILITY	DE	213,969	0	HCR IV HEALTHCARE LLC
(9) HEARTLAND OF ZEPHYRHILLS FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623476	SKILLED NURSING FACILITY	DE	4,607,616	1,272,744	HCR III HEALTHCARE LLC
(10) HEARTLAND VILLAGE OF WESTERVILLE OH (NC) LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609323	SKILLED NURSING FACILITY	DE	4,704,520	1,222,279	HCR IV HEALTHCARE LLC
(11) HEARTLAND VILLAGE OF WESTERVILLE OH (RC) LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609337	SKILLED NURSING FACILITY	DE	1,598,239	224,857	HCR IV HEALTHCARE LLC
(12) HEARTLAND-BEAVERCREEK OF DAYTON OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609445	SKILLED NURSING FACILITY	DE	3,315,570	1,157,761	HCR IV HEALTHCARE LLC
(13) HEARTLAND-BRIARWOOD MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0611711	SKILLED NURSING FACILITY	DE	5,218,853	1,595,879	HCR IV HEALTHCARE LLC
(14) HEARTLAND-CHARLESTON OF HANAHAN SC LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623167	SKILLED NURSING FACILITY	DE	4,155,282	1,797,665	HCR III HEALTHCARE LLC
(15) HEARTLAND-CRESTVIEW MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0611487	SKILLED NURSING FACILITY	DE	150,557	0	HCR IV HEALTHCARE LLC
(16) HEARTLAND-DORVIN OF LIVONIA MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0611095	SKILLED NURSING FACILITY	DE	34,028	110,557	HCR IV HEALTHCARE LLC
(17) HEARTLAND-FAIRFIELD OF PLEASANTVILLE OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0613145	SKILLED NURSING FACILITY	DE	21	0	HCR IV HEALTHCARE LLC
(18) HEARTLAND-FOSTRIAN OF FLUSHING MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0611818	SKILLED NURSING FACILITY	DE	5,344,718	2,330,962	HCR IV HEALTHCARE LLC
(19) HEARTLAND-GEORGIAN BLOOMFIELD OF BLOOMFIELD HILLS MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0611630	SKILLED NURSING FACILITY	DE	75,066	177,136	HCR IV HEALTHCARE LLC

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(221) HEARTLAND-GEORGIAN EAST OF GROSSE POINTE MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0611334	SKILLED NURSING FACILITY	DE	4,381,607	1,801,523	HCR IV HEALTHCARE LLC
(1) HEARTLAND-GREENVIEW MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0611920	SKILLED NURSING FACILITY	DE	45,856	311,944	HCR IV HEALTHCARE LLC
(2) HEARTLAND-HAMPTON OF BAY CITY MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0611865	SKILLED NURSING FACILITY	DE	2,371,829	771,893	HCR IV HEALTHCARE LLC
(3) HEARTLAND-HOLLY GLEN OF TOLEDO OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0614404	SKILLED NURSING FACILITY	DE	2,531,891	374,892	HCR IV HEALTHCARE LLC
(4) HEARTLAND-INDIAN LAKE OF LAKEVIEW OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0614489	SKILLED NURSING FACILITY	DE	0	22,304	HCR IV HEALTHCARE LLC
(5) HEARTLAND-KNOLLVIEW MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0612021	SKILLED NURSING FACILITY	DE	111,647	312,812	HCR IV HEALTHCARE LLC
(6) HEARTLAND-LANSING OF BRIDGEPORT OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609376	SKILLED NURSING FACILITY	DE	-176	0	HCR IV HEALTHCARE LLC
(7) HEARTLAND-MIAMI LAKES OF HIALEAH FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623652	SKILLED NURSING FACILITY	DE	1,716,842	185,223	HCR III HEALTHCARE LLC
(8) HEARTLAND-MT AIRY OF CINCINNATI OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0610060	SKILLED NURSING FACILITY	DE	-66	0	HCR IV HEALTHCARE LLC
(9) HEARTLAND-OAKLAND MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0620480	SKILLED NURSING FACILITY	DE	8,922,093	3,329,722	HCR IV HEALTHCARE LLC
(10) HEARTLAND-PEWAUKEE OF WAUKESHA WI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624873	SKILLED NURSING FACILITY	DE	2,633,206	129,136	HCR III HEALTHCARE LLC
(11) HEARTLAND-PLYMOUTH COURT MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0610995	SKILLED NURSING FACILITY	DE	115,538	442,699	HCR IV HEALTHCARE LLC
(12) HEARTLAND-PRESTON COUNTY OF KINGWOOD WV LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625067	SKILLED NURSING FACILITY	DE	-3,880	0	HCR IV HEALTHCARE LLC
(13) HEARTLAND-PRESTWICK IN LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0619176	SKILLED NURSING FACILITY	DE	370,884	0	HCR IV HEALTHCARE LLC
(14) HEARTLAND-PROSPERITY OAKS OF PALM BEACH GARDENS FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623909	SKILLED NURSING FACILITY	DE	4,565,973	1,066,290	HCR III HEALTHCARE LLC
(15) HEARTLAND-RIVERVIEW OF EAST PEORIA IL (SNF) LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0619009	ASSISTED LIVING FACILITY	DE	3,099,707	333,293	HCR IV HEALTHCARE LLC
(16) HEARTLAND-RIVERVIEW OF SOUTH POINT OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609484	SKILLED NURSING FACILITY	DE	3,734,965	1,050,785	HCR IV HEALTHCARE LLC
(17) HEARTLAND-SOUTH JACKSONVILLE OF JACKSONVILLE FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623559	SKILLED NURSING FACILITY	DE	4,723,751	2,039,377	HCR III HEALTHCARE LLC
(18) HEARTLAND-UNIVERSITY OF LIVONIA MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0611184	SKILLED NURSING FACILITY	DE	4,512,610	1,420,315	HCR IV HEALTHCARE LLC
(19) HEARTLAND-VICTORIAN VILLAGE OF COLUMBUS OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609432	SKILLED NURSING FACILITY	DE	-291	0	HCR IV HEALTHCARE LLC

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(241) HEARTLAND-WASHINGTON MANOR OF KENOSHA WI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624859	SKILLED NURSING FACILITY	DE	2,785,221	288,448	HCR III HEALTHCARE LLC
(1) HEARTLAND-WILLOW LANE OF BUTLER MO LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0612474	SKILLED NURSING FACILITY	DE	0	19,659	HCR III HEALTHCARE LLC
(2) HEARTLAND-WILLOWBROOK OF HOUSTON TX LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624408	SKILLED NURSING FACILITY	DE	9,984	64,522	HCR IV HEALTHCARE LLC
(3) HEARTLAND-WOODRIDGE OF FAIRFIELD OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609646	SKILLED NURSING FACILITY	DE	4,749,613	654,166	HCR IV HEALTHCARE LLC
(4) HOLIDAY NURSING CENTER-CENTER TX LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624488	SKILLED NURSING FACILITY	DE	0	20,680	HCR IV HEALTHCARE LLC
(5) KENSINGTON MANOR-SARASOTA FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623931	SKILLED NURSING FACILITY	DE	3,120,236	1,007,571	HCR III HEALTHCARE LLC
(6) LEXINGTON REHABILITATION AND NURSING CENTER-LEXINGTON SC LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623428	OUTPATIENT REHABILITATION	DE	0	0	HCR III HEALTHCARE LLC
(7) MANOR CARE OF FOUNTAIN VALLEY CA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622988	SKILLED NURSING FACILITY	DE	7,802,947	2,510,139	HCR IV HEALTHCARE LLC
(8) MANOR CARE NURSING CENTER OF SARASOTA FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624159	SKILLED NURSING FACILITY	DE	6,701,089	1,356,329	HCR III HEALTHCARE LLC
(9) MANOR CARE OF ABERDEEN SD LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623462	SKILLED NURSING FACILITY	DE	-12,474	8,471	HCR IV HEALTHCARE LLC
(10) MANOR CARE OF AKRON OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0610034	SKILLED NURSING FACILITY	DE	2,986,647	672,087	HCR IV HEALTHCARE LLC
(11) MANOR CARE OF ALEXANDRIA VA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624590	SKILLED NURSING FACILITY	DE	3,809,637	1,222,573	HCR IV HEALTHCARE LLC
(12) MANOR CARE OF ALLENTOWN PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0610673	SKILLED NURSING FACILITY	DE	5,828,744	2,961,195	HCR III HEALTHCARE LLC
(13) MANOR CARE OF ANDERSON IN LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0619221	SKILLED NURSING FACILITY	DE	0	0	HCR IV HEALTHCARE LLC
(14) MANOR CARE OF ARLINGTON VA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624619	SKILLED NURSING FACILITY	DE	5,787,032	2,059,964	HCR IV HEALTHCARE LLC
(15) MANOR CARE OF BARBERTON OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609528	SKILLED NURSING FACILITY	DE	3,396,300	1,178,734	HCR IV HEALTHCARE LLC
(16) MANOR CARE OF BETHEL PARK PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622002	SKILLED NURSING FACILITY	DE	5,410,193	2,048,823	HCR III HEALTHCARE LLC
(17) MANOR CARE OF BETHESDA MD LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0620122	SKILLED NURSING FACILITY	DE	4,187,377	1,209,415	HCR III HEALTHCARE LLC
(18) MANOR CARE OF BETHLEHEM PA (2021) LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0614878	SKILLED NURSING FACILITY	DE	7,551,038	4,035,422	HCR III HEALTHCARE LLC
(19) MANOR CARE OF BETHLEHEM PA (2029) LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0621845	SKILLED NURSING FACILITY	DE	7,232,630	3,572,893	HCR III HEALTHCARE LLC

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
(261) MANOR CARE OF BOCA RATON FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624217	SKILLED NURSING FACILITY	DE	6,926,170	1,957,617	HCR III HEALTHCARE LLC
(1) MANOR CARE OF BOULDER CO LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623287	SKILLED NURSING FACILITY	DE	5,895,656	1,488,677	HCR IV HEALTHCARE LLC
(2) MANOR CARE OF BOYNTON BEACH FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624241	SKILLED NURSING FACILITY	DE	7,074,478	2,393,813	HCR III HEALTHCARE LLC
(3) MANOR CARE OF CAMP HILL PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623070	SKILLED NURSING FACILITY	DE	4,544,977	2,499,660	HCR III HEALTHCARE LLC
(4) MANOR CARE OF CARLISLE PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0610623	SKILLED NURSING FACILITY	DE	5,254,466	2,609,613	HCR III HEALTHCARE LLC
(5) MANOR CARE OF CEDAR RAPIDS IA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624378	SKILLED NURSING FACILITY	DE	3,680,960	1,149,016	HCR III HEALTHCARE LLC
(6) MANOR CARE OF CHAMBERSBURG PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0614915	SKILLED NURSING FACILITY	DE	7,200,386	3,710,223	HCR III HEALTHCARE LLC
(7) MANOR CARE OF CHERRY HILL NJ LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0612749	SKILLED NURSING FACILITY	DE	0	54,214	HCR III HEALTHCARE LLC
(8) MANOR CARE OF CHEVY CHASE MD LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0620158	SKILLED NURSING FACILITY	DE	6,185,609	1,610,840	HCR III HEALTHCARE LLC
(9) MANOR CARE OF CITRUS HEIGHTS CA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622564	SKILLED NURSING FACILITY	DE	9,107,366	3,584,142	HCR IV HEALTHCARE LLC
(10) MANOR CARE OF DALLAS TX LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623497	SKILLED NURSING FACILITY	DE	-4,504	45,192	HCR IV HEALTHCARE LLC
(11) MANOR CARE OF DALLASTOWN PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0614534	SKILLED NURSING FACILITY	DE	6,926,112	3,312,780	HCR III HEALTHCARE LLC
(12) MANOR CARE OF DAVENPORT IA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624394	SKILLED NURSING FACILITY	DE	2,796,870	976,674	HCR III HEALTHCARE LLC
(13) MANOR CARE OF DELRAY BEACH FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624068	SKILLED NURSING FACILITY	DE	5,501,210	1,591,827	HCR III HEALTHCARE LLC
(14) MANOR CARE OF DENVER CO LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623262	SKILLED NURSING FACILITY	DE	5,695,931	2,106,835	HCR IV HEALTHCARE LLC
(15) MANOR CARE OF DUBUQUE IA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624416	SKILLED NURSING FACILITY	DE	3,286,295	1,013,219	HCR III HEALTHCARE LLC
(16) MANOR CARE OF DUNEDIN FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624190	SKILLED NURSING FACILITY	DE	5,369,064	1,424,683	HCR III HEALTHCARE LLC
(17) MANOR CARE OF EASTON PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0621877	SKILLED NURSING FACILITY	DE	7,716,907	3,607,188	HCR III HEALTHCARE LLC
(18) MANOR CARE OF ELGIN IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0615951	SKILLED NURSING FACILITY	DE	24,788	0	HCR IV HEALTHCARE LLC
(19) MANOR CARE OF ELIZABETHTOWN PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622774	SKILLED NURSING FACILITY	DE	12,319	347,549	HCR III HEALTHCARE LLC

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(281) MANOR CARE OF ELK GROVE VILLAGE IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0618782	SKILLED NURSING FACILITY	DE	9,446,125	2,641,647	HCR IV HEALTHCARE LLC
(1) MANOR CARE OF FARGO ND LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0612718	SKILLED NURSING FACILITY	DE	1,842,410	427,166	HCR IV HEALTHCARE LLC
(2) MANOR CARE OF FLORISSANT MO LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0612550	SKILLED NURSING FACILITY	DE	100,784	49,269	HCR III HEALTHCARE LLC
(3) MANOR CARE OF FOND DU LAC WI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624802	SKILLED NURSING FACILITY	DE	1,503,096	191,183	HCR III HEALTHCARE LLC
(4) MANOR CARE OF FORT WORTH TX (NRH) LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623538	SKILLED NURSING FACILITY	DE	276,262	0	HCR IV HEALTHCARE LLC
(5) MANOR CARE OF FORT WORTH TX (NW) LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623570	SKILLED NURSING FACILITY	DE	220,260	172,830	HCR IV HEALTHCARE LLC
(6) MANOR CARE OF FT MYERS FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624272	SKILLED NURSING FACILITY	DE	4,930,242	1,219,504	HCR III HEALTHCARE LLC
(7) MANOR CARE OF GIG HARBOR WA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624719	SKILLED NURSING FACILITY	DE	3,791,837	1,281,888	HCR IV HEALTHCARE LLC
(8) MANOR CARE OF GREEN BAY WI (EAST) LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624767	SKILLED NURSING FACILITY	DE	1,210,037	240,914	HCR III HEALTHCARE LLC
(9) MANOR CARE OF GREEN BAY WI (WEST) LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624786	SKILLED NURSING FACILITY	DE	1,664,572	213,250	HCR III HEALTHCARE LLC
(10) MANOR CARE OF HEMET CA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623107	SKILLED NURSING FACILITY	DE	7,778,694	2,497,433	HCR IV HEALTHCARE LLC
(11) MANOR CARE OF HINSDALE IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0615984	SKILLED NURSING FACILITY	DE	9,224,477	3,897,288	HCR IV HEALTHCARE LLC
(12) MANOR CARE OF HOMEWOOD IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0614920	SKILLED NURSING FACILITY	DE	5,617,197	1,306,944	HCR IV HEALTHCARE LLC
(13) MANOR CARE OF HUNTINGDON VALLEY PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0610582	SKILLED NURSING FACILITY	DE	4,542,855	2,352,592	HCR III HEALTHCARE LLC
(14) MANOR CARE OF INDY (SOUTH) IN LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0619623	SKILLED NURSING FACILITY	DE	4,230,915	1,318,322	HCR IV HEALTHCARE LLC
(15) MANOR CARE OF JERSEY SHORE PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0614957	SKILLED NURSING FACILITY	DE	4,160,543	2,247,249	HCR III HEALTHCARE LLC
(16) MANOR CARE OF KANKAKEE IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0615706	SKILLED NURSING FACILITY	DE	-3,361	0	HCR IV HEALTHCARE LLC
(17) MANOR CARE OF KING OF PRUSSIA PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0610645	SKILLED NURSING FACILITY	DE	5,951,070	3,238,851	HCR III HEALTHCARE LLC
(18) MANOR CARE OF KINGSFORD MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0611592	SKILLED NURSING FACILITY	DE	4,460,343	1,363,142	HCR IV HEALTHCARE LLC
(19) MANOR CARE OF KINGSTON PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0615323	SKILLED NURSING FACILITY	DE	5,372,005	2,533,654	HCR III HEALTHCARE LLC

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(301) MANOR CARE OF LANCASTER PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0621637	SKILLED NURSING FACILITY	DE	6,066,219	3,242,054	HCR III HEALTHCARE LLC
(1) MANOR CARE OF LAURELDALE PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0615380	SKILLED NURSING FACILITY	DE	6,779,879	3,352,233	HCR III HEALTHCARE LLC
(2) MANOR CARE OF LEBANON PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0615358	SKILLED NURSING FACILITY	DE	5,744,913	2,856,436	HCR III HEALTHCARE LLC
(3) MANOR CARE OF LIBERTYVILLE IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0615859	SKILLED NURSING FACILITY	DE	6,427,475	1,690,491	HCR IV HEALTHCARE LLC
(4) MANOR CARE OF LYNNWOOD WA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624675	SKILLED NURSING FACILITY	DE	5,949,273	1,936,882	HCR IV HEALTHCARE LLC
(5) MANOR CARE OF MARIETTA GA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624336	SKILLED NURSING FACILITY	DE	6,318,740	1,493,649	HCR III HEALTHCARE LLC
(6) MANOR CARE OF MAYFIELD HEIGHTS OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609565	SKILLED NURSING FACILITY	DE	4,424,503	669,343	HCR IV HEALTHCARE LLC
(7) MANOR CARE OF MCMURRAY PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0614341	SKILLED NURSING FACILITY	DE	4,648,710	1,405,196	HCR III HEALTHCARE LLC
(8) MANOR CARE OF MIDWEST CITY OK LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0610183	SKILLED NURSING FACILITY	DE	0	73,621	HCR III HEALTHCARE LLC
(9) MANOR CARE OF MINOT ND LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0612693	SKILLED NURSING FACILITY	DE	0	2,408	HCR IV HEALTHCARE LLC
(10) MANOR CARE OF MONROEVILLE PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0614497	SKILLED NURSING FACILITY	DE	5,298,063	2,166,633	HCR III HEALTHCARE LLC
(11) MANOR CARE OF MOUNTAINSIDE NJ LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0612791	SKILLED NURSING FACILITY	DE	5,185,444	1,772,092	HCR III HEALTHCARE LLC
(12) MANOR CARE OF NAPERVILLE IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0615638	SKILLED NURSING FACILITY	DE	2,098,065	258,153	HCR IV HEALTHCARE LLC
(13) MANOR CARE OF NAPLES FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624049	SKILLED NURSING FACILITY	DE	4,997,355	1,570,434	HCR III HEALTHCARE LLC
(14) MANOR CARE OF NEW PROVIDENCE NJ LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0612827	SKILLED NURSING FACILITY	DE	759,722	351,546	HCR III HEALTHCARE LLC
(15) MANOR CARE OF NORTH OLMSTED OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0610082	SKILLED NURSING FACILITY	DE	3,453,034	800,733	HCR IV HEALTHCARE LLC
(16) MANOR CARE OF NORTHBROOK IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0618960	SKILLED NURSING FACILITY	DE	3,806,340	823,205	HCR IV HEALTHCARE LLC
(17) MANOR CARE OF OAK LAWN (EAST) IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0615929	SKILLED NURSING FACILITY	DE	6,060,268	2,464,476	HCR IV HEALTHCARE LLC
(18) MANOR CARE OF OAK LAWN (WEST) IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0616038	SKILLED NURSING FACILITY	DE	6,401,108	2,358,084	HCR IV HEALTHCARE LLC
(19) MANOR CARE OF OKLAHOMA CITY (SOUTHWEST) LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0610197	SKILLED NURSING FACILITY	DE	-187	59,718	HCR III HEALTHCARE LLC

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(321) MANOR CARE OF PALM DESERT CA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623221	SKILLED NURSING FACILITY	DE	8,725,576	2,816,692	HCR IV HEALTHCARE LLC
(1) MANOR CARE OF PALM HARBOR FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624018	SKILLED NURSING FACILITY	DE	8,358,111	2,209,486	HCR III HEALTHCARE LLC
(2) MANOR CARE OF PALOS HEIGHTS (WEST) IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0618879	SKILLED NURSING FACILITY	DE	4,906,373	865,076	HCR IV HEALTHCARE LLC
(3) MANOR CARE OF PALOS HEIGHTS IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0615889	SKILLED NURSING FACILITY	DE	8,380,350	2,453,909	HCR IV HEALTHCARE LLC
(4) MANOR CARE OF PARMA OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609661	SKILLED NURSING FACILITY	DE	4,272,062	1,422,233	HCR IV HEALTHCARE LLC
(5) MANOR CARE OF PINEHURST NC LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0612589	SKILLED NURSING FACILITY	DE	-4,600	182,229	HCR III HEALTHCARE LLC
(6) MANOR CARE OF PLANTATION FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624255	SKILLED NURSING FACILITY	DE	1,545,895	142,037	HCR III HEALTHCARE LLC
(7) MANOR CARE OF POTOMAC MD LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0620187	SKILLED NURSING FACILITY	DE	8,243,687	2,742,571	HCR III HEALTHCARE LLC
(8) MANOR CARE OF POTTSTOWN PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0615421	SKILLED NURSING FACILITY	DE	4,476,317	2,278,769	HCR III HEALTHCARE LLC
(9) MANOR CARE OF POTTSVILLE PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0615453	SKILLED NURSING FACILITY	DE	4,690,643	2,813,544	HCR III HEALTHCARE LLC
(10) MANOR CARE OF RENO NV LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0613035	SKILLED NURSING FACILITY	DE	310,711	554,402	HCR IV HEALTHCARE LLC
(11) MANOR CARE OF ROLLING MEADOWS IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0619150	SKILLED NURSING FACILITY	DE	2,320,805	443,823	HCR IV HEALTHCARE LLC
(12) MANOR CARE OF SAN ANTONIO (NORTH) TX LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623600	SKILLED NURSING FACILITY	DE	-768	0	HCR IV HEALTHCARE LLC
(13) MANOR CARE OF SHAWANO WI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624831	SKILLED NURSING FACILITY	DE	0	0	HCR III HEALTHCARE LLC
(14) MANOR CARE OF SILVER SPRING MD LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0620058	SKILLED NURSING FACILITY	DE	6,119,659	1,749,854	HCR III HEALTHCARE LLC
(15) MANOR CARE OF SINKING SPRING PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0621908	SKILLED NURSING FACILITY	DE	7,356,904	3,785,117	HCR III HEALTHCARE LLC
(16) MANOR CARE OF SOUTH HOLLAND IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0615010	SKILLED NURSING FACILITY	DE	4,171,065	838,906	HCR IV HEALTHCARE LLC
(17) MANOR CARE OF SOUTH OGDEN UT LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624547	SKILLED NURSING FACILITY	DE	0	3,614	HCR IV HEALTHCARE LLC
(18) MANOR CARE OF SPOKANE WA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624687	SKILLED NURSING FACILITY	DE	4,836,326	1,587,647	HCR IV HEALTHCARE LLC
(19) MANOR CARE OF SPRINGFIELD MO LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0612506	SKILLED NURSING FACILITY	DE	208,554	583,711	HCR III HEALTHCARE LLC

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(341) MANOR CARE OF SUNBURY PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0615499	SKILLED NURSING FACILITY	DE	4,238,474	2,354,700	HCR III HEALTHCARE LLC
(1) MANOR CARE OF SUNNYVALE CA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623034	SKILLED NURSING FACILITY	DE	8,096,075	2,407,414	HCR IV HEALTHCARE LLC
(2) MANOR CARE OF TACOMA WA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624696	SKILLED NURSING FACILITY	DE	6,205,419	1,840,600	HCR IV HEALTHCARE LLC
(3) MANOR CARE OF TOPEKA KS LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0619810	SKILLED NURSING FACILITY	DE	2,550,889	441,601	HCR IV HEALTHCARE LLC
(4) MANOR CARE OF TOWSON LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0620456	SKILLED NURSING FACILITY	DE	5,612,691	1,743,016	HCR III HEALTHCARE LLC
(5) MANOR CARE OF TUCSON AZ LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622500	SKILLED NURSING FACILITY	DE	0	0	HCR IV HEALTHCARE LLC
(6) MANOR CARE OF TULSA OK LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0610215	SKILLED NURSING FACILITY	DE	-14	103,422	HCR III HEALTHCARE LLC
(7) MANOR CARE OF VENICE FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624092	SKILLED NURSING FACILITY	DE	5,567,619	1,802,710	HCR III HEALTHCARE LLC
(8) MANOR CARE OF VOORHEES NJ LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0612955	SKILLED NURSING FACILITY	DE	4,509,313	1,568,960	HCR III HEALTHCARE LLC
(9) MANOR CARE OF W PALM BEACH FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624142	SKILLED NURSING FACILITY	DE	4,543,083	1,356,189	HCR III HEALTHCARE LLC
(10) MANOR CARE OF WALNUT CREEK CA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623196	SKILLED NURSING FACILITY	DE	9,766,923	3,370,555	HCR IV HEALTHCARE LLC
(11) MANOR CARE OF WATERLOO IA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624363	SKILLED NURSING FACILITY	DE	3,112,911	1,058,995	HCR III HEALTHCARE LLC
(12) MANOR CARE OF WEBSTER TX LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623637	SKILLED NURSING FACILITY	DE	1,703	24,880	HCR IV HEALTHCARE LLC
(13) MANOR CARE OF WEST DES MOINES IA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624438	SKILLED NURSING FACILITY	DE	2,899,506	849,477	HCR III HEALTHCARE LLC
(14) MANOR CARE OF WEST READING PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0615529	SKILLED NURSING FACILITY	DE	5,915,278	2,982,491	HCR III HEALTHCARE LLC
(15) MANOR CARE OF WESTERVILLE OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609626	SKILLED NURSING FACILITY	DE	5,153,032	1,096,790	HCR IV HEALTHCARE LLC
(16) MANOR CARE OF WESTMONT IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0619027	SKILLED NURSING FACILITY	DE	2,351,565	246,188	HCR IV HEALTHCARE LLC
(17) MANOR CARE OF WHEATON MD LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0620376	SKILLED NURSING FACILITY	DE	4,489,867	1,262,691	HCR III HEALTHCARE LLC
(18) MANOR CARE OF WICHITA KS LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0619870	SKILLED NURSING FACILITY	DE	1,675,180	702,882	HCR IV HEALTHCARE LLC
(19) MANOR CARE OF WILLIAMSPORT PA (NORTH) LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0621747	SKILLED NURSING FACILITY	DE	4,311,268	2,265,326	HCR III HEALTHCARE LLC

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(361) MANOR CARE OF WILLIAMSPORT PA (SOUTH) LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0621778	SKILLED NURSING FACILITY	DE	3,111,291	1,861,434	HCR III HEALTHCARE LLC
(1) MANOR CARE OF WILLOUGHBY OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0610097	SKILLED NURSING FACILITY	DE	4,931,002	1,588,985	HCR IV HEALTHCARE LLC
(2) MANOR CARE OF WILMETTE IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0615773	SKILLED NURSING FACILITY	DE	7,148	0	HCR IV HEALTHCARE LLC
(3) MANOR CARE OF WILMINGTON DE LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623367	SKILLED NURSING FACILITY	DE	6,269,461	2,024,956	HCR III HEALTHCARE LLC
(4) MANOR CARE OF WINTER PARK FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 36-2899194	SKILLED NURSING FACILITY	DE	1,285,200	238,061	WINTER PARK NURSING CENTER LLC
(5) MANOR CARE OF YARDLEY PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0614171	SKILLED NURSING FACILITY	DE	6,933,272	3,359,755	HCR III HEALTHCARE LLC
(6) MANOR CARE OF YEADON PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0621815	SKILLED NURSING FACILITY	DE	7,422,114	3,687,025	HCR III HEALTHCARE LLC
(7) MANOR CARE OF YORK PA (NORTH) LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622887	SKILLED NURSING FACILITY	DE	5,812,804	2,665,126	HCR III HEALTHCARE LLC
(8) MANOR CARE OF YORK PA (SOUTH) LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622947	SKILLED NURSING FACILITY	DE	5,932,573	2,707,165	HCR III HEALTHCARE LLC
(9) MANOR CARE REHABILITATION CENTER OF DECATUR GA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624293	OUTPATIENT REHABILITATION	DE	6,067,369	2,131,599	HCR III HEALTHCARE LLC
(10) MANOR CARE-BELDEN VILLAGE OF CANTON OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0613074	SKILLED NURSING FACILITY	DE	2,353,891	510,937	HCR IV HEALTHCARE LLC
(11) MANOR CARE-CARROLLWOOD OF TAMPA FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624118	SKILLED NURSING FACILITY	DE	1,602,031	235,023	HCR III HEALTHCARE LLC
(12) MANOR CARE-DULANEY MD LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0619923	SKILLED NURSING FACILITY	DE	-13,642	673,160	HCR III HEALTHCARE LLC
(13) MANOR CARE-EUCLID BEACH OF CLEVELAND OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609550	SKILLED NURSING FACILITY	DE	3,844,163	681,162	HCR IV HEALTHCARE LLC
(14) MANOR CARE-FAIR OAKS OF FAIRFAX VA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624605	SKILLED NURSING FACILITY	DE	5,356,088	1,638,625	HCR IV HEALTHCARE LLC
(15) MANOR CARE-GREENTREE OF PITTSBURGH PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622713	SKILLED NURSING FACILITY	DE	7,006,292	2,539,023	HCR III HEALTHCARE LLC
(16) MANOR CARE-IMPERIAL OF RICHMOND VA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624643	SKILLED NURSING FACILITY	DE	5,024,471	1,676,365	HCR IV HEALTHCARE LLC
(17) MANOR CARE-KINGSTON COURT OF YORK PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0610561	SKILLED NURSING FACILITY	DE	5,380,550	2,328,848	HCR III HEALTHCARE LLC
(18) MANOR CARE-LANSDALE OF MONTGOMERYVILLE PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0614451	SKILLED NURSING FACILITY	DE	5,571,413	2,799,865	HCR III HEALTHCARE LLC
(19) MANOR CARE-LARGO MD LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0620266	SKILLED NURSING FACILITY	DE	5,297,867	2,044,403	HCR III HEALTHCARE LLC

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
(381) MANOR CARE- LELY PALMS OF NAPLES FL (SH) LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625295	ASSISTED LIVING FACILITY	DE	2,687,841	681,478	HCR III HEALTHCARE LLC
(1) MANOR CARE-LINDEN VILLAGE OF LEBANON PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0621960	SKILLED NURSING FACILITY	DE	1,183,605	119,892	HCR III HEALTHCARE LLC
(2) MANOR CARE-NORTH HILLS OF PITTSBURGH PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0610604	SKILLED NURSING FACILITY	DE	6,977,380	2,528,473	HCR III HEALTHCARE LLC
(3) MANOR CARE-PIKE CREEK OF WILMINGTON DE LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623346	SKILLED NURSING FACILITY	DE	8,477,987	2,961,737	HCR III HEALTHCARE LLC
(4) MANOR CARE-ROCKY RIVER OF CLEVELAND OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0610139	SKILLED NURSING FACILITY	DE	-5,495	12,548	HCR IV HEALTHCARE LLC
(5) MANOR CARE-ROLAND PARK MD LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0620341	SKILLED NURSING FACILITY	DE	4,889,032	1,968,398	HCR III HEALTHCARE LLC
(6) MANOR CARE-ROSSVILLE MD LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0620310	SKILLED NURSING FACILITY	DE	6,449,428	2,827,548	HCR III HEALTHCARE LLC
(7) MANOR CARE-RUXTON MD LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0620431	SKILLED NURSING FACILITY	DE	7,956,409	3,413,366	HCR III HEALTHCARE LLC
(8) MANOR CARE-SHARPVUE OF HOUSTON TX LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623656	SKILLED NURSING FACILITY	DE	-650	0	HCR IV HEALTHCARE LLC
(9) MANOR CARE-STRATFORD HALL OF RICHMOND VA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624664	SKILLED NURSING FACILITY	DE	6,565,257	2,122,703	HCR IV HEALTHCARE LLC
(10) MANOR CARE-SUMMER TRACE OF CARMEL IN LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0619716	SKILLED NURSING FACILITY	DE	3,431,906	1,120,512	HCR IV HEALTHCARE LLC
(11) MANOR CARE-TICE VALLEY CA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622591	SKILLED NURSING FACILITY	DE	8,037,193	2,763,872	HCR IV HEALTHCARE LLC
(12) MANOR CARE-WEST DEPTFORD OF PAULSBORO NJ LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0612993	SKILLED NURSING FACILITY	DE	5,816,269	1,685,649	HCR III HEALTHCARE LLC
(13) MANOR CARE-WOODBRIDGE VALLEY MD LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0620223	SKILLED NURSING FACILITY	DE	-3,853	366,641	HCR III HEALTHCARE LLC
(14) MANOR CARE OF OVERLAND PARK KS LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0619843	SKILLED NURSING FACILITY	DE	0	29,038	HCR IV HEALTHCARE LLC
(15) MEDICAL CARE CENTER-LYNCHBURG VA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624567	SKILLED NURSING FACILITY	DE	3,848,309	1,169,941	HCR IV HEALTHCARE LLC
(16) OAKMONT EAST-GREENVILLE SC LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623316	SKILLED NURSING FACILITY	DE	3,744,385	1,162,696	HCR III HEALTHCARE LLC
(17) OAKMONT OF UNION SC LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623208	SKILLED NURSING FACILITY	DE	3,383,194	1,137,734	HCR III HEALTHCARE LLC
(18) OAKMONT WEST-GREENVILLE SC LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623335	SKILLED NURSING FACILITY	DE	4,185,275	1,242,794	HCR III HEALTHCARE LLC
(19) OLD ORCHARD HEALTH CARE CENTER-EASTON PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623007	SKILLED NURSING FACILITY	DE	7,642,801	3,674,733	HCR III HEALTHCARE LLC

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
(401) PERRYSBURG COMMONS SENIOR HOUSING-PERRYSBURG OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623264	ASSISTED LIVING FACILITY	DE	1,043,257	191,375	HCR IV HEALTHCARE LLC
(1) SHADYSIDE NURSING AND REHABILITATION CENTER-PITTSBURGH PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0610325	SKILLED NURSING FACILITY	DE	5,128,889	1,809,040	HCR III HEALTHCARE LLC
(2) SKY VUE TERRACE-PITTSBURGH PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0610347	SKILLED NURSING FACILITY	DE	3,300,600	1,163,693	HCR III HEALTHCARE LLC
(3) SPRINGHOUSE OF PIKESVILLE MD LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0620079	SKILLED NURSING FACILITY	DE	1,278,636	217,578	HCR III HEALTHCARE LLC
(4) TWINBROOK MEDICAL CENTER-ERIE PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0610373	SKILLED NURSING FACILITY	DE	-3,514	94,025	HCR III HEALTHCARE LLC
(5) WALLINGFORD NURSING AND REHABILITATION CENTER-WALLINGFORD PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0610542	SKILLED NURSING FACILITY	DE	7,751,617	3,651,622	HCR III HEALTHCARE LLC
(6) WEST ASHLEY REHABILITATION AND NURSING CENTER-CHARLESTON SC LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623364	SKILLED NURSING FACILITY	DE	3,774,027	1,461,347	HCR III HEALTHCARE LLC
(7) WHITEHALL BOROUGH-PITTSBURGH PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622805	SKILLED NURSING FACILITY	DE	7,185,892	2,413,868	HCR III HEALTHCARE LLC

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	
274 E CHICAGO ST COLDWATER, MI 49036 38-6108110	HOSPITAL	MI	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	
PO BOX 10086 ATTN TAX-5 TOLEDO, OH 43604 82-5373223	SKILLED NURSING FACILITIES	OH	501(C)(3)	10	PROMEDICA HEALTH SYSTEM INC	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	
1260 RALSTON AVE DEFIANCE, OH 43512 45-4781053	RESPITE CARE	OH	501(C)(3)	10	DEFIANCE HOSPITAL INC	Yes	
700 LAKESHIRE TR ADRIAN, MI 49221 38-2879330	LONG TERM CARE	MI	501(C)(3)	10	EMMA L BIXBY MEDICAL CENTER	Yes	
715 SOUTH TAFT AVE FREMONT, OH 43420 34-4430849	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
718 N MACOMB MONROE, MI 48162 38-1984289	HOSPITAL	MI	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	
1901 INDIAN WOOD CIR MAUMEE, OH 43537 20-3376102	HEALTH INSURANCE	OH	501(C)(3)	10	PROMEDICA INSURANCE CORP INC AND SUBSIDIARIES	Yes	
100 MADISON AVE TOLEDO, OH 43604 34-4492440	LONG TERM AND HOME HEALTH 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
100 MADISON AVE TOLEDO, OH 43604 34-1880767	PHYSICIAN MANAGEMENT SERVICES	OH	501(C)(3)	12B, II	PROMEDICA HEALTH SYSTEM INC	Yes	
3170 W CENTRAL AVE TOLEDO, OH 43606 26-0324790	COURIER SERVICE	OH	501(C)(3)	12B, II	PROMEDICA CONTINUUM SERVICES	Yes	
444 N SUMMIT ST TOLEDO, OH 43604 34-1517672	FOUNDATION	OH	501(C)(3)	12B, II	PROMEDICA HEALTH SYSTEM INC	Yes	
ONE CHURCH ST 5TH FLOOR BURLINGTON, VT 05401 34-1931936	PROFESSIONAL & GENERAL LIABILITY	VT	501(C)(3)	12B, II	PROMEDICA HEALTH SYSTEM INC	Yes	
100 MADISON AVE TOLEDO, OH 43604 34-1899439	PHYSICIAN HEALTH CARE SERVICES	OH	501(C)(3)	10	PROMEDICA HEALTH SYSTEM INC	Yes	
2142 N COVE BLVD TOLEDO, OH 43606 34-4428256	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
1946 N 13TH STREET TOLEDO, OH 43624 34-4427949	SKILLED HOME CARE	OH	501(C)(3)	10	PROMEDICA CONTINUUM SERVICES	Yes	
5855 MONROE ST SYLVANIA, OH 43560 34-1831624	HOSPICE HOME CARE	OH	501(C)(3)	10	PROMEDICA CONTINUUM SERVICES	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) REYNOLDS ROAD SURGICAL CENTER LLC 2865 N REYNOLDS RD TOLEDO, OH 43615 31-1569454	FREESTANDING AMBULATORY SURGICAL CENTER	OH	THE TOLEDO HOSPITAL	RELATED	776,837	2,023,248		No			No	74 380 %
(1) NORTHWEST OHIO DEDICATED BREAST MRI LLC 100 MADISON AVE TOLEDO, OH 43604 26-0679898	MEDICAL DIAGNOSTICS	OH	THE TOLEDO HOSPITAL	RELATED	336,554	952,999		No			No	50 000 %
(2) WEST CENTRAL SURGICAL CENTER LLC 7055 W CENTRAL TOLEDO, OH 43617 20-0088459	AMBULATORY SURGICAL CENTER	OH	THE TOLEDO HOSPITAL	RELATED	359,382	3,292,102		No		Yes		50 000 %
(3) PROMEDICA SURGICAL SERVICES CO-MANAGEMENT CO LLC 100 MADISON AVE TOLEDO, OH 43604 46-1989695	PHYSICIAN MANAGEMENT SERVICES	OH	PROMEDICA HEALTH SYSTEM INC	RELATED	819,457	742,776		No			No	51 430 %
(4) EAST-WEST HOLDINGS LTD 715 SOUTH TAFT AVE FREMONT, OH 43420 20-4066818	REAL ESTATE	OH	MEMORIAL HOSPITAL	RELATED	5,652	290,844		No			No	50 000 %
(5) SURGICAL INSTITUTE OF MONROE LLC 1051 S TELEGRAPH RD MONROE, MI 48161 27-0843485	AMBULATORY SURGICAL CENTER	MI	PROMEDICA CONTINUUM SERVICES	RELATED	-210,859	3,336,375		No			No	55 990 %
(6) PROMEDICA MASTER TENANT LLC 100 MADISON AVE TOLEDO, OH 43604 47-5288490	REAL ESTATE	OH	PROMEDICA MANAGER MEMBER LLC	RELATED	-8,484	99,042		No		Yes		1 000 %
(7) PROMEDICA DOWNTOWN CAMPUS LANDLORD LLC 100 MADISON AVE TOLEDO, OH 43604 47-3163945	REAL ESTATE	OH	PROMEDICA MANAGER MEMBER LLC	RELATED	-361,523	42,429,986		No		Yes		90 000 %
(8) ROCKET VENTURE FUND II LLC 2865 N REYNOLDS RD STE 220 TOLEDO, OH 43615 47-5603627	INVESTMENT FUND	OH	PROMEDICA HEALTH SYSTEM INC	RELATED	-17,026	833,243		No			No	66 660 %
(9) KAPIOS LLC 2865 N REYNOLDS RD TOLEDO, OH 43615 81-2624635	SOFTWARE DEVELOPMENT	OH	PROMEDICA HEALTH SYSTEM INC	UNRELATED	-252,106	366,573		No			No	100 000 %
(10) HCRMC-PROMEDICA JV LLC 333 N SUMMIT STREET TOLEDO, OH 43604 46-1343453	NURSING AND REHAB SERVICES	DE	MANORCARE HEALTH SERVICES OF TOLEDO OH LLC	RELATED	-214,736	11,761,142		No		Yes		91 210 %
(11) MERCYMANOR PARTNERSHIP PO BOX 10086 ATTN TAX-5 TOLEDO, OH 43604 52-1931012	SKILLED NURSING	PA	MANOR CARE OF DELAWARE COUNTY LLC	RELATED	2,161,826	124,799		No		Yes		50 000 %
(12) NORMAN SPECIALTY HOSPITAL LLC PO BOX 10086 ATTN TAX-5 TOLEDO, OH 43604 42-1627672	HEALTH CARE	DE	MANORCARE HEALTH SERVICES OF OKLAHOMA LLC	RELATED	-113,690			No		Yes		60 500 %
(13) PROMEDICA PATHOLOGY LABORATORIES LLC 2130 W CENTRAL AVE STE 300 TOLEDO, OH 43606 83-1022842	CLINICAL LABORATORY	DE	THE TOLEDO HOSPITAL	RELATED	711,991	42,273,516		No			No	51 000 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) HERRICK MEMORIAL DEVELOPMENT CORP 500 E POTTAWATAMIE TR ADRIAN, MI 49221 38-3146907	FACILITY LEASING	MI	EMMA L BIXBY MEDICAL CENTER	C	76,263	1,011,261	100 000 %	Yes	
(1) PROMEDICA CENTRAL CORPORATION OF MICHIGAN 100 MADISON AVE TOLEDO, OH 43604 38-3322278	PHYSICIAN HEALTH CARE SERVICES	OH	PROMEDICA PHYSICIAN GROUP	C	-7,573,074	7,815,812	100 000 %	Yes	
(2) PROMEDICA INSURANCE CORP INC AND SUBSIDIARIES 1901 INDIAN WOOD CIR MAUMEE, OH 43537 34-1570675	HEALTH CARE INSURANCE	OH	PROMEDICA HEALTH SYSTEM INC	C	75,748,553	395,567,114	100 000 %	Yes	
(3) PROMEDICA NORTH PHYSICIANS CORPORATION 100 MADISON AVE TOLEDO, OH 43604 38-3482148	PHYSICIAN HEALTH CARE SERVICES	OH	PROMEDICA PHYSICIAN GROUP	C		149,134	100 000 %	Yes	
(4) PROMEDICA RETAIL GROUP INC 3890 MONROE ST TOLEDO, OH 43606 34-1159928	FLORIST	OH	PROMEDICA CONTINUUM SERVICES	C	-265,124	965,581	100 000 %	Yes	
(5) HERRICK MEMORIAL OFFICE PLAZA CONDOMINIUM ASSOCIATION 818 RIVERSIDE AVE ADRIAN, MI 49221 38-3639616	FACILITY MANAGEMENT	MI	HERRICK MEMORIAL DEVELOPMENT CORP	C	73	54,773	71 800 %	Yes	
(6) PROMEDICA HEALTH NETWORK INC 100 MADISON AVE TOLEDO, OH 43604 47-4006496	PHYSICIAN MANAGEMENT SERVICES	OH	PROMEDICA HEALTH SYSTEM INC	C	-306,751	83,546	100 000 %	Yes	
(7) MONROE HEALTH VENTURES 718 N MACOMB MONROE, MI 48164 38-2704426	PHARMACY	MI	MERCY MEMORIAL HOSPITAL CORPORATION	C			100 000 %	Yes	
(8) PROMEDICA MANAGER MEMBER LLC 100 MADISON AVE TOLEDO, OH 43604 47-5168737	REAL ESTATE	OH	PROMEDICA HEALTH SYSTEM INC	C	-12,740	31,358,211	100 000 %	Yes	
(9) MANOR CARE INSURANCE INC PO BOX 10086 ATTN TAX-5 TOLEDO, OH 43604 98-0428947	INSURANCE	UT	HCR HEALTHCARE LLC	C	71,248	27,797,572	100 000 %	Yes	

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	MEMORIAL HOSPITAL	B	5,000,000	FMV
(1)	MERCY MEMORIAL HOSPITAL CORPORATION	B	12,142,857	FMV
(2)	HCR MANORCARE INC	B	550,000,000	FMV
(3)	PROMEDICA FOUNDATION	B	2,264,700	FMV
(4)	PROMEDICA PHYSICIAN GROUP	B	14,000,000	FMV
(5)	PROMEDICA MANAGER MEMBER LLC	B	5,616,970	FMV
(6)	TOLEDO RIVERFRONT HOTEL LLC	C	1,076,630	FMV
(7)	DEFIANCE HOSPITAL INC	C	5,000,000	FMV
(8)	FOSTORIA HOSPITAL ASSOCIATION	C	3,000,000	FMV
(9)	BAY PARK COMMUNITY HOSPITAL	C	5,000,000	FMV
(10)	EMMA L BIXBY MEDICAL CENTER	C	1,000,000	FMV
(11)	HERRICK MEMORIAL HOSPITAL INC	C	1,000,000	FMV
(12)	THE TOLEDO HOSPITAL	C	23,000,000	FMV
(13)	FLOWER HOSPITAL	C	96,142,657	FMV
(14)	PROMEDICA FOUNDATION	C	2,438,916	FMV
(15)	PROMEDICA MASTER TENANT LLC	D	57,708	FMV
(16)	PROMEDICA INSURANCE CORP INC & SUBSIDIARIES	F	25,173,823	FMV
(17)	THE TOLEDO HOSPITAL	K	1,736,423	FMV
(18)	PROMEDICA MASTER TENANT LLC	K	1,705,046	FMV
(19)	PROMEDICA INDEMNITY CORPORATION	O	176,251	FMV
(20)	PROMEDICA PHYSICIAN GROUP	O	299,052	FMV
(21)	THE TOLEDO HOSPITAL	P	2,993,521	FMV
(22)	FLOWER HOSPITAL	P	51,743	FMV
(23)	PROMEDICA COURIER SERVICES INC	P	130,203	FMV
(24)	PROMEDICA INDEMNITY CORPORATION	P	6,068,127	FMV

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	DEFIANCE HOSPITAL INC	Q	7,757,278	FMV
(1)	FOSTORIA HOSPITAL ASSOCIATION	Q	5,074,322	FMV
(2)	MEMORIAL HOSPITAL	Q	7,160,601	FMV
(3)	COMMUNITY HEALTH CENTER OF BRANCH COUNTY	Q	1,101,597	FMV
(4)	BAY PARK COMMUNITY HOSPITAL	Q	10,929,402	FMV
(5)	MERCY MEMORIAL HOSPITAL CORPORATION	Q	22,205,361	FMV
(6)	EMMA L BIXBY MEDICAL CENTER	Q	10,112,840	FMV
(7)	HERRICK MEMORIAL HOSPITAL INC	Q	5,403,440	FMV
(8)	THE TOLEDO HOSPITAL	Q	124,896,913	FMV
(9)	FLOWER HOSPITAL	Q	29,358,826	FMV
(10)	PROMEDICA CONTINUING CARE SERVICES CORPORATION	Q	12,927,034	FMV
(11)	PROMEDICA INDEMNITY CORPORATION	Q	334,931	FMV
(12)	PROMEDICA FOUNDATION	Q	4,813,477	FMV
(13)	PROMEDICA PHYSICIAN GROUP	Q	46,136,598	FMV
(14)	PROMEDICA HEALTH NETWORK INC	Q	229,496	FMV
(15)	PROMEDICA INSURANCE CORP INC & SUBSIDIARIES	Q	22,432,178	FMV
(16)	DEFIANCE HOSPITAL INC	R	7,500,000	FMV
(17)	FLOWER HOSPITAL	R	5,000,000	FMV
(18)	THE TOLEDO HOSPITAL	R	17,500,000	FMV
(19)	BAY PARK COMMUNITY HOSPITAL	S	48,000,000	FMV
(20)	DEFIANCE HOSPITAL INC	S	151,000,000	FMV
(21)	EMMA L BIXBY MEDICAL CENTER	S	15,000,000	FMV
(22)	FLOWER HOSPITAL	S	195,000,000	FMV
(23)	FOSTORIA HOSPITAL ASSOCIATION	S	49,000,000	FMV
(24)	HERRICK MEMORIAL HOSPITAL INC	S	6,000,000	FMV

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(51) THE TOLEDO HOSPITAL	S	1,156,000,000	FMV