

Form 990
Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

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 THE TOLEDO HOSPITAL
Doing business as PROMEDICA TOLEDO HOSPITAL
Number and street (or P O box if mail is not delivered to street address) Room/suite
100 MADISON AVE ATTN TAX DEPARTMENT
City or town, state or province, country, and ZIP or foreign postal code TOLEDO, OH 43604
F Name and address of principal officer STEVEN M CAVANAUGH 100 MADISON AVE ATTN TAX DEPARTMENT TOLEDO, OH 43604

D Employer identification number 34-4428256
E Telephone number (567) 585-3618
G Gross receipts \$ 992,364,808
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
H(c) Group exemption number

- I Tax-exempt status 501(c)(3) 501(c) () (Insert no) 4947(a)(1) or 527
J Website: WWW PROMEDICA ORG
K Form of organization Corporation Trust Association Other

L Year of formation 1907
M State of legal domicile OH

Part I Summary

Table with 4 main sections: 1. Briefly describe the organization's mission or most significant activities. 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. 4. Number of independent voting members of the governing body. 5. Total number of individuals employed in calendar year 2018. 6. Total number of volunteers. 7a. Total unrelated business revenue. 7b. Net unrelated business taxable income. Revenue section (8-12) and Expenses section (13-19) with Prior Year and Current Year columns. Net Assets or Fund Balances section (20-22) with Beginning of Current Year and End of Year columns.

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: STEVEN M CAVANAUGH TREASURER
Date: 2019-11-14

Paid Preparer Use Only
Print/Type preparer's name, Preparer's signature, Date, Firm's name (DELOITTE TAX LLP), Firm's address (111 MONUMENT CIRCLE STE 4200 INDIANAPOLIS, IN 462045108), Firm's EIN (86-1065772), Phone no (317) 464-8600

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 660,030,318 including grants of \$ 42,770,841) (Revenue \$ 838,635,075)
See Additional Data

4b (Code) (Expenses \$ 57,116,519 including grants of \$) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 70,413,557 including grants of \$) (Revenue \$ 22,322,125)
See Additional Data

(Code) (Expenses \$ 2,087,197 including grants of \$) (Revenue \$ 1,901,240)
OPERATES A HEALTH CLUB FACILITY

4d Other program services (Describe in Schedule O)
(Expenses \$ 2,087,197 including grants of \$) (Revenue \$ 1,901,240)

4e Total program service expenses ▶ 789,647,591

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Answer (Yes/No). Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, 501(c)(3) organizations, and other IRS requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<p>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</p>	2a	6,724			
<p>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)</p>			2b	Yes	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a	Yes	
<p>b If "Yes," has it filed a Form 990-T for this year?<i>If "No" to line 3b, provide an explanation in Schedule O</i></p>			3b	Yes	
<p>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)?</p>			4a		No
<p>b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a		No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b		No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c		
<p>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?</p>			6a		No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
<p>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?</p>			7a		No
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b		
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c		No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e		No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f		No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g		
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			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?					
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a		
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b		
10 Section 501(c)(7) organizations. Enter					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b				
11 Section 501(c)(12) organizations. Enter					
<p>a Gross income from members or shareholders</p>	11a				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
<p>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</p>			13a		
<p>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</p>	13b				
<p>c Enter the amount of reserves on hand</p>	13c				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a		No
<p>b If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O</i></p>			14b		
<p>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</p>			15		No
<p>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</p>			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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (25); 1b Enter the number of voting members included in line 1a, above, who are independent (15); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (Yes); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (No); 15b Other officers or key employees of the organization (No); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (No)

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 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 (checked), Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: STANTON E RISSER 100 MADISON AVE TOLEDO, OH 43604 (567) 585-3618

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

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

1b Sub-Total									
1c Total from continuation sheets to Part VII, Section A									
1d Total (add lines 1b and 1c)							1,114,741	16,044,078	2,023,839

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 ▶ 127

	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>	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>	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>		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LATHROP COMPANY INC 460 WEST DUSSEL DR MAUMEE, OH 435374205	GENERAL CONTRACTING	120,357,607
RUDOLPH LIBBE INC 6494 LATCHA RD WALBRIDGE, OH 43465	GENERAL CONTRACTING	11,005,644
UNIVERSITY OF TOLEDO DEPT L674 COLUMBUS, OH 43260	EDUCATION & PHYSICIANS	9,729,010
METRO AVIATION INC PO BOX 7008 SHREVEPORT, LA 71137	AVIATION SERVICES	5,278,712
MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905	LAB TESTING	3,553,925

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 ▶ 62

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	85,151,862			
	e Government grants (contributions)	1e	2,020,241			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,017,666			
	g Noncash contributions included in lines 1a - 1f \$ _____					
	h Total. Add lines 1a-1f		89,189,769			
Program Service Revenue	2a NET PATIENT SERVICES	Business Code				
		622110	854,743,824	851,964,517	2,779,307	
	b AFFIL ORG RENT REV	531120	10,330,875		10,330,875	
	c MEMBERSHIP REVENUE	713940	1,447,961	1,447,961		
	d _____					
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f		866,522,660				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		10,817,755		-227,669	
	4 Income from investment of tax-exempt bond proceeds		164,103		164,103	
	5 Royalties					
	6a Gross rents	(i) Real				
		4,033,117				
		b Less rental expenses	4,125,669			
		c Rental income or (loss)	-92,552			
	d Net rental income or (loss)		-92,552		-4,038	-88,514
	7a Gross amount from sales of assets other than inventory	(i) Securities	10,324,404			
		(ii) Other		300,277		
		b Less cost or other basis and sales expenses	9,606,746			
		c Gain or (loss)	717,658			
	d Net gain or (loss)		60,103			60,103
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b Less direct expenses		22,699		
c Net income or (loss) from fundraising events			13,058			13,058
9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold		775,767			
	c Net income or (loss) from sales of inventory		422,660			353,107
Miscellaneous Revenue	Business Code					
11a DIETARY	722514	3,878,196	3,878,196			
b PHARMACY	446110	1,921,914	1,921,266	648		
c EDUCATION	611710	825,067	825,067			
d All other revenue		3,589,080	2,821,433	767,647		
e Total. Add lines 11a-11d		10,214,257				
12 Total revenue. See Instructions		977,242,260	862,858,440	3,315,895	21,878,156	

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	42,770,841	42,770,841		
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.	26,379	26,379		
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.	292,891,940	238,185,628	54,706,312	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	10,141,516	7,887,911	2,253,605	
9 Other employee benefits.	34,416,689	26,336,124	8,080,565	
10 Payroll taxes.	22,714,719	18,579,555	4,135,164	
11 Fees for services (non-employees)				
a Management.	44,270	38,867	5,403	
b Legal.	1,007,159		1,007,159	
c Accounting.	527,219		527,219	
d Lobbying.	29,083		29,083	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	42,566		42,566	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	98,514,714	96,544,419	1,970,295	
12 Advertising and promotion.	3,464,036	324,183	3,139,853	
13 Office expenses.	7,395,492	4,614,404	2,781,088	
14 Information technology.	3,096,573	318,231	2,778,342	
15 Royalties.				
16 Occupancy.	19,711,899	18,235,637	1,476,262	
17 Travel.	1,465,066	627,832	837,234	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	12,481,146	12,481,146		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	62,159,699	49,257,727	12,901,972	
23 Insurance.	4,088,307	4,006,541	81,766	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	115,062,715	115,062,715		
b INTERCOMPANY SERVICES	65,973,140	64,653,677	1,319,463	
c DRUGS	60,239,065	60,239,065		
d UBI TAXES	800,000	800,000		
e All other expenses	29,270,580	28,656,709	613,871	
25 Total functional expenses. Add lines 1 through 24e.	888,334,813	789,647,591	98,687,222	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	77,009,694	1	11,689,929
	2 Savings and temporary cash investments	6,118,446	2	6,258,427
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	153,280,893	4	162,439,847
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	1,558,146
	8 Inventories for sale or use	7,547,300	8	12,969,082
	9 Prepaid expenses and deferred charges	1,732,593	9	2,419,536
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,705,877,964		
	b Less accumulated depreciation	10b 826,767,625	700,262,306	10c 879,110,339
	11 Investments—publicly traded securities	5,285,717	11	249,091,504
	12 Investments—other securities See Part IV, line 11	11,644,645	12	31,721,034
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets	18,113,172	14	18,024,601
	15 Other assets See Part IV, line 11	457,336,588	15	539,923,098
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,438,331,354	16	1,915,205,543	
Liabilities	17 Accounts payable and accrued expenses	75,439,050	17	102,383,797
	18 Grants payable		18	
	19 Deferred revenue	10,252,000	19	
	20 Tax-exempt bond liabilities	623,714,672	20	792,366,076
	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	332,601,744	23	1,527,624,885
	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	68,023,289	25	76,756,809
	26 Total liabilities. Add lines 17 through 25	1,110,030,755	26	2,499,131,567
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	132,454,119	27	-808,383,976
	28 Temporarily restricted net assets	185,171,803	28	195,710,092
	29 Permanently restricted net assets	10,674,677	29	28,747,860
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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	328,300,599	33	-583,926,024
	34 Total liabilities and net assets/fund balances	1,438,331,354	34	1,915,205,543

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	977,242,260
2	Total expenses (must equal Part IX, column (A), line 25)	2	888,334,813
3	Revenue less expenses Subtract line 2 from line 1	3	88,907,447
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	328,300,599
5	Net unrealized gains (losses) on investments	5	-2,959,913
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	-998,174,157
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-583,926,024

Part XII Financial Statements and Reporting

Check 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	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 34-4428256

Name: THE TOLEDO HOSPITAL

Form 990 (2018)

Form 990, Part III, Line 4a:

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

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ADRIENNE J GREEN TRUSTEE	1 00 2 00	X						0	0	0
AHED T NAHHAS MD TRUSTEE	1 00 2 00	X						11,379	16,079	0
ALANA GRACE HATCHER TRUSTEE	1 00 2 00	X						0	0	0
ARTURO POLIZZI PRES , EX OFFICIO (THRU 10/21/18)	1 00 42 00	X		X				0	637,534	26,604
BRADLEY J TOFT TRUSTEE	1 00 2 00	X						0	0	0
CHARLES A PARCHER TRUSTEE	1 00 2 00	X						0	0	0
CHARLES MICHAEL SMITH TRUSTEE	1 00 2 00	X						0	0	0
DAVID SCOTT MIERZWIAK MD TRUSTEE	1 00 42 00	X						0	495,889	296,721
DEBORAH A GUNTSCH MD TRUSTEE	1 00 42 00	X						15,000	318,222	27,753
JAMES F WEBER TRUSTEE	1 00 2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAY P MORGAN TRUSTEE	1 00 2 00	X						0	0	0
JOSEPH D NAPOLI TRUSTEE	1 00 9 00	X						0	0	0
KEVIN C WEBB PHD EX OFFICIO	1 00 55 00	X						0	825,525	58,089
LEE W HAMMERLING MD TRUSTEE	1 00 44 00	X						0	1,071,298	54,694
LISA G HAWKER EX OFFICIO	1 00 3 00	X						0	0	0
MARLON P KISER TRUSTEE	1 00 2 00	X						0	0	0
MARTIN P SUTTER TRUSTEE	1 00 2 00	X						0	0	0
NANCY PARIS KABAT CHAIRPERSON	1 00 3 00	X		X				0	0	0
NEERAJ K KANWAL MD PRES , EX OFFICIO (BEG 12/01/18)	1 00 44 50	X		X				0	595,108	57,232
RAVI K ADUSUMILLI MD TRUSTEE	1 00 42 00	X						0	575,273	53,027

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD D LANTZ TRUSTEE	1 00 2 00	X						0	0	0
RICHARD L MUNK MD TRUSTEE	1 00 42 00	X						0	101,519	27,348
RICHARD S SWEENEY TRUSTEE	1 00 2 00	X						0	0	0
ROBERT F WOOD MD TRUSTEE	1 00 2 00	X						0	0	0
ROBERT P SCHLATTER TRUSTEE	1 00 2 00	X						0	0	0
SUSAN K STAELIN TRUSTEE	1 00 2 00	X						0	0	0
THOMAS GEORGE PADANILAM MD TRUSTEE	1 00 2 00	X						0	0	0
TIMOTHY M HUSTED MD TRUSTEE	1 00 2 00	X						0	0	0
WILLIAM C NOWICKI VICE-CHAIR (THRU 01/30/18)	1 00 2 00	X		X				0	0	0
WILLIAM J LANGE TRUSTEE	1 00 2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM R MCDONNELL VICE-CHAIR (BEG 01/30/18)	1 00 3 00	X		X				0	0	0
JEFFREY C KUHN SECRETARY	0 50 53 50			X				0	809,040	69,385
MICHAEL P BROWNING TREASURER	0 50 51 50			X				0	1,246,637	81,854
RANDALL OOSTRA PHS PRES & CEO, EX OFFICIO	0 50 55 50			X				0	2,904,245	157,073
ALISON S AVENDT VP, OPERATIONS TTH & PRES, PTN	0 50 40 00				X			0	237,976	206,520
ANN M KUJAWA VP PROMEDICA CANCER INSTITUTE	0 50 42 00				X			0	199,621	47,254
DARRIN M ARQUETTE SR VP, NEURO, HEART AND VASC	0 50 46 50				X			0	314,477	60,173
DAVID BREWER ADMIN DIR , ACUTE CARE FINANCE	0 50 40 50				X			0	158,741	54,517
DAWN BUSKEY PRES, REGIONAL ACUTE CARE MI	0 50 44 50				X			0	482,931	50,274
DEANA L SIEVERT SR VP, PAT CARE/CNO, SYSTEM	0 50 44 50				X			0	403,997	122,688

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			
GARY W AKENBERGER COO, ACUTE CARE & SVP, DIAG	0 50 44 50				X			0	548,253	64,476
KENT E BISHOP MD CXO & CMO, PPG & ACUTE CARE	0 50 51 50				X			0	559,579	53,747
MIKE M ARISS VP, OPERATIONAL SERVICES	0 50 45 00				X			0	252,351	32,018
PAULA L GRIEB VP, PAT CARE/ASSOC CNO, METRO	0 50 41 00				X			0	264,298	23,064
SCOTT FOUGHT VP, FINANCE, ACUTE CARE OPS	0 50 45 50				X			0	354,288	60,945
THADIUS L WADSWORTH VP SURGICAL SERVICES OPERATION	0 50 45 00				X			0	188,374	21,125
FEDOR LURIE ASSOC DIR RESEARCH ED VASC	40 00 0 00					X		214,112	0	40,589
JAMES STEHLIK PERFUSIONIST	40 00 0 00					X		182,140	0	36,303
JOSHUA OVENS RN, CRITICAL CARE TRANSPORT	40 00 0 00					X		199,316	0	55,008
KEVIN FLEMING MANAGER, PERFUSION	40 00 0 00					X		189,255	0	56,761

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			
SVEN GALLO SR MEDICAL PHYSICIST	40 00 0 00					X		185,838	0	50,030
ALAN M SATTLER FORMER OFFICER	0 00 40 00						X	0	162,522	54,541
JOSEPH SFERRA FORMER KEY EMPLOYEE	0 00 40 00						X	0	750,890	2,746
KATHLEEN S HANLEY FORMER OFFICER	0 00 0 00						X	0	1,569,411	0
LORI FERGUSON FORMER KEY EMPLOYEE	0 50 40 00						X	117,701	0	21,280

SCHEDULE A
(Form 990 or 990-EZ)

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.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE TOLEDO HOSPITAL

Employer identification number
34-4428256

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

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

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
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>		

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>		
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>		

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>		

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?		
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>		
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>		

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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>	Yes	No
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>		
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>		
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>		

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

- 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	<input type="checkbox"/> 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.			

Additional Data

Software ID:

Software Version:

EIN: 34-4428256

Name: THE TOLEDO HOSPITAL

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

Facts And Circumstances Test

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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

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

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

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

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

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

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

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

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?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		29,083
j Total Add lines 1c through 1i			29,083
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	THE TOLEDO HOSPITAL PAYS DUES TO THE AMERICAN HOSPITAL ASSOCIATION AND THE OHIO HOSPITAL ASSOCIATION - A PORTION OF WHICH IS ALLOCABLE TO LOBBYING BY THE ASSOCIATIONS

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
THE TOLEDO HOSPITAL

Employer identification number
34-4428256

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

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

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

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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	10,674,678	9,839,115	9,891,715	10,484,815	10,560,195
b Contributions	21,592,265		-19,454	1,188	4,397
c Net investment earnings, gains, and losses	-3,519,082	835,563	-33,146	-594,288	-79,777
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	28,747,861	10,674,678	9,839,115	9,891,715	10,484,815

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 100 000 %
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|-------------------|----|
| | Yes | No |
| (i) unrelated organizations | 3a(i) Yes | |
| (ii) related organizations | 3a(ii) Yes | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b Yes | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	2,307,791	54,126,486		56,434,277
b Buildings		875,875,632	509,512,903	366,362,729
c Leasehold improvements		7,205,592	7,186,706	18,886
d Equipment		400,958,995	284,612,001	116,346,994
e Other		365,403,468	25,456,015	339,947,453
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				879,110,339

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

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

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

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

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	39,207,998
(2) OTHER RECEIVABLES	4,851,322
(3) BENEFICIAL INTEREST IN FOUNDATION	222,132,985
(4) OTHER SEGREGATED INVESTMENTS	40,583,583
(5) INTERCOMPANY DEBT FROM RELATED ENTITIES	226,657,739
(6) ESTIMATED THIRD PARTY RECEIVABLE	6,489,471
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	539,923,098

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	52,334,744
ESTIMATED THIRD PARTY SETTLEMENTS PAYABLE	8,787,352
ASSET REMEDIATION OBLIGATION	9,925,511
DEFERRED COMPENSATION	4,034,303
PLEDGES PAYABLE	1,255,000
PENSION PLAN LIABILITY	291,624
DEFERRED INCOME TAXES	128,275
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	76,756,809

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Additional Data

Software ID:

Software Version:

EIN: 34-4428256

Name: THE TOLEDO HOSPITAL

Supplemental Information

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

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
THE TOLEDO HOSPITAL

Employer identification number

34-4428256

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

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

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

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		PTN BOWLING FUNDRAISER (event type)	PTN GOLF FUNDRAISER (event type)	(total number)	Total events (add col (a) through col (c))
1	Gross receipts	10,074	12,625		22,699
2	Less Contributions				
3	Gross income (line 1 minus line 2)	10,074	12,625		22,699
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	436	759		1,195
	6 Rent/facility costs	1,498	5,903		7,401
	7 Food and beverages		85		85
	8 Entertainment	150			150
	9 Other direct expenses	250	560		810
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
11	Net income summary Subtract line 10 from line 3, column (d) ▶				13,058

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in

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

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

Name ▶
 Address ▶

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

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

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

Name ▶
 Address ▶

16 Gaming manager information

Name ▶
 Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

Return Reference	Explanation
------------------	-------------

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service
Name of the organization
 THE TOLEDO HOSPITAL

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

Employer identification number
 34-4428256

OMB No 1545-0047
2018
Open to Public Inspection

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input type="checkbox"/> Applied uniformly to all hospital facilities <input checked="" type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			6,173,339		6,173,339	0.680 %
b Medicaid (from Worksheet 3, column a)			179,363,601	127,420,421	51,943,180	5.710 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			94,139	103,650	0	0.0 %
d Total Financial Assistance and Means-Tested Government Programs			185,631,079	127,524,071	58,116,519	6.390 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			11,355,421	1,583,265	9,772,156	1.070 %
f Health professions education (from Worksheet 5)			38,763,626	16,758,809	22,004,817	2.420 %
g Subsidized health services (from Worksheet 6)			18,021,825	3,840,899	14,180,926	1.560 %
h Research (from Worksheet 7)			139,152	139,152		
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,133,533		2,133,533	0.230 %
j Total. Other Benefits			70,413,557	22,322,125	48,091,432	5.280 %
k Total. Add lines 7d and 7j			256,044,636	149,846,196	106,207,951	11.670 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2 53,021,994	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3 9,219,996	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5 152,774,720
6 Enter Medicare allowable costs of care relating to payments on line 5.	6 157,447,303
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7 -4,672,583
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other	

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 PROMEDICA ORTHOPEDIC CO-MANAGEMENT CO LLC	PHYSICIAN SERVICES	25 000 %	3 000 %	57 000 %
2 PROMEDICA SURGICAL SERVICES CO-MANAGEMENT CO LLC	PHYSICIAN SERVICES	32 380 %	0 950 %	40 950 %
3 REYNOLDS ROAD SURGICAL CENTER LLC	SURGICAL CENTER	74 380 %	3 570 %	19 930 %
4 NORTHWEST OHIO DEDICATED BREAST MRI LLC	MEDICAL DIAGNOSTIC	50 000 %		50 000 %
5 WEST CENTRAL SURGICAL CENTER LLC	SURGICAL CENTER	50 000 %		50 000 %
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

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

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

3

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

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

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group _____

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

Part V Facility Information (continued)**Billing and Collections**

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group _____

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

- a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

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

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

FACILITY REPORTING GROUP - B

Name of hospital facility or letter of facility reporting group _____

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

Part V Facility Information (continued)**Billing and Collections**

FACILITY REPORTING GROUP - B

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

FACILITY REPORTING GROUP - B

Name of hospital facility or letter of facility reporting group _____

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

- a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		No
24		No

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 71

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

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3	THE TOLEDO HOSPITAL ESTIMATED THE POSSIBLE AMOUNT OF FINANCIAL ASSISTANCE WITHIN BAD DEBT EXPENSE BY REVIEWING ACCOUNTS THAT WERE INTERNALLY CODED AS HAVING BEEN PROVIDED A FINANCIAL ASSISTANCE APPLICATION, BUT THAT WAS NOT ADEQUATELY COMPLETED BY THE PATIENT OR GUARANTOR, IN WHICH THE ACCOUNT WAS SUBSEQUENTLY WRITTEN OFF TO BAD DEBT
PART III, LINE 4	PROVISION FOR BAD DEBTS AND ALLOWANCE FOR ESTIMATED UNCOLLECTIBLE ACCOUNTS ARE DISCUSSED ON PAGES 19 AND 20 OF THE ATTACHED PROMEDICA HEALTH SYSTEM AND SUBSIDIARIES CONSOLIDATED FINANCIAL REPORT WITH SUPPLEMENTAL INFORMATION

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8	<p>MEDICARE SHORTFALL, WHICH IS THE EXCESS OF COSTS TO TREAT MEDICARE PATIENTS OVER THE REIMBURSEMENT RECEIVED FROM THE FEDERAL GOVERNMENT, SHOULD BE TREATED AS COMMUNITY BENEFIT FOR THE FOLLOWING REASONS - THE MEDICARE SHORTFALL REPRESENTS THE RELIEF OF A FINANCIAL BURDEN THAT WOULD OTHERWISE BE BORNE BY A GOVERNMENT PROGRAM - THE MEDICARE SHORTFALL REPRESENTS A SOCIETAL BENEFIT INSOFAR AS MANY OF THE PROGRAMS AND SERVICES WOULD NOT BE PROVIDED TO THE COMMUNITY, IF THE DECISION TO PROVIDE SUCH SERVICES WAS MADE ON A FINANCIAL BASIS - MEDICARE IS A SOCIETAL BENEFIT, PROVIDED BY THE FEDERAL GOVERNMENT, FOR THOSE WHO WOULD OTHERWISE BE UNINSURED AFTER AGING OUT OF TRADITIONAL MEANS OF HEALTH INSURANCE, SUCH AS INSURANCE PROVIDED BY AN EMPLOYER - MEDICARE IS NOT A TRUE MARKET PAYER, AS COMPARED TO COMMERCIAL PAYERS, WHEREBY REIMBURSEMENT RATES CAN BE NEGOTIATED AND ADJUSTED IN ORDER TO REDUCE INCURRED LOSSES THE TOLEDO HOSPITAL USED THE MEDICARE ALLOWABLE COSTS PER ITS 2018 AS-FILED MEDICARE COST REPORTS, LESS ANY ADJUSTMENTS FOR SUBSIDIZED HEALTH SERVICES AND HEALTH PROFESSIONS EDUCATION, IF APPLICABLE ALLOWABLE COSTS ARE CALCULATED BY ALLOCATING TOTAL FACILITY COSTS TO REVENUE GENERATING UNITS WITHIN THE HOSPITAL THE MEDICARE COST REPORT DOES NOT REFLECT ALL OF THE COSTS ASSOCIATED WITH MEDICARE PROGRAMS</p>
PART III, LINE 9B	<p>FINANCIAL ASSISTANCE DISCOUNTS ARE GRANTED FOR MEDICALLY NECESSARY SERVICES WHEN IT IS DETERMINED THAT THE PATIENT AND FAMILY INCOME MEETS THE CRITERIA ESTABLISHED PATIENTS WHO HAVE INSURANCE COVERAGE OR WHO ARE ENTITLED TO GOVERNMENTAL ASSISTANCE ARE IDENTIFIED IN ORDER FOR REIMBURSEMENT TO BE OBTAINED ALL PATIENTS WITH SELF-PAY BALANCES AFTER INSURANCE MAY OBTAIN FINANCIAL ASSISTANCE ADJUSTMENTS IF THEY PROVIDE APPROPRIATE DOCUMENTATION THAT THEY SATISFY THE INCOME GUIDELINES VERIFICATION OF FINANCIAL ASSISTANCE IS PURSUED THROUGHOUT THE INTERNAL COLLECTION PROCESS UNTIL ALL OPTIONS HAVE BEEN EXHAUSTED ALL PATIENTS, THAT HAVE A SELF-PAY BALANCE, INCLUDING PATIENTS THAT MAY QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE, RECEIVE BILLING STATEMENTS AND PAYMENT REMINDERS THESE STATEMENTS INFORM ALL PATIENTS OF THE OPPORTUNITY TO SEEK A FINANCIAL ASSISTANCE ADJUSTMENT FOR MEDICALLY NECESSARY SERVICES, THE ELIGIBILITY CRITERIA, AND THE METHOD TO APPLY IF A FINANCIAL ASSISTANCE APPLICATION HAS NOT BEEN COMPLETED AND/OR REQUESTED INCOME VERIFICATION HAS NOT BEEN RECEIVED FROM A PATIENT WHO COULD POTENTIALLY QUALIFY, THE PATIENT WILL CONTINUE TO RECEIVE BILLING STATEMENTS THROUGH THE NORMAL COLLECTION PROCESS IF A PATIENT DOES NOT HAVE INSURANCE, A PRESUMPTIVE CHARITY DETERMINATION (WHICH USES PUBLICLY AVAILABLE DATA SUCH AS DEMOGRAPHIC INFORMATION, CREDIT HISTORY, ETC) MAY BE MADE TO ASSIST WITH QUALIFYING FOR FINANCIAL ASSISTANCE ONCE IT HAS BEEN DETERMINED THAT A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE, AN ADJUSTMENT IS PROCESSED THE PATIENT ACCOUNT ANALYST WILL DETERMINE PATIENT ELIGIBILITY AND CALCULATE THE ADJUSTMENT BASED ON POLICY GUIDELINES AN ADJUSTMENT FORM IS PREPARED AND APPROVED PER POLICY UNINSURED PATIENTS MAY BE REQUIRED TO COMPLETE AN APPLICATION AND PROVIDE REQUIRED DOCUMENTATION, INCLUDING ANY DOCUMENTATION REQUIRED TO DETERMINE ELIGIBILITY UNINSURED PATIENTS ARE NOTIFIED IN WRITING WHETHER OR NOT THEY QUALIFY FOR ANY FINANCIAL ASSISTANCE ADJUSTMENT FOR WHICH THEY HAVE SUBMITTED AN APPLICATION, AND OF ANY REMAINING BALANCE OWED THE ADJUSTMENT IS THEN APPLIED TO THE PATIENT'S ACCOUNT PATIENTS MAY BE OFFERED PAYMENT PLANS WHEN APPROPRIATE BASED ON DOCUMENTED FINANCIAL NEED AND CIRCUMSTANCES LONGER PAYMENT PLANS MAY BE OFFERED ON AN EXCEPTION BASIS FOR CASES WITH UNUSUALLY HIGH BALANCES OR SPECIAL CIRCUMSTANCES DEMONSTRATING AN INABILITY TO PAY ONCE THE INTERNAL COLLECTION PROCESS HAS BEEN COMPLETED, PATIENT ACCOUNTS MAY BE REFERRED TO AN EXTERNAL COLLECTION AGENCY IF THE PATIENT HAS NOT CONTACTED US REGARDING THEIR DESIRE TO APPLY FOR FINANCIAL ASSISTANCE, SENT IN A FINANCIAL ASSISTANCE APPLICATION, RESPONDED TO REQUESTS FOR ADDITIONAL INFORMATION, OR WE ARE UNABLE TO MAKE A PRESUMPTIVE CHARITY DETERMINATION IT IS THE EXPECTATION OF THE EXTERNAL COLLECTION AGENCY AS THEY WORK ACCOUNTS TO OFFER FINANCIAL ASSISTANCE WHEN APPLICABLE THROUGHOUT THE COLLECTION PROCESS, THE COLLECTION AGENCY WILL INFORM UNINSURED PATIENTS OF THE CRITERIA TO OBTAIN FINANCIAL ASSISTANCE ADJUSTMENTS BASED ON FAMILY INCOME AND FAMILY SIZE, AND WILL FORWARD APPLICATIONS FOR PATIENTS WHO SUBMIT THE REQUIRED DOCUMENTATION TO THE CENTRAL BUSINESS OFFICE FOR PROCESSING</p>

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4	<p>THE TOLEDO HOSPITAL, LOCATED IN TOLEDO, OHIO, SERVES AN AREA PRIMARILY AROUND LUCAS COUNTY AND HAS A SERVICE AREA POPULATION OF APPROXIMATELY 802,000 APPROXIMATELY, 17% OF THE SERVICE AREA IS AGE 65 OR OVER, 37% IS BETWEEN AGE 35 AND 64, MEDIAN HOUSEHOLD INCOME IS APPROXIMATELY \$48,000, 42% OF THE ADULT POPULATION AGED 25+ HAS A HIGH SCHOOL DEGREE OR LOWER, 47% OF HOUSEHOLDS HAVE AN INCOME OF \$50,000 OR LESS LUCAS COUNTY HAS A POPULATION OF APPROXIMATELY 430,000 WITH APPROXIMATELY 18% OF FAMILIES BELOW THE POVERTY LEVEL AND AN APPROXIMATE 30% MEDICAID ELIGIBLE RATE APPROXIMATELY, 13% OF LUCAS COUNTY IS UNINSURED THE AVERAGE UNEMPLOYMENT RATE FOR LUCAS COUNTY IN 2018 WAS 5.1% THE LEADING CAUSES OF DEATH IN LUCAS COUNTY, BASED ON AGE ADJUSTED MORTALITY RATES ARE HEART DISEASE, LUNG DISEASE, STROKE, DIABETES, CANCER, ALZHEIMER'S AND UNINTENTIONAL INJURIES/ACCIDENTS ACCORDING TO 2018 COUNTY HEALTH RANKINGS, LUCAS COUNTY RANKED 66 OF 88 COUNTIES FOR HEALTH OUTCOMES, 62 OF 88 FOR LENGTH OF LIFE, AND 71 OF 88 FOR QUALITY OF LIFE THERE ARE THIRTEEN HOSPITALS WITHIN A 30-MILE RADIUS OF THE TOLEDO HOSPITAL ST ANNE MERCY HOSPITAL, ST VINCENT MERCY MEDICAL CENTER, UNIVERSITY OF TOLEDO MEDICAL CENTER, FLOWER HOSPITAL, ST CHARLES MERCY HOSPITAL, BAY PARK COMMUNITY HOSPITAL, ST LUKE'S HOSPITAL, MERCY MEMORIAL HOSPITAL CORPORATION, WOOD COUNTY HOSPITAL, EMMA L BIXBY MEDICAL CENTER, HERRICK MEMORIAL HOSPITAL, INC , MONROE REGIONAL HOSPITAL, AND FULTON COUNTY HEALTH CENTER</p>
PART VI, LINE 5	<p>THE TOLEDO HOSPITAL IS AN INTEGRAL PART OF PROMEDICA HEALTH SYSTEM, INC , WHICH PROMOTES THE HEALTH OF THE COMMUNITY AS AN INTEGRATED DELIVERY SYSTEM IN 2018 - THERE WERE MORE THAN 340 BOARD MEMBERS FOR PROMEDICA HEALTH SYSTEM, INC (PROMEDICA), INCLUDING ITS SUBSIDIARIES OF THOSE BOARD MEMBERS, 99% LIVED WITHIN PROMEDICA'S 27-COUNTY SERVICE AREA, WITH THE MAJORITY RESIDING WITHIN METRO TOLEDO WHERE PROMEDICA'S ADULT AND PEDIATRIC TERTIARY HOSPITALS (THE TOLEDO HOSPITAL AND TOLEDO CHILDREN'S HOSPITAL) ARE LOCATED EACH BOARD WAS COMPRISED OF DIVERSE MEMBERS, INCLUDING, IN THE AGGREGATE, 42% WOMEN, 15% RACIAL/ETHNIC MINORITIES, AND 20% PHYSICIANS - PROMEDICA DID NOT COMPENSATE BOARD MEMBERS FOR THEIR SERVICE TO OUR HOSPITALS AND OTHER BUSINESS UNITS BOARD MEMBERS' DONATION OF TIME AND EXPERTISE, INCLUDING ATTENDING BOARD MEETINGS, RETREATS AND OTHER ACTIVITIES, WERE PERFORMED ON A VOLUNTEER BASIS - PROMEDICA'S MEDICAL STAFF PRIVILEGES WERE EXTENDED TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITIES WHICH PROMEDICA SERVES QUALIFICATION MAY VARY BY HOSPITAL, BUT ANY PHYSICIAN WHO MET THOSE QUALIFICATIONS WAS GRANTED PRIVILEGES, UPON THEIR REQUEST - AS PART OF PROMEDICA'S ELECTRONIC HEALTH RECORD (EHR) JOURNEY, THE INFORMATION TECHNOLOGY SERVICES TEAM COMPLETED THE SYSTEM-WIDE UPGRADE TO THE NEW EPIC 2018 PLATFORM THE UPGRADE ALLOWS PROMEDICA TO TAKE ADVANTAGE OF ENHANCEMENTS THAT EPIC HAS MADE TO ITS SOFTWARE BASED ON USER INPUT - PROMEDICA PRIMARY CARE PROVIDERS CONTINUED SCREENING PATIENTS FOR RISK FACTORS OF SOCIAL DETERMINANTS OF HEALTH BY ASKING QUESTIONS RELATED TO EDUCATION, EMPLOYMENT, FOOD SECURITY, HOUSING, TRANSPORTATION, AND VIOLENCE SCREENINGS WERE ALSO EXPANDED TO HOSPITAL INPATIENTS, USING THE SAME QUESTIONS PATIENTS WHO SCREENED POSITIVE FOR ANY OF THE FACTORS WERE CONNECTED TO COMMUNITY PROGRAMS AND RESOURCES FOR ASSISTANCE - FREE MAMMOGRAMS AND LUNG CANCER SCREENINGS WERE PROVIDED WITH THE GOAL OF EARLY DETECTION ADDITIONALLY, COLORECTAL CANCER EDUCATION AND NUTRITIONAL PROGRAMS WERE DEVELOPED FOR THOSE AT RISK SUN SAFETY EDUCATION WAS PROVIDED TO ELEMENTARY SCHOOL CHILDREN TO HELP PREVENT FUTURE CASES OF SKIN CANCER, AS WELL - PROMEDICA'S FOUNDATION RAISED FUNDS FOR PHILANTHROPY IN SUPPORT OF PROMEDICA'S MISSION TO IMPROVE HEALTH AND WELL-BEING ANNUAL DONOR PROGRAMS, CAPITAL CAMPAIGNS, PLANNED GIVING, AND EVENT FUNDRAISING ACTIVITIES WERE CONDUCTED TO RAISE FUNDS THAT SUPPORT PATIENTS AND FAMILIES, AS WELL AS LOCAL COMMUNITIES NEEDS OF LOCAL COMMUNITIES INCLUDING, BUT NOT LIMITED TO HEALTH-RELATED PROGRAMS, SERVICES, EQUIPMENT, AND FACILITY CONSTRUCTION/RENOVATION ARE IDENTIFIED, IN PART, THROUGH A COMMUNITY NEEDS ASSESSMENT</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6	<p>PROMEDICA HEALTH SYSTEM, INC (PROMEDICA) IS A MISSION-BASED, LOCALLY OWNED, NOT-FOR-PROFIT HEALTHCARE ORGANIZATION THAT WAS FORMED IN TOLEDO, OHIO IN 1986 IN 2018 PROMEDICA WAS COMPRISED OF MORE THAN 57,000 EMPLOYEES, APPROXIMATELY 2,500 VOLUNTEERS AND MORE THAN 2,600 HEALTHCARE PROVIDERS, INCLUDING APPROXIMATELY 900 PHYSICIANS AND ADVANCED PRACTICE PROVIDERS EMPLOYED BY PROMEDICA PHYSICIAN GROUP (PPG), WHO FORM A PROVIDER NETWORK ACROSS 27 COUNTIES IN NORTHWEST OHIO AND SOUTHEAST MICHIGAN AS AN INTEGRATED DELIVERY SYSTEM, PROMEDICA PROVIDERS SHARE RESOURCES SUCH AS ADVANCED TECHNOLOGY, QUALITY STANDARDS, SAFETY PRACTICES, MEDICAL EXPERTISE, AND SPECIALTY SERVICES TO ENSURE COMMUNITY MEMBERS HAVE READY ACCESS TO HIGH-QUALITY CARE IN THE MOST APPROPRIATE SETTING IN ORDER TO PROVIDE COST-EFFICIENT SERVICES IN 2018 - PROMEDICA MEMBERS INCLUDED THE TOLEDO HOSPITAL D/B/A PROMEDICA TOLEDO HOSPITAL, PROMEDICA TOLEDO CHILDREN'S HOSPITAL (OPERATING AS PART OF PROMEDICA TOLEDO HOSPITAL), PROMEDICA WILDWOOD ORTHOPAEDIC AND SPINE HOSPITAL, A DIVISION OF PROMEDICA TOLEDO HOSPITAL, FLOWER HOSPITAL, A DIVISION OF PROMEDICA TOLEDO HOSPITAL D/B/A PROMEDICA FLOWER HOSPITAL, BAY PARK COMMUNITY HOSPITAL D/B/A PROMEDICA BAY PARK HOSPITAL, EMMA L BIXBY MEDICAL CENTER D/B/A PROMEDICA BIXBY HOSPITAL, HERRICK MEMORIAL HOSPITAL, INC D/B/A PROMEDICA HERRICK HOSPITAL, FOSTORIA HOSPITAL ASSOCIATION D/B/A PROMEDICA FOSTORIA COMMUNITY HOSPITAL, DEFIANCE HOSPITAL, INC D/B/A PROMEDICA DEFIANCE REGIONAL HOSPITAL, MERCY MEMORIAL HOSPITAL CORPORATION D/B/A PROMEDICA MONROE REGIONAL HOSPITAL, MEMORIAL HOSPITAL D/B/A PROMEDICA MEMORIAL HOSPITAL, COMMUNITY HEALTH CENTER OF BRANCH COUNTY D/B/A PROMEDICA COLDWATER REGIONAL HOSPITAL, PROMEDICA INSURANCE CORPORATION, PROMEDICA PHYSICIAN GROUP, AND PROMEDICA CONTINUING CARE SERVICES CORPORATION - PROMEDICA MANAGED APPROXIMATELY 1.9 MILLION PPG EMPLOYED PROVIDER ENCOUNTERS, 62,000 SURGERIES, 7,800 BIRTHS, AND 345,000 EMERGENCY ROOM VISITS AND CONTRIBUTED A TOTAL COMMUNITY BENEFIT OF OVER \$266,410,000, WHICH INCLUDED FREE HEALTH SCREENINGS, PARTICIPATION IN PUBLIC HEALTH FAIRS, MEDICAL LECTURES AT AREA SENIOR CENTERS, AND NUTRITION EDUCATION IN ELEMENTARY SCHOOLS, PLUS MUCH MORE - PROMEDICA CONTINUED TO OPERATE TWO FOOD CLINICS - ONE AT THE PROMEDICA HEALTH AND WELLNESS CENTER AND THE OTHER AT PROMEDICA'S CENTER FOR HEALTH SERVICES - TO SERVE PATIENTS WHO SCREEN POSITIVE FOR FOOD INSECURITY AND HAVE A REFERRAL FROM THEIR PRIMARY CARE PROVIDER PATIENTS ARE ABLE TO RECEIVE FOOD FOR THEMSELVES AND THEIR FAMILY FROM EITHER FOOD CLINIC AS PART OF THE PROGRAM, EACH PATIENT RECEIVED TWO TO THREE DAYS OF SUPPLEMENTAL FOOD THROUGH DECEMBER 2018, THERE WERE 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 - PROMEDICA BIXBY AND HERRICK HOSPITALS PROVIDED THE \$5 VEGGIE MOBILE VOUCHERS TO PATIENTS WHO SCREEN POSITIVE FOR FOOD INSECURITY THESE PATIENTS COULD 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 PRIMARY CARE PROVIDERS CONTINUED SCREENING PATIENTS FOR RISK FACTORS OF SOCIAL DETERMINANTS OF HEALTH BY ASKING QUESTIONS RELATED TO EDUCATION, EMPLOYMENT, FOOD SECURITY, HOUSING, TRANSPORTATION, AND VIOLENCE SCREENINGS WERE ALSO EXPANDED TO HOSPITAL INPATIENTS, USING THE SAME QUESTIONS PATIENTS WHO SCREENED POSITIVE FOR ANY OF THE FACTORS WERE CONNECTED TO COMMUNITY PROGRAMS AND RESOURCES FOR ASSISTANCE PROMEDICA EBEID INSTITUTE'S MARKET ON THE GREEN PROVIDED BETTER ACCESS TO HEALTHY FOODS IN A DESIGNATED FOOD DESERT, AS WELL AS JOB TRAINING OPPORTUNITIES AND A FINANCIAL OPPORTUNITY CENTER TO PROVIDE FINANCIAL COUNSELING FOR RESIDENTS IN THE UPTOWN TOLEDO NEIGHBORHOOD - PROMEDICA ANNOUNCED ITS PARTNERSHIP WITH THE NATIONAL NON-PROFIT LOCAL INITIATIVES SUPPORT CORPORATION (LISC) TO INVEST \$10 MILLION EACH AS PART OF THE EBEID NEIGHBORHOOD PROMISE INITIATIVE BEGUN IN 2017 WORK HAS BEGUN IN TOLEDO'S UPTOWN NEIGHBORHOOD, WHERE PROMEDICA AND LISC ALREADY WORK TOGETHER TO OPERATE THE FINANCIAL OPPORTUNITY CENTER (FOC) HOUSED AT THE EBEID CENTER NEW PROJECTS INCLUDE REDEVELOPING A VACANT BUILDING INTO RETAIL AND OFFICE SPACE, AND TRANSFORMING A NEARBY VACANT BUILDING FOR COMMERCIAL AND RESIDENTIAL USE ADDITIONALLY, PROMEDICA IS PARTNERING WITH GOODWILL INDUSTRIES OF NORTHWEST OHIO TO ADD A JOB-TRAINING COMPONENT TO ITS EBEID NEIGHBORHOOD PROMISE - BIWEEKLY, MONTHLY AND ANNUAL PROGRAMS FOR HEALTH PROFESSIONS EDUCATION (CONTINUING MEDICAL EDUCATION) WERE OFFERED THROUGHOUT 2018 MORE THAN 1,500 CREDIT HOURS OF PHYSICIAN EDUCATION WERE OFFERED TO PROMEDICA PHYSICIAN GROUP PROVIDERS, MEDICAL STAFF MEMBERS, NURSES, AND OTHER ALLIED HEALTH PROFESSIONALS</p>

Additional Data

Software ID:

Software Version:

EIN: 34-4428256

Name: THE TOLEDO HOSPITAL

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- THE TOLEDO HOSPITAL	<p>PART V, SECTION B, LINE 11 THE TOLEDO HOSPITAL CONDUCTED AND ADOPTED ITS SECOND COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) DURING TAX YEAR 2016 AND INTENDS TO ADDRESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS, LISTED IN ORDER OF PRIORITY - TRAUMA - EDUCATION AND FALL PREVENTION- CARDIOVASCULAR DISEASE THIS CHNA WAS CONDUCTED AND ADOPTED AT THE END OF TAX YEAR 2016, THEREFORE, THESE HEALTH NEEDS WILL BE ADDRESSED OVER THE THREE TAX YEARS, 2017-2019 THE TOLEDO HOSPITAL DOES NOT INTEND TO ADDRESS ALL OF THE NEEDS IDENTIFIED IN ITS MOST RECENT LY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT GIVEN THAT SOME OF THE IDENTIFIED HEALTH NEEDS ARE EITHER BEING ADDRESSED DURING PHYSICIAN VISITS, GO BEYOND THE SCOPE OF THE HOSPITAL, OR ARE BEING ADDRESSED BY, OR WITH, OTHER ORGANIZATIONS IN THE COMMUNITY TO SOME EXTENT, RESOURCE RESTRICTIONS DO NOT ALLOW THE HOSPITAL TO ADDRESS ALL OF THE HEALTH NEEDS IDENTIFIED THROUGH THE HEALTH NEEDS ASSESSMENT, BUT MOST IMPORTANTLY, TO PREVENT DUPLICATION OF EFFORTS AND INEFFICIENT USE OF RESOURCES, MANY OF THESE ISSUES ARE ADDRESSED BY, AND WITH, OTHER COMMUNITY ORGANIZATIONS AND COALITIONS THE 2016 SIGNIFICANT HEALTH NEEDS IDENTIFIED, BUT SPECIFICALLY NOT ADDRESSED BY THE HOSPITAL IN ITS 2016 IMPLEMENTATION PLAN INCLUDE HEALTH STATUS PERCEPTIONS, HEALTH CARE COVERAGE/ACCESS/UTILIZATION, CANCER, DIABETES, ARTHRITIS, ASTHMA AND OTHER RESPIRATORY DISEASES, WEIGHT STATUS/OBESITY, TOBACCO USE, ALCOHOL CONSUMPTION, DRUG USE, WOMEN'S HEALTH, MEN'S HEALTH, PREVENTIVE HEALTH AND SCREENINGS, SEXUAL BEHAVIOR AND PREGNANCY OUTCOMES, ADULT SEXUAL BEHAVIOR, ADULT PREGNANCY, QUALITY OF LIFE, SOCIAL ISSUES, SOCIAL CONTEXT AND SAFETY, MENTAL HEALTH AND SUICIDE, ORAL HEALTH, MINORITY HEALTH, YOUTH WEIGHT, YOUTH TOBACCO USE, YOUTH ALCOHOL AND DRUG USE, YOUTH SEXUAL BEHAVIOR, YOUTH MENTAL HEALTH, YOUTH SAFETY AND VIOLENCE, CHILDREN'S HEALTH STATUS, CHILDREN DIAGNOSED WITH ASTHMA, CHILDREN DIAGNOSED WITH ADHD/ADD, CHILDREN DIAGNOSED WITH VISION PROBLEMS THAT CANNOT BE CORRECTED, CHILDREN'S HEALTH ACCESS, EARLY CHILDHOOD HEALTH, MIDDLE CHILDHOOD HEALTH, FAMILY FUNCTIONING/NEIGHBORHOODS, AND PARENT HEALTH THE TOLEDO HOSPITAL DID TAKE THE FOLLOWING ACTIONS DURING TAX YEAR 2018 WITH RESPECT TO ITS MOST RECENTLY CONDUCTED CHNA IN 2016 HEALTH NEED IDENTIFIED TRAUMA - EDUCATION AND FALL PREVENTION STRATEGY #1 - PROVIDE FREE CONTINUING MEDICAL EDUCATION, IN VARIOUS CATEGORIES, TO EMS (EMERGENCY MEDICAL SERVICES) PROVIDERS TO IMPROVE THE CARE PROVIDED TO PATIENT AT THE SCENE PRIOR TO TRANSPORTATION TO A HOSPITAL ACTIONS TAKEN - OVER 41 SESSIONS WITH 312 PARTICIPANTS PROVIDED IN FREE CONTINUING MEDICAL EDUCATION SOME TOPICS INCLUDED GERIATRIC PSYCHIATRIC ISSUES, NARCOTIC OVERDOSE, ORTHOPEDIC ASPECTS OF EMERGENCY CARE, PEDIATRIC TRAUMA, STROKE UPDATE, AND SPINAL MOTION RESTRICTION STRATEGY #2 - PROVIDE MATTER OF BALANCE AND OTHER FALL PREVENTION EDUCATION IN THE COMMUNITY ACTIONS TAKEN - PROMEDICA HOME HEALTH CARE COMMUNITY OUTREACH ACTIVITIES PROVIDED</p>

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- THE TOLEDO HOSPITAL	<p>UCATION AT SEVEN (7) LOCAL VENUES WITH OVER 1,576 COMMUNITY MEMBERS IN ATTENDANCE EVENTS INCLUDED, BUT NOT LIMITED TO OREGON CITY HEALTH FAIR, SENIOR SAFETY DAY, LITTLE BOO AT THE ZOO, GO RED LUNCH, AREA ON AGING CAREGIVER SERIES, FALL PREVENTION, AND STAND BY YOUR MAN STRATEGY #3 - PROVIDE HOME SAFETY ASSESSMENTS FOR ALL PROMEDICA HOME CARE PATIENTS ACTION S TAKEN - PROMEDICA HOME CARE PROVIDED HOME SAFETY ASSESSMENTS AND BASIC FALL PREVENTION E DUCATION, FREE OF CHARGE, FOR ALL PROMEDICA HOME HEALTH CARE ADMISSIONS IN 2018, WITH 13,1 04 HOME ASSESSMENTS PERFORMED HEALTH NEED IDENTIFIED CARDIOVASCULAR DISEASESTRATEGY #1 - PROVIDE FREE HANDS ONLY CPR (CARDIOPULMONARY RESUSCITATION) EDUCATION TO THE PUBLIC DURING AT LEAST FOUR COMMUNITY EVENTS EACH YEAR ACTIONS TAKEN - PROVIDED HANDS ONLY CPR TRAINING AT TEN (10) COMMUNITY EVENTS INCLUDING, BUT NOT LIMITED TO, PROMEDICA HEALTH & WELLNESS C ENTER, FREDERICK DOUGLAS CENTER, DA SHOP BARBER SHOP, BEVERLY ELEMENTARY SCHOOL, URBAN RIB OFF-JUNCTION COALITION, GROOMED BARBERSHOP, WARREN AME CHURCH ANNUAL MEETING, FLETCHER'S BARBERSHOP AND FOSTER'S BARBERSHOP 3,887 PARTICIPANTS WERE TAUGHT HANDS ONLY CPR STRATEGY #2 - PROVIDE FREE CONSULTATION TO HIGH SCHOOLS, UPON REQUEST, TO MEET NEW FEDERAL STANDAR D THAT ALL STUDENTS WILL HAVE CPR EDUCATION PRIOR TO HIGH SCHOOL GRADUATION ACTIONS TAKEN - TEN (10) TOLEDO PUBLIC SCHOOLS WERE ASSISTED IN MEETING CPR REQUIREMENT, WITH 3,202 STU DENTS TRAINED</p>

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

Form and Line Reference	Explanation
TOLEDO CHILDREN'S HOSPITAL (OPERATING WITHIN AND AS PART OF THE TOLEDO	<p>HOSPITAL) CONDUCTED AND ADOPTED ITS SECOND COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) DURING TAX YEAR 2016 AND INTENDS TO ADDRESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS, LISTED IN ORDER OF PRIORITY - DECREASE INFANT MORTALITY- DECREASE YOUTH MENTAL HEALTH ISSUES AND BULLY ING- DECREASE HEART DISEASE AND OTHER CHRONIC DISEASES - INCREASE HEALTHY WEIGHT STATUS- INJURY PREVENTION/SAFETY- INCREASE SCHOOL READINESSTHIS CHNA WAS CONDUCTED AND ADOPTED AT THE END OF TAX YEAR 2016, THEREFORE, THESE HEALTH NEEDS WILL BE ADDRESSED OVER THE THREE TAX YEARS, 2017-2019 TOLEDO CHILDREN'S HOSPITAL DOES NOT INTEND TO ADDRESS ALL OF THE NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT GIVEN THAT SOME OF THE IDENTIFIED HEALTH NEEDS ARE EITHER BEING ADDRESSED DURING PHYSICIAN VISITS, GO BEYOND THE SCOPE OF THE HOSPITAL, OR ARE BEING ADDRESSED BY, OR WITH, OTHER ORGANIZATIONS IN THE COMMUNITY TO SOME EXTENT, RESOURCE RESTRICTIONS DO NOT ALLOW THE HOSPITAL TO ADDRESS ALL OF THE HEALTH NEEDS IDENTIFIED THROUGH THE HEALTH NEEDS ASSESSMENT, BUT MOST IMPORTANTLY, TO PREVENT DUPLICATION OF EFFORTS AND INEFFICIENT USE OF RESOURCES, MANY OF THESE ISSUES ARE ADDRESSED BY, AND WITH, OTHER COMMUNITY ORGANIZATIONS AND COALITIONS THE 2016 SIGNIFICANT HEALTH NEEDS IDENTIFIED, BUT SPECIFICALLY NOT ADDRESSED BY THE HOSPITAL IN ITS 2016 IMPLEMENTATION PLAN INCLUDE TOBACCO USE, ALCOHOL CONSUMPTION, MARIJUANA AND OTHER DRUG USE, VIOLENCE ISSUES, YOUTH PERCEPTIONS, CHILD HEALTH AND FUNCTIONAL STATUS, FAMILY FUNCTIONING/NEIGHBORHOOD AND COMMUNITY CHARACTERISTICS, AND PARENT HEALTH TOLEDO CHILDREN'S HOSPITAL DID TAKE THE FOLLOWING ACTIONS DURING TAX YEAR 2018 WITH RESPECT TO ITS MOST RECENTLY CONDUCTED CHNA IN 2016 HEALTH NEED IDENTIFIED DECREASE INFANT MORTALITYSTRATEGY #1 - REFER APPROPRIATE PATIENTS TO THE SAFE SLEEP CRIB PROGRAM AT THE TOLEDO LUCAS COUNTY HEALTH DEPARTMENT TO RECEIVE A PORTABLE CRIB FOR HELP ME GROW AND PATHWAYS PARTICIPANTS A) PROVIDE ACCESS TO SAFE SLEEP EDUCATION TO LOW INCOME CAREGIVERS WITH CHILDREN LESS THAN 12 MONTHS OF AGE B) PROVIDE FOLLOW UP ASSESSMENT TO FAMILIES RECEIVING A PORTABLE CRIB TO ENSURE SAFE SLEEP PRACTICES AND USE OF THE CRIB C) EXPAND PROGRAM BASED ON FUNDING AVAILABILITY ACTIONS TAKEN - 196 SAFE SLEEP CRIB REFERRALS WERE MADE TO HELP ME GROW/PATHWAYS PROGRAM - 156 FOLLOW UP ASSESSMENTS WERE COMPLETED ON PARTICIPANTS REFERRED TO CLASSES - NUMBER OF PATIENTS SERVED INCREASED OVER PREVIOUS YEAR (181 REFERRALS WERE MADE AND 139 FOLLOW UP ASSESSMENTS WERE COMPLETED IN 2017) STRATEGY #2 - PROVIDE SAFE SLEEP SACKS AND EDUCATION ON USE TO LOW INCOME CAREGIVERS WITH NEWBORN INFANTS WHEN APPROPRIATE A) NUMBER OF SLEEP SACKS PROVIDED TO INFANTS WITHOUT A SLEEP SACK B) EXPAND PROGRAM, AS POSSIBLE ACTIONS TAKEN - 136 SLEEP SACKS WERE PROVIDED FOR INFANTS WITHOUT A SLEEP SACK - NUMBER OF SLEEP SACKS PROVIDED INCREASED OVER PREVIOUS YEAR (92 WERE DISTRIBUTED IN 2017) STRATEGY #3 - PROVIDE ASSESSMENT USING THE REPRODUCTIVE</p>

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

Form and Line Reference	Explanation
<p>TOLEDO CHILDREN'S HOSPITAL (OPERATING WITHIN AND AS PART OF THE TOLEDO</p>	<p>LIFE PLAN AND EDUCATION ON BIRTH SPACING (INFANT MORTALITY IS REDUCED IF BIRTH SPACING OF AT LEAST 18 MONTHS BETWEEN CHILDREN PLANNING TAKES PLACE) FOR ALL WOMEN ENROLLED IN TOLED O HEALTHY TOMORROWS (THT) OB PATHWAYS PROGRAM ACTIONS TAKEN - 388 REPRODUCTIVE LIFE PLAN A SSESSMENTS COMPLETED STRATEGY #4 - EDUCATE PREGNANT WOMEN IN THE BENEFITS OF BREASTFEEDING THEIR NEWBORN AND SUPPORT THEIR DECISION IF CHOOSING TO BREASTFEED A) EXPAND TRAINING FOR TOLEDO HEALTHY TOMORROWS (THT) PATHWAYS AND HELP ME GROW STAFF IN THE BENEFITS OF BREASTF EEDING, ESPECIALLY WITH AFRICAN AMERICAN MOTHERS AT LEAST UNTIL THEIR NEWBORN IS 6 WEEKS O LD INITIATE BREASTFEEDING EDUCATION WITH PREGNANT PROGRAM WOMEN ENROLLED IN THE THT PATHW AYS PROGRAM B) PROMOTE BREASTFEEDING THROUGH EDUCATION AND SUPPORT OF PARTICIPANTS OF THT PATHWAYS AND ADD THE THT HELP ME GROW PROGRAM C) INCREASE THE NUMBER OF INFANTS BEING BREA STFED WHOSE MOTHERS ARE ENROLLED IN THT PATHWAYS AND HELP ME GROW D) CONTINUE TO OFFER AT LEAST FOUR (4) BREASTFEEDING EDUCATION CLASSES EACH MONTH THROUGH WOMENS, INFANTS AND CHIL DREN (WIC) E) MAKE REFERRALS TO WIC LACTATION CONSULTANT AND WIC BREASTFEEDING STAFF F) DI SCUSS BREASTFEEDING WITH EACH PREGNANT WIC PARTICIPANT AND ENCOURAGE ATTENDANCE AT THE BRE ASTFEEDING EDUCATION CLASS G) CONTACT BREASTFEEDING MOTHERS AND OFFER SUPPORT AS WELL AS T O ANSWER BREASTFEEDING QUESTIONS ACTIONS TAKEN - 389 PREGNANT WOMEN RECEIVED BREASTFEEDIN G PROMOTION EDUCATION THAT WAS PROVIDED DURING HOME VISITING TO PROGRAM PARTICIPANTS - 216 NEWBORNS WERE BREASTFED IN THEIR FIRST 6 WEEKS AFTER DELIVERY - 148 INFANTS WERE BREASTFE D BEYOND 6 WEEKS AFTER DELIVERY - 731 CONTACTS WERE MADE TO PREGNANT AND BREASTFEEDING MOT HERS BY LACTATION CONSULTANTS INCLUDING 46 BREASTFEEDING EDUCATION CLASSES OFFERED WITH 26 4 IN ATTENDANCE, AND 642 INDIVIDUALLY SEEN BY CONSULTANTS (BABIES-R-US CLASSES WERE NOT HE LD AS THEY CLOSED)- 41% OF WOMEN RECEIVING WIC (WOMEN, INFANT AND CHILDREN PROGRAM) THROU GH TOLEDO AND TOLEDO CHILDREN'S HOSPITALS ARE BREASTFEEDING ALL WOMEN RECEIVING WIC WERE ENCOURAGED TO ATTEND THE BREASTFEEDING EDUCATION CLASS HEALTH NEED IDENTIFIED DECREASE YO UTH MENTAL HEALTH ISSUES AND BULLYINGSTRATEGY #1 - DECREASE BULLYING, SUICIDE, AND DATING VIOLENCE THROUGH AWARENESS AND PREVENTION PROGRAMS IN YOUTHS 12-18 YEARS A) EACH SCHOOL YE AR THE TEEN PEERS EDUCATING PEERS (PEP) PROGRAM WILL BE OFFERED TO 12 CORE SCHOOLS IN LUCA S COUNTY THE PROGRAM ADDRESSES TEEN DATING VIOLENCE, SEXUAL ASSAULT AND BULLYING PREVENTI ON B) ONE ADDITIONAL SCHOOL WILL BE ADDED EACH YEAR PER GRANT FUNDING PRIORITY WILL BE GI VEN TO ELEMENTARY SCHOOL INCLUSION AND REACHING YOUNGER STUDENTS VIA IMPLEMENTATION IN ELE MENTARY SCHOOL OR DELIVERING OLDER PEER LED EDUCATION (HIGH SCHOOL TO ELEMENTARY STUDENTS) C) PROGRAM LEAD WILL AS CO-CHAIR, COLLABORATE WITH THE LUCAS COUNTY SUICIDE PREVENTION CO ALITION (OTHER PARTNERS IN THE COALITION INCLUDE MERCY OUTREACH, THE UNIVERSITY OF TOLEDO, NAMI OF GREATER TOLEDO, LUCAS</p>

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

Form and Line Reference	Explanation
<p>TOLEDO CHILDREN'S HOSPITAL (OPERATING WITHIN AND AS PART OF THE TOLEDO</p>	<p>COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD) TO DESIGN AND IMPLEMENT A TEEN AMBASSADOR PROGRAM WHICH WILL TRAIN AND UTILIZE SEVERAL STUDENTS FROM EACH PARTICIPATING SCHOOL TO PROMOTE SOCIAL MEDIA CAMPAIGNS AND AWARENESS ABOUT DEPRESSION AND SUICIDE PREVENTION, THUS REDUCING MENTAL HEALTH/SUICIDE STIGMA IN THEIR SCHOOLS LUCAS COUNTY SUICIDE PREVENTION COALITION COORDINATOR (EMPLOYEE CONTRACTED THROUGH NAMI) WILL PROVIDE ONGOING OVERSIGHT, MANAGEMENT AND CONSULTATION TO SCHOOLS AND/OR STUDENTS PARTICIPATING IN NEWLY CREATED TEEN AMBASSADOR PROGRAM D) PROGRAM LEAD WILL SERVE ON BRAVE (BULLYING RESOURCES AND ANTI-VIOLENCE EDUCATION) COMMITTEE, WHICH WAS CREATED BASED ON THE CHIP BRAVE PARTNERING AGENCIES INCLUDE UT, TPS AND NAMI, COMMITTEE MISSION IS TO EXPAND COORDINATED ANTI-BULLYING EDUCATION AS WELL AS SUICIDE PREVENTION AND THREAT ASSESSMENT EDUCATION TO COMMUNITY SCHOOLS AND AGENCIES, PARENT GROUPS AND TEENS E) NO LOCAL INITIATIVE/COALITION OR STRATEGIC PLAN EXISTS TO ADDRESS TEEN SEXUAL OR DATING VIOLENCE SPECIFICALLY PROGRAM STAFF WILL PARTICIPATE IN CREATING A COMMUNITY COLLABORATIVE GROUP TO ADDRESS TEEN DATING VIOLENCE AND TEEN SEXUAL ASSAULT</p>

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

Form and Line Reference	Explanation
ACTIONS TAKEN	<p>- TEEN PEP FUNDED BY OHIO DEPARTMENT OF HEALTH (ODH) ODH FUNDED PROGRAMS RECEIVE OUTCOME MEASUREMENT EVALUATION GUIDANCE FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION EMPOWERMENT EVALUATION CONTRACTOR, DR SANDRA ORTEGA, FOR ALL PROGRAM OUTCOME MEASURES RESULTS INCLUDED 14 SCHOOLS PARTICIPATED, 140 TEEN PEER LEADERS WERE TRAINED, AND 1,888 CLASSROOM PARTICIPANTS GRADES 9-12 PARTICIPATED NO ADDITIONAL ELEMENTARY SCHOOLS WERE ADDED IN 2018 DUE TO DECREASE IN OHIO DEPARTMENT OF HEALTH (ODH) GRANT FUNDING - THE NUMBER OF LCSPC (LUCAS COUNTY SUICIDE PREVENTION COALITION) TEEN AMBASSADOR PROGRAMS FOR 2018 WAS 20 SCHOOLS AND 33 STUDENT AMBASSADORS - BRAVE COALITION DISBANDED PRIMARILY BECAUSE THE ORIGINAL OBJECTIVES OF THE COALITION/3-YEAR STRATEGIC GOALS HAD BEEN MET, AND MEMBERS OF THE COALITION WENT ON TO CONTINUE THE MISSION EITHER ON THEIR OWN OR THROUGH OTHER LIKE-MINDED COALITIONS SUCH AS THE LUCAS COUNTY SUICIDE PREVENTION COALITION AND TEEN PEP, WITH EACH SCHOOL NOW RESPONSIBLE TO REPORT A PLAN TO ADDRESS THIS ISSUE - AS A LOCAL INITIATIVE, THE LUCAS COUNTY YOUTH SEXUAL AND INTIMATE PARTNER VIOLENCE COALITION WAS CREATED IN RESPONSE TO AN IDENTIFIED GAP FOR SUCH COMMUNITY COLLABORATION SURROUNDING TWO VERY IMPORTANT NEEDS IN THE TOLEDO AREA THE COALITION HAS NOT DEVELOPED A FORMAL STRATEGIC PLAN, OPTING INSTEAD TO FOCUS ON PROMOTING YOUTH CULTURE CHANGE VIA SOCIAL MEDIA YOUTH SPEND MUCH OF THEIR TIME ON VARIOUS SOCIAL MEDIA OUTLETS AND THIS WAS IDENTIFIED AS THE BEST WAY TO BOTH REACH LOCAL YOUTH AND IMPACT THEIR IDEAS AND KNOWLEDGE ABOUT SEXUAL ASSAULT AND TEEN DATING VIOLENCE IN 2018, ITS FOURTH YEAR, THE COALITION HAS HOSTED 3 TEEN FOCUS GROUPS IN THE TOLEDO AREA WITH VARIOUS YOUTH FROM DIVERSE POPULATIONS WITH THE GOAL OF INVOLVING YOUTH IN THE CREATION OF SEXUAL AND INTIMATE PARTNER VIOLENCE PREVENTION MESSAGING FROM THESE FOCUS GROUPS, THE COALITION HAS SUCCESSFULLY STARTED UP BOTH A FACEBOOK AND INSTAGRAM PAGE THAT HIGHLIGHT AND PROMOTE PREVENTION MESSAGING SURROUNDING THESE TOPICS WE STARTED OUR SOCIAL MEDIA CAMPAIGN IN FEBRUARY 2018 DURING TEEN DATING VIOLENCE AWARENESS MONTH STRATEGY #2 - EACH YEAR UP TO FOUR ELEMENTARY SCHOOLS WILL BE GIVEN BULLYING PREVENTION EDUCATION VIA OLDER TRAINED PEER LEADERS (HIGH SCHOOL TEAMS) OR FROM 7TH/8TH GRADE TRAINED TEEN LEADERS IN THEIR BUILDING MEASUREMENT TO INCLUDE A) NUMBER OF ELEMENTARY/MIDDLE SCHOOLS THAT HIGH SCHOOL LEADERS PRESENTED TO B) NUMBER OF TRAINED YOUTH LEADERS IN NEWLY ADDED ELEMENTARY SCHOOLS (WHERE APPLICABLE) C) NUMBER OF ELEMENTARY STUDENTS RECEIVING PEER LED EDUCATION ACTIONS TAKEN - OHIO DEPARTMENT OF HEALTH CONTRACTOR FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION GUIDES EMPOWERMENT EVALUATION FOR ALL PROGRAM OUTCOME MEASURES - EIGHT (8) SCHOOLS PARTICIPATED IN PRESENTATIONS - EIGHT (8) TEEN PEER LEADERS WERE TRAINED - 384 CLASSROOM PARTICIPANTS IN GRADES 1-6 PARTICIPATED IN PROGRAM - ADDITIONAL SCHOOLS WERE NOT ADDED IN 2018 PER GRANT FUNDING DECREASE</p>

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

Form and Line Reference	Explanation
ACTIONS TAKEN	<p>SED IN ODH FUNDS STRATEGY #3 - PROVIDE TRAUMA-INFORMED TRAINING TO PROMEDICA TOLEDO CHILDR EN HOSPITAL STAFF THAT PROVIDES CARE TO YOUTH (0-18 YEARS) THIS WILL HELP ENHANCE PATIENT -CENTERED CARE, WHICH WILL POSITIVELY IMPACT YOUTH MENTAL HEALTH A) DEVELOP TRAUMA-INFORM ED TRAININGS (BASED ON SAMHSA CURRICULUM) FOR DIFFERENT HOSPITAL STAFF/PROVIDER GROUPS B) PILOT TRAININGS AND CORRECT AS NECESSARY ACTIONS TAKEN - ONE EDUCATIONAL EVENT WAS SCHEDULED IN THE FALL OF 2018 BUT WAS CANCELED EVENTS ARE NOW SCHEDULED FOR 2019 AND ADDITIONAL EVENTS ARE SCHEDULED FOR HOSPITAL/PROVIDER GROUPS STRATEGY #4 - THE LUCAS COUNTY TRAUMA INFORMED CARE COALITION (LCTIC) CREATED IN LATE 2014, IS A COUNTY WIDE COALITION WHOSE MISSION IS TO INCREASE AWARENESS AND PRACTICE OF TRAUMA INFORMED CARE (TIC) IN THE COMMUNITY MEMBERSHIP INCLUDES STAFF FROM TOLEDO CHILDREN'S HOSPITAL, COMMUNITY MENTAL HEALTH CENTERS, THE LUCAS COUNTY MENTAL HEALTH RECOVERY SERVICES BOARD, DOMESTIC VIOLENCE SHELTERS, UNIVERSITY OF TOLEDO, UTMIC, TOLEDO POLICE DEPARTMENT AND EMS, NAMI, UNITED WAY, AND MANY OTHERS THE WORK OF THE LCTIC WILL HELP TO IMPROVE YOUTH MENTAL HEALTH THROUGH A) EDUCATING MENTAL HEALTH PROFESSIONALS HOW TO PROVIDE MORE APPROPRIATE TRAUMA INFORMED SERVICES TO YOUTH WHO HAVE TRAUMA HISTORIES B) EMPOWERING CONSUMERS, PARENTS, AND COMMUNITY MEMBERS TO BETTER UNDERSTAND HOW TO ACCESS APPROPRIATE TRAUMA INFORMED SERVICES FOR YOUTH WHO HAVE EXPERIENCED TRAUMA C) ASSESS LEARNING DURING TRAUMA PRESENTATIONS BY USING A PRE AND POST MEASURE DURING PRESENTATIONS, COLLECT DATA MAKE CHANGES AS NECESSARY D) COLLECTING AND PROVIDING DATA ON THE OTHER ACTIVITIES OF THE TRAUMA COALITION AND ITS IMPACT ON SPREADING TRAUMA INFORMED KNOWLEDGE TO THE COMMUNITY CONTINUE TO DEVELOP AND FIND VETTED TRAUMA RESOURCES TO LINK TO THE WEBSITE AND/OR TO DISSEMINATE TO THE COMMUNITY TRACK NUMBER OF RESOURCES LINKED TO WEBSITE AND DISSEMINATED TO THE COMMUNITY USE WEBSITE COUNTERS TO TRACK NUMBER OF WEBSITE VISITORS AND NUMBER OF RESOURCE DOWNLOADS ACTIONS TAKEN - 386 PROFESSIONALS IN THE COMMUNITY WERE TRAINED IN TRAUMA INFORMED CARE (TIC) - TRAUMA COALITION WEBSITE WAS DEVELOPED AND RUNNING VETTED TRAUMA RESOURCES WERE PLACED ON THE WEBSITE EMPOWERING VISITORS (IE CONSUMERS, PARENTS AND COMMUNITY MEMBERS) TO OBTAIN APPROPRIATE TRAUMA INFORMED SERVICES - PRE AND POST ASSESSMENT OF TRAUMA INFORMED CARE PROVIDED TO 222 OF THE MENTAL HEALTH PROFESSIONALS TRAINED - 95% OF PARTICIPANTS AGREED/STRONGLY AGREED THEY UNDERSTOOD THE DEFINITION OF TRAUMA, PREVALENCE OF TRAUMA, EFFECTS OF TRAUMA, AND WAYS THEY COULD BE MORE TRAUMA-INFORMED - 91% OF PARTICIPANTS AGREED/STRONGLY AGREED THEY UNDERSTOOD THE THREE E'S OF TRAUMA AND THE FOUR R'S OF A TRAUMA INFORMED PROGRAM - 91% OF PARTICIPANTS AGREED/STRONGLY AGREED THAT THEY UNDERSTOOD SAMHSA'S 6 PRINCIPLES IN TIC RESULTS WERE PROVIDED TO THE TRAUMA COALITION HEALTH NEED IDENTIFIED DECREASE HEART DISEASE AND OTHER CHRONIC DISEASES STRATEGY #1 - IMPROVE PATIENT</p>

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

Form and Line Reference	Explanation
ACTIONS TAKEN	<p>NT/FAMILY KNOWLEDGE OF ASTHMA MANAGEMENT AND INCREASE THEIR PARTICIPATION IN SELF-CARE THROUGH EDUCATION A) IMPLEMENT EVIDENCE BASED ASTHMA DISEASE MANAGEMENT PROGRAM UTILIZED AT PROMEDICA TOLEDO CHILDREN'S HOSPITAL FOR ASTHMA EDUCATION AT THE PEDIATRIC AMBULATORY DEPARTMENT B) UTILIZE RESPIRATORY THERAPISTS TRAINED TO PROVIDE CONSISTENT ASTHMA EDUCATION TO PARENTS AND CHILDREN WITH ASTHMA C) PROVIDE ASTHMA EDUCATION 2 DAYS PER WEEK TO ALL PARENTS OF ASTHMATIC CHILDREN SEEN IN THE PEDIATRIC AMBULATORY DEPARTMENT D) PROVIDE THE ASTHMA INSTRUCTION BOOKLET TO PARENTS RECEIVING EDUCATION E) PROVIDE AN ASTHMA ACTION PLAN TO ALL PARENTS OF CHILDREN SEEN IN THE PEDIATRIC AMBULATORY DEPARTMENT WITH A DIAGNOSIS OF ASTHMA F) MONITOR CHILDREN WHO RECEIVE EDUCATION FOR FREQUENCY OF ASTHMA RELATED HOSPITALIZATIONS AND/OR ED VISITS DURING THIS INITIAL YEAR G) PROMOTE PEDIATRIC AMBULATORY ASTHMA EDUCATION & MANAGEMENT AS A MODEL TO OTHER PEDIATRIC OFFICES TO INCREASE ASTHMA MANAGEMENT ACCESS FOR ALL CHILDREN WITH ASTHMA H) EXPAND PROGRAM BASED ON FUNDING AVAILABILITY ACTIONS TAKEN - ASTHMA EDUCATION WAS PROVIDED TO 505 PATIENTS IN THE PEDIATRIC AMBULATORY DEPARTMENTS - ACTION PLANS WERE GIVEN TO 375 PARENTS OF CHILDREN IN THE PEDIATRIC AMBULATORY DEPARTMENT WITH AN ASTHMA DIAGNOSIS - THIS IS A THREE (3) YEAR PLAN THAT WILL BE UPDATED IN 2020</p>

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

Form and Line Reference	Explanation
<p>STRATEGY #2 - DECREASE ASTHMA RELATED HOSPITAL ADMISSIONS AND EMERGENCY</p>	<p>DEPARTMENT (ED) VISITS A) WILL MONITOR ALL TOLEDO PEDIATRIC PRIMARY PATIENTS WHO RECEIVE A STHMA EDUCATION FOR FREQUENCY OF ASTHMA RELATED HOSPITALIZATIONS AND/OR ED VISITS B) EDUCATION WILL CONSIST OF TEACHING AND PRACTICING HEALTHY BEHAVIORS TO INCREASE NUMBER OF ASTHMA PATIENTS RETURNING FOR FOLLOW UP CARE AND MEDICATION REFILLS ON ROUTINE BASIS C) UTILIZE HOME CARE NURSES TO PROVIDE HOME EVALUATIONS AND FOLLOW UP CARE FOR ASSESSMENT OF PATIENT /FAMILY UNDERSTANDING OF ASTHMA EDUCATION, IMPLEMENTATION OF MANAGEMENT SKILLS AND UNDERSTANDING OF NEED TO TAKE MEDICATIONS AS ORDERED D) PATIENTS WILL FOLLOW UP IN PEDIATRIC AMBULATORY OFFICE FOR FOLLOW UP AS NEEDED WITH RESPIRATORY THERAPIST ASTHMA EDUCATOR FOR MONITORING FAMILY/CHILD'S UNDERSTANDING AND ONGOING MANAGEMENT OF EDUCATION RESPIRATORY THERAPIST WILL RE-EDUCATE AS NEEDED E) EXPAND PROGRAM BASED ON FUNDING AVAILABILITY ACTIONS TAKEN - MONITORED NUMBER OF ASTHMA HOSPITALIZATIONS/ED VISITS FROM 2018 THE < 7 DAY READMISSION RATE HAS DECREASED FROM 0.5% IN 2017 TO 0.25% IN 2018 THE PERCENTAGE OF < 7 DAY REVISITS HAS INCREASED FROM 2.4% TO AN AVERAGE OF 2.5% THE PERCENTAGE OF < 30 DAY REVISITS TO THE ED HAVE REMAINED UNCHANGED AT 3.5% AND HAS DECREASED FOR < 60 DAYS FROM 3.6% IN 2017 TO 2.5% IN 2018 - DEVELOPED MEASURES TO IDENTIFY INCREASING ASTHMA RECHECKS IN 2018 IDENTIFIED THAT PRIMARY CARE PHYSICIANS WERE NOT REFERRING ASTHMA PATIENTS TO HOME CARE CONSISTENTLY FOR HOME CARE NURSING FOLLOW UP PER NAEPP GUIDELINES 2007 REPORT RE-EDUCATION HAS OCCURRED IN 2018 AND THEN ANNUALLY FOR UTILIZATION OF HOME CARE ASTHMA EDUCATORS ARE TO PROVIDE FEEDBACK TO NURSES/PCP OF FAMILIES THAT WOULD BENEFIT FROM FOLLOW UP ASSESSMENT OF PATIENT/FAMILY UNDERSTANDING OF ASTHMA EDUCATION AND HOME ASTHMA MANAGEMENT SKILLS AND MEDICATION USAGE - THE OFFICE HAS REDESIGNED THE SCHEDULING OF ASTHMA PATIENTS TO COINCIDE WITH THE DAYS THE RESPIRATORY THERAPISTS ARE AVAILABLE - INCREASED NUMBER OF ASTHMA PATIENTS RETURNING FOR ASTHMA RECHECKS PER YEAR, RESULTING IN CAPTURING ASTHMA PATIENTS WHILE IN OFFICE AND ABLE TO SCHEDULE NEXT APPOINTMENT BEFORE LEAVING</p> <p>STRATEGY #3 - IMPROVE MANAGEMENT OF ASTHMA FOR CHILDREN AT PROMEDICA TOLEDO CHILDREN'S HOSPITAL AND ASSOCIATED OUTPATIENT AREAS A) CONTINUE TO ASSESS CARE AND EDUCATION PROVIDED TO PEDIATRIC PATIENTS WITH ASTHMA, AND THEIR FAMILIES, MAKE CHANGES AS NEEDED TO MEET THE NEEDS OF THIS POPULATION AND COMMUNITY B) ACTIVELY WORK TO BECOME CERTIFIED BY THE JOINT COMMISSION FOR OUTPATIENT PEDIATRIC ASTHMA DISEASE MANAGEMENT, MAKING PROMEDICA TOLEDO CHILDREN'S HOSPITAL ONLY HOSPITAL IN NATION TO HOLD DUAL INPATIENT AND OUTPATIENT CERTIFICATION ACTIONS TAKEN - TCH MAINTAINS ACCREDITATION BY THE JOINT COMMISSION FOR ASTHMA DISEASE MANAGEMENT, PROVIDING THE HIGHEST LEVEL OF CARE BELOW ARE THE INDICATORS WE MONITOR PER JOINT COMMISSION RECOMMENDATIONS - 95% INPATIENT TOBACCO EDUCATION- 20% OUTPATIENT TOBACCO EDUCATION- 91% INPATIENT HOME MANAGEMENT PLAN OF CARE- 59% OUTPATIENT</p>

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

Form and Line Reference	Explanation
<p>STRATEGY #2 - DECREASE ASTHMA RELATED HOSPITAL ADMISSIONS AND EMERGENCY</p>	<p>NT ACTION PLAN- 97% INPATIENT INFLUENZA SCREENING STRATEGY #4 - IMPROVE ACCESS TO PEDIATRIC PRIMARY CARE PHYSICIANS AT THE PROMEDICA TOLEDO CHILDREN'S HOSPITAL CLINIC A) OFFER SAME DAY APPOINTMENTS FOR SICK NEW PATIENTS B) MONITOR ACCESS TO CARE REPORT TO DETERMINE LENGTH OF TIME NEW PATIENTS MUST WAIT FOR APPOINTMENT AND ADD AVAILABLE PHYSICIAN HOURS AS NEEDED ACTIONS TAKEN - PHYSICIAN HOURS WERE NOT INCREASED IN 2018, ACCESS TO CARE IS MONITORED WITH PLANS TO INCREASE HOURS IF IMPROVEMENT TO ACCESS TO CARE IS NEEDED - 1,459 NEW PATIENTS ATTENDED THE PROMEDICA TOLEDO CHILDREN'S HOSPITAL PRIMARY CARE CLINIC IN 2018 SAME DAY APPOINTMENTS WERE OFFERED FOR SICK, NEW PATIENTS - ACCESS TO CARE REPORT WAS COMPILED QUARTERLY TO MONITOR ACCESS TO CARE AND MODIFY, AS NEEDED, TO IMPROVE ACCESS TO CARE STRATEGY #5 - INCREASE CHILDHOOD IMMUNIZATION RATES A) PROMEDICA TOLEDO CHILDREN'S HOSPITAL (TCH) WILL PROVIDE NURSE COVERAGE IN COLLABORATION WITH THE LUCAS COUNTY HEALTH DEPARTMENT "SHOTS FOR TOTS" PROGRAM TO PROVIDE IMMUNIZATIONS TO CHILDREN B) THE PROMEDICA TOLEDO CHILDREN'S HOSPITAL PRIMARY CARE CLINIC WILL CONTINUE TO OFFER FREE "VACCINES FOR KIDS" PER THE STATE GUIDELINES TO ALL ELIGIBLE CHILDREN THE STATE REGISTRY WILL BE UPDATED AT EACH VISIT WHERE SHOTS ARE GIVEN C) THE PROMEDICA TOLEDO CHILDREN'S HOSPITAL PRIMARY CARE CLINIC WILL CONTINUE TO TAKE EVERY OPPORTUNITY AT VISITS TO UPDATE CHILDREN'S IMMUNIZATION ACTIONS TAKEN - TCH PROVIDED 132 NURSING HOURS TO "SHOTS FOR TOTS" PROGRAM IN THE COMMUNITY (PLEASE NOTE THAT TCH PEDIATRIC AMBULATORY DEPARTMENT RECEIVES VACCINES FROM THE OHIO DEPARTMENT OF HEALTH VACCINES FOR CHILDREN'S (VFC) PROGRAM AT NO COST CHILDREN WHO MEET THE VFC REQUIREMENTS ARE PROVIDED VACCINES AT NO CHARGE MEDICAID REIMBURSES A FEE FOR NURSE ADMINISTRATION OF EACH VACCINE) - FREE VACCINES WERE OFFERED THROUGH THE "VACCINES FOR KIDS" PROGRAM - 62% OF CHILDREN WERE IMMUNIZED BY AGE 2 IN THE PROMEDICA TOLEDO CHILDREN'S HOSPITAL PRIMARY CARE CLINIC HEALTH NEED IDENTIFIED INCREASE HEALTHY WEIGHT STATUS STRATEGY #1 - INCREASE THE NUTRITION EDUCATION OFFERINGS TO CHILDREN AND PARENTS IN PROMEDICA TOLEDO CHILDREN'S HOSPITAL SERVICE AREA A) CONTINUE TO DONATE NUTREXITY BOARD GAMES TO AREA ELEMENTARY SCHOOLS AND AFTER-SCHOOL PROGRAMS B) THE FINALIZED PROMEDICA CHILDHOOD OBESITY CARE PLAN WILL BE DISTRIBUTED TO ALL PROMEDICA PEDIATRIC PRIMARY CARE PRACTICES AND FAMILY MEDICINE PRACTICES IN YEARS 2 AND 3 1) EDUCATION WILL BE GIVEN TO PROVIDERS RELATED TO ADDRESSING CHILDHOOD OBESITY WITHIN THE CLINIC SETTING 2) PRACTICES WILL BE PROVIDED WITH HEALTHY BEHAVIORS HANDOUTS TO PROVIDE TO PATIENTS ACTIONS TAKEN - NUTREXITY GAMES WERE DONATED TO SCHOOLS AND COMMUNITY ORGANIZATIONS IN 2015 AND 2016 TO PROVIDE CONTINUOUS ACCESS TO THIS EDUCATIONAL PROGRAM AT THE SCHOOLS IN LIEU OF PROVIDING THAT PROGRAM, COMMUNITY MEMBERS WERE EDUCATED THROUGH ALTERNATIVE PROGRAMS, INCLUDING FIVE (5) COOKING MATTERS AT THE STORE HEALTHY GROCERY STORE TOURS WERE</p>

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

Form and Line Reference	Explanation
STRATEGY #2 - DECREASE ASTHMA RELATED HOSPITAL ADMISSIONS AND EMERGENCY	E COMPLETED IN 2018 WITH 40 TOTAL PARTICIPANTS

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

Form and Line Reference	Explanation
<p>STRATEGY #2 - ADDRESS FOOD INSECURITY AMONG PATIENTS</p>	<p>A) TWO (2) ADDITIONAL PROMEDICA PRACTICES WILL BE TRAINED TO REFER FOOD INSECURE PATIENTS TO PROMEDICA'S FOOD PHARMACY, WHICH PROVIDES HEALTHY FOOD ON A MONTHLY BASIS TO PATIENTS B) ALL PATIENTS AT TCH WILL BE SCREENED FOR FOOD INSECURITY PRIOR TO DISCHARGE AND WERE OFF ERED AN EMERGENCY FOOD BAG UPON DISCHARGE C) TOLEDO HOSPITAL/TOLEDO CHILDREN'S HOSPITAL WI LL TAKE PART IN THE SUMMER FOOD SERVICE PROGRAM AS A SUMMER MEAL SITE PROVIDING FREE MEALS FOR CHILDREN AGES 1-18 ACTIONS TAKEN - ZERO (0) ADDITIONAL PROMEDICA PRACTICES WERE TRAIN ED IN CHILDHOOD OBESITY FOCUS HAS SHIFTED TO ADDRESSING FOOD INSECURITY IN 2018, WITH EDU CATION BEING A PART OF THE FOOD CLINIC - 27 TRAINED PROVIDERS AND PRACTICES ARE REFERRING TO THE FOOD CLINIC - SIX (6) NEW PRACTICES WERE TRAINED IN 2018 - THE FOOD CLINIC IS PARTNERING WITH WIC TO INCREASE PARTICIPATION IN BOTH WIC AND FOOD CLINIC PROGRAMS - 1,941 FAMI LIES WITH CHILDREN WERE SERVED BY THE PROMEDICA FOOD CLINIC 58% OF THE FAMILIES HAVE CHIL DREN UNDER 18 AT HOME - RESULTS FROM FOOD PHARMACY STUDY AND EMR DATA RESEARCH WERE COMPLE TED IN 2018 FROM A SUBSET OF MEDICAID PATIENTS INDICATED THAT INDIVIDUALS UTILIZING THE FO OD CLINIC PROGRAM SAW A 28 6% REDUCTION IN ER VISITS AND 5 1% REDUCTION IN MEDICAL COSTS W HEN COMPARING ONE (1) YEAR AFTER USING THE FOOD CLINIC PROGRAM TO ONE YEAR PRIOR - ALL TCH PATIENTS WERE SCREENED FOR FOOD INSECURITY WITH 96 EMERGENCY FOOD BAGS PROVIDED TO TCH PA TIENTS AT DISCHARGE - 378 MEALS WERE SERVED AT THE TOLEDO HOSPITAL'S SUMMER MEALS PROGRAM STRATEGY #3 - PROVIDE EDUCATION AND AWARENESS TO CHILDREN AND FAMILIES ON CHILD OBESITY AN D HEALTHY SUPPLEMENTAL FOODS THROUGH THE PROMEDICA TOLEDO CHILDREN'S HOSPITAL WIC PROGRAM A) CONDUCT INDIVIDUAL NUTRITION ASSESSMENTS FOR WIC PARTICIPANTS TAILOR INDIVIDUAL WIC FO OD PACKAGE TO BEST MEET EACH PARTICIPANT'S INDIVIDUAL NUTRITION NEEDS AND/OR GOALS B) MAKE REFERRALS TO PHYSICIAN, AS INDICATED BY WIC POLICIES AND PROCEDURES C) PROVIDE BREASTFEED ING EDUCATION CLASSES D) EDUCATE ON LIMITING JUICE AND EMPTY CALORIE FOODS AND REPLACE WIT H ECONOMICAL HEALTHY FOODS E) EDUCATE PARENT/CAREGIVER ON HOW TO EXTEND FOOD DOLLARS AND O FFERS HEALTHY, INEXPENSIVE MEAL IDEAS F) PROVIDE FARMER MARKET COUPONS, TO ELIGIBLE WIC PA RTICIPANTS, (JULY THROUGH SEPTEMBER) TO HELP INCREASE FRESH FRUIT AND VEGETABLE INTAKE ACT IONS TAKEN - 12,303 CHILDREN AND CAREGIVERS WERE ASSESSED AND EDUCATED THROUGH THE WIC PRO GRAM - ALL WIC PATIENTS ARE REQUIRED TO HAVE DIET ASSESSMENTS TWICE A YEAR - BASED ON DIET ASSESSMENT FINDINGS, PHYSICIAN REFERRALS WERE MADE - 46 BREASTFEEDING EDUCATION CLASSES W ERE PROVIDED THROUGH THE CENTER FOR HEALTH SERVICES (CHS) CLINIC BASED WIC PROGRAM APPROX IMATELY 731 PARTICIPATED - PARENTS/CAREGIVERS WERE EDUCATED ON HOW TO EXTEND FOOD DOLLARS AND WERE OFFERED HEALTHY AND INEXPENSIVE MEAL IDEAS FAMILIES WERE ALSO EDUCATED ON LIMITI NG JUICE AND EMPTY CALORIE FOODS AND HOW TO REPLACE WITH ECONOMICAL HEALTHY FOODS - 1,024 FARMER MARKET COUPONS WERE GIV</p>

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

Form and Line Reference	Explanation
<p>STRATEGY #2 - ADDRESS FOOD INSECURITY AMONG PATIENTS</p>	<p>EN TO ELIGIBLE WIC PARTICIPANTS THROUGH THE WIC PROGRAM HEALTH NEED IDENTIFIED INJURY PREVENTION/SAFETY STRATEGY #1 - PROMEDICA TOLEDO CHILDREN'S HOSPITAL IN PARTNERSHIP WITH STATE FARM WILL CONDUCT A DISTRACTED DRIVING PROGRAM THAT WILL EDUCATE HIGH SCHOOL STUDENTS AND THE COMMUNITY ON THE DANGERS OF DISTRACTED DRIVING AND THE IMPORTANCE TO SPEAK UP IF FEELING UNSAFE WITH OTHER DRIVERS (BASED ON FUNDING AVAILABILITY) CONDUCT PROGRAM FOR AT LEAST 5 HIGH SCHOOLS AND AT LEAST 2 COMMUNITY LOCATIONS ACTIONS TAKEN - PROMOTED AND FACILITATED DISTRACTED DRIVING PRESENTATIONS FOR FIVE (5) HIGH SCHOOLS (NORTHVIEW HIGH SCHOOL, STAR T HIGH SCHOOL, PENTA CAREER CENTER, ST FRANCIS HIGH SCHOOL, AND TOLEDO TECHNOLOGY ACADEMY) IN LUCAS COUNTY AND GREATER TOLEDO AREA AND TWO (2) UNIVERSITIES (LOURDES UNIVERSITY AND UNIVERSITY OF TOLEDO) RESULTING IN SEVEN (7) SCHOOLS PARTICIPATING 1,351 PARTICIPANTS WERE EDUCATED AT PRESENTATIONS, AND 400 PARTICIPANTS USED THE DISTRACTED DRIVER SIMULATOR - DISTRACTED DRIVING EDUCATION PROVIDED AT NINE (9) COMMUNITY LOCATIONS IN 2018 (TOLEDO AUTO SHOW (4 DAYS), PROMEDICA STEAM PLANT (2 TIMES), PROMEDICA JUNCTION BUILDING, CARTEENS (2 TIMES), LUCAS COUNTY FAIR, EASTERN STAR BAPTIST CHURCH, HOLLAND BRANCH LIBRARY) APPROXIMATELY 250 TEENS AND ADULTS USED THE DISTRACTED DRIVING SIMULATOR AND OVER 1,351 PEOPLE WERE REACHED THROUGH INDIRECT EDUCATION AT THESE EVENTS STRATEGY #2 - KISS (KIDS IN SAFE SEAT S)/OBB (OHIO BUCKLES BUCKEYES)/SAFE KIDS BUCKLE UP CAR SEAT PROGRAMS WILL EDUCATE PARENTS AND CAREGIVERS ON THE IMPORTANCE OF PROPER CAR SEAT USE AT TOLEDO CHILDREN'S HOSPITAL CAR SEAT FITTING STATION AND SAFE KIDS BUCKLE UP COMMUNITY EVENTS PROVIDE AT LEAST 50 OPPORTUNITIES FOR PARENTS AND CAREGIVERS TO RECEIVE CAR SEAT INFORMATION ACTIONS TAKEN - CONDUCTED 77 CAR SEAT CHECKUP EVENTS THROUGHOUT THE GREATER TOLEDO AREA STRATEGY #3 - KISS/OBB/SAFE KIDS BUCKLE UP WILL PROVIDE ACCESS TO CAR SEATS AND BOOSTER SEATS TO LOW-INCOME FAMILIES AT TOLEDO CHILDREN'S HOSPITAL CAR SEAT FITTING STATION AND SAFE KIDS BUCKLE UP COMMUNITY EVENTS DISTRIBUTE AT LEAST 120 CAR SEATS TO LOW-INCOME FAMILIES ACTIONS TAKEN - 10 KISS/OBB/SAFE KIDS "BUCKLE UP" PRESENTATIONS WERE HELD - 332 CAR SEATS AND BOOSTER SEATS WERE PROVIDED TO LOW INCOME FAMILIES - 346 CAR SEATS WERE CHECKED FOR SAFE INSTALLATION STRATEGY #4 - SAFE ROUTES TO SCHOOL PROGRAM WILL EDUCATE STUDENTS AND THE COMMUNITY ON THE BENEFITS OF WALKING AND BICYCLING TO SCHOOL IN GROUPS AS A WAY TO HAVE A SAFER NEIGHBORHOOD ACTIONS TAKEN - PRESENTED TO 13 CLASSROOMS ON PEDESTRIAN AND BICYCLE SAFETY THE TOTAL NUMBER OF CHILDREN RECEIVING THIS EDUCATION WAS 425 STRATEGY #5 - SAFE KIDS GREATER TOLEDO WILL EDUCATE STUDENTS AND THE COMMUNITY ON THE BENEFITS OF WALKING AND BICYCLING TO SCHOOL IN GROUPS AS A WAY TO HAVE A SAFER NEIGHBORHOOD PROMOTE NATIONAL BIKE TO SCHOOL DAY WITH AT LEAST ONE SCHOOL IN LUCAS COUNTY ACTIONS TAKEN - PROMOTED INTERNATIONAL WALK TO SCHOOL (150 PARTICIPANTS, 1 SCHOOL, 2 PRESE</p>

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

Form and Line Reference	Explanation
STRATEGY #2 - ADDRESS FOOD INSECURITY AMONG PATIENTS	<p>NTATIONS) WITH MORE FOCUS ON BIKE TO SCHOOL DAY (100 PARTICIPANTS, 1 SCHOOL) AND PRESENTED 13 CLASSROOM PRESENTATIONS ON PEDESTRIAN AND BICYCLE SAFETY STRATEGY #6 - PROMEDICA TOLED O CHILDREN'S HOSPITAL COMMUNITY OUTREACH/SAFE KIDS HOME SAFETY AND TOLEDO HEALTHY TOMORROW S HELP ME GROW PROGRAMS WILL EDUCATE PARENTS, CAREGIVERS AND THE COMMUNITY ON HOME SAFETY ISSUES INCLUDING ACCIDENTAL POISONINGS SAFETY, MEDICATION SAFETY, WATER SAFETY, FALLS, FIR E, BURN, ETC DIRECTLY EDUCATE AT LEAST 175 INDIVIDUALS THROUGH PRESENTATIONS AND EDUCATIO NAL SESSIONS, INDIRECTLY EDUCATE THOUSANDS MORE THROUGH SOCIAL MEDIA, TRADITIONAL MEDIA AN D BROCHURES ACTIONS TAKEN - CONDUCTED EDUCATIONAL PRESENTATIONS TO PARENTS/CAREGIVERS AND OTHER PROFESSIONALS WITH 187 PARTICIPANTS STRATEGY #7 - TCH COMMUNITY OUTREACH/SAFE KIDS HOME SAFETY AND TOLEDO HEALTHY TOMORROWS HELP ME GROW PROGRAMS WILL PROVIDE SAFETY ITEMS A ND EDUCATIONAL MATERIALS TO LOW-INCOME FAMILIES TO REDUCE OR PREVENT HOME-RELATED INJURIES PROVIDE HOME SAFETY ITEMS/KITS TO AT LEAST 40 LOW-INCOME HOUSEHOLDS ACTIONS TAKEN - TOLE DO HEALTHY TOMORROWS HELP ME GROW AND PATHWAYS PROGRAMS PROVIDED HOME SAFETY ASSESSMENTS, AND/OR EDUCATION TO 140 LOW INCOME FAMILIES IN 2018 THROUGH THE PROGRAM 250 ITEMS WERE DI STRIBUTED</p>

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

Form and Line Reference	Explanation
STRATEGY #8 - ASSESS AND PROVIDE SAFETY ITEMS TO HOMES LACKING SMOKE/CARBON	<p>MONOXIDE (CO) DETECTORS, FIRE EXTINGUISHERS, CHILD SAFETY GATES, DOOR LOCKS, ETC PARTNER WITH AMERICAN RED CROSS TO REQUEST AND INSTALL SMOKE/CO DETECTORS IN HOMES WITHOUT THEM FOLLOW UP WITH POST ASSESSMENT TO ENSURE ITEMS ARE BEING USED AND INSTALLED/USED CORRECTLY A) COMPLETE WRITTEN ASSESSMENT OF HOME AND NEED FOR SAFETY ITEMS B) DISTRIBUTE NEEDED SAFETY ITEMS AND EDUCATE ON USE C) COMPLETE WRITTEN FOLLOW UP ASSESSMENT ON INSTALLATION AND CORRECT USE OF SAFETY ITEMS</p> <p>PROVIDED ACTIONS TAKEN - CHILD/HOME SAFETY ASSESSMENTS WERE COMPLETED WITH 341 COMPLETED ASSESSMENTS FOR HOME SAFETY ITEMS, 16 SMOKE/CO DETECTORS PROVIDED BY THE AMERICAN RED CROSS, AND 82 FOLLOW UP ASSESSMENTS COMPLETED STRATEGY #9 - SAFE KIDS SPORTS SAFETY AND TOLEDO CHILDREN'S HOSPITAL TRAUMA DEPARTMENT WILL EDUCATE PARENTS/CAREGIVERS AND THE COMMUNITY ON CONCUSSION PREVENTION AND SPORTS-RELATED INJURIES AT EVENTS, COACHES TRAININGS, CONCUSSION CLINIC AND AREA SCHOOLS EDUCATE AT LEAST 75 PARTICIPANTS AT PRESENTATIONS AND EVENTS ACTIONS TAKEN - CONDUCTED EDUCATIONAL PRESENTATIONS TO PARENTS/CAREGIVERS AND OTHER PROFESSIONALS ON SPORTS SAFETY ISSUES WITH 24 EDUCATIONAL PRESENTATIONS AND 495 TOTAL PARTICIPANTS STRATEGY #10 - TOLEDO CHILDREN'S HOSPITAL TRAUMA DEPARTMENT WILL ASSIST SCHOOLS AND MEDICAL PROFESSIONALS WITH "RETURN TO PLAY AND "RETURN TO LEARN" POLICY AND PROCEDURE ADOPTION BY PROVIDING EDUCATIONAL MATERIALS AND SESSIONS PROVIDE INFORMATION TO AT LEAST FIVE SCHOOLS OR MEDICAL PROFESSIONALS ACTIONS TAKEN - PROVIDED "RETURN TO PLAY AND "RETURN TO LEARN" MATERIALS AND EDUCATIONAL SESSIONS TO 42 SCHOOLS AND 100 MEDICAL AND/OR SCHOOL PROFESSIONALS HEALTH NEED IDENTIFIED INCREASE SCHOOL READINESS STRATEGY #1 - PROMOTE READING TO YOUNG CHILDREN THROUGH THE TOLEDO HEALTHY TOMORROWS/HELP ME GROW PROGRAM ON AN ONGOING BASIS A) EDUCATE YOUNG LOW INCOME PARENTS ABOUT PARENTING AND THE BENEFITS OF READING TO THEIR CHILDREN DURING HOME VISITS B) PROVIDE FREE CHILDREN'S BOOKS AT HOME VISITS 1) INCREASE FAMILIES IMPACTED BY ADDING THE PATHWAYS HOME VISITORS' ALSO PROVIDING LITERACY EDUCATION AND BOOKS TO FAMILIES ACTIONS TAKEN - EDUCATION PROVIDED TO 429 YOUNG LOW INCOME PARENTS AND 907 BOOKS WERE PROVIDED STRATEGY #2 - PROVIDE AGE SPECIFIC DEVELOPMENTAL SCREENING FROM BIRTH TO AGE 3 FOR CHILDREN ENROLLED IN THE HELP ME GROW PROGRAM A) SCREEN ALL INFANTS AND CHILDREN TO AGE 3 YEARS WITH AGE APPROPRIATE AGES AND STAGES, THIRD EDITION B) REFER ALL CHILDREN TO EARLY INTERVENTION THROUGH ESTABLISHED PROCEDURE IF SCREENING DETERMINES NEED FOR EVALUATION ACTIONS TAKEN - 480 SCREENINGS WERE COMPLETED, AND 27 REFERRALS WERE MADE TO EARLY INTERVENTION GROUP A-FACILITY 1 -- THE TOLEDO HOSPITAL PART V, SECTION B, LINE 16A THE FAP WAS WIDELY AVAILABLE AT THE FOLLOWING URL WWW.PROMEDICA.ORG/PAGES/PATIENT-RESOURCES/BILLING-INSURANCE/FINANCIAL-ASSISTANCE/DEFAULT.ASPX?GROUP=A-FACILITY1 -- THE TOLEDO HOSPITAL PART V, SECTION B, LINE 16B THE FAP APPLICATION FORM WAS WIDELY AVAILABLE AT THE FOLLOWING</p>

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

Form and Line Reference	Explanation
STRATEGY #8 - ASSESS AND PROVIDE SAFETY ITEMS TO HOMES LACKING SMOKE/CARBON	G URL WWW PROMEDICA ORG/PAGES/PATIENT-RESOURCES/BILLING-INSURANCE/FINANCIAL-ASSISTANCE/DEFAULT ASPXGROUP A-FACILITY 1 -- THE TOLEDO HOSPITALPART V, SECTION B, LINE 16C A PLAIN LANGUAGE SUMMARY OF THE FAP WAS WIDELY AVAILABLE AT THE FOLLOWING URL WWW PROMEDICA ORG/PAGES /PATIENT-RESOURCES/BILLING-INSURANCE/FINANCIAL-ASSISTANCE/DEFAULT ASPX

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

Form and Line Reference	Explanation
<p>GROUP A-FACILITY 2 -- WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL</p>	<p>PART V, SECTION B, LINE 11 WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL CONDUCTED AND ADOPTED ITS SECOND COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) DURING TAX YEAR 2016 AND INTENDS TO ADDRESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS, LISTED IN ORDER OF PRIORITY - HUNGER - OBESITY THIS CHNA WAS CONDUCTED AND ADOPTED AT THE END OF TAX YEAR 2016, THEREFORE, THESE HEALTH NEEDS WILL BE ADDRESSED OVER THE THREE TAX YEARS, 2017-2019 WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL DOES NOT INTEND TO ADDRESS ALL OF THE NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT GIVEN THAT SOME OF THE IDENTIFIED HEALTH NEEDS ARE EITHER BEING ADDRESSED DURING PHYSICIAN VISITS, GO BEYOND THE SCOPE OF THE HOSPITAL, OR ARE BEING ADDRESSED BY, OR WITH, OTHER ORGANIZATIONS IN THE COMMUNITY TO SOME EXTENT, RESOURCE RESTRICTIONS DO NOT ALLOW THE HOSPITAL TO ADDRESS ALL OF THE HEALTH NEEDS IDENTIFIED THROUGH THE HEALTH NEEDS ASSESSMENT, BUT MOST IMPORTANTLY, TO PREVENT DUPLICATION OF EFFORTS AND INEFFICIENT USE OF RESOURCES, MANY OF THESE ISSUES ARE ADDRESSED BY, AND WITH, OTHER COMMUNITY ORGANIZATIONS AND COALITIONS THE 2016 SIGNIFICANT HEALTH NEEDS IDENTIFIED, BUT SPECIFICALLY NOT ADDRESSED BY THE HOSPITAL IN ITS 2016 IMPLEMENTATION PLAN INCLUDE HEALTH CARE COVERAGE PERCEPTIONS, HEALTH CARE ACCESS AND UTILIZATION, CARDIOVASCULAR HEALTH, CANCER, DIABETES, ARTHRITIS, ASTHMA, TOBACCO USE, ALCOHOL CONSUMPTION AND DRUG USE, WOMEN'S HEALTH, MEN'S HEALTH, PREVENTIVE MEDICINE AND HEALTH SCREENINGS, ADULT SEXUAL BEHAVIOR, ADULT PREGNANCY OUTCOMES, QUALITY OF LIFE, SOCIAL CONTEXT AND SAFETY, SOCIAL ISSUES (EXCEPT HUNGER), MENTAL HEALTH AND SUICIDE, ORAL HEALTH, MINORITY HEALTH, HEALTH ISSUES SPECIFIC TO YOUTH AND CHILDREN, YOUTH WEIGHT, YOUTH TOBACCO USE, YOUTH ALCOHOL AND DRUG USE, YOUTH SEXUAL BEHAVIOR, YOUTH MENTAL HEALTH, YOUTH SAFETY AND VIOLENCE, CHILDREN'S HEALTH STATUS, CHILDREN DIAGNOSED WITH ASTHMA, CHILDREN DIAGNOSED WITH ADHD/ADD, CHILDREN DIAGNOSED WITH VISION PROBLEMS THAT CANNOT BE CORRECTED, CHILDREN'S HEALTH ACCESS, EARLY CHILDHOOD HEALTH, MIDDLE CHILDHOOD HEALTH, FAMILY FUNCTIONING/NEIGHBORHOODS, AND PARENT HEALTH WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL DID TAKE THE FOLLOWING ACTIONS DURING TAX YEAR 2018 WITH RESPECT TO ITS MOST RECENTLY CONDUCTED CHNA IN 2016 HEALTH NEED IDENTIFIED HUNGERSTRATEGY #1 - SCREEN INPATIENTS ON ADMISSION FOR FOOD INSECURITY, AND PROVIDE FOOD TO TAKE HOME AT DISCHARGE IF FOOD INSECURITY IS IDENTIFIED ACTIONS TAKEN - ZERO (0) PATIENTS AT WILDWOOD SCREENED POSITIVE FOR FOOD INSECURITY IN 2018 A TOTAL OF 114 PATIENTS AT THE TOLEDO HOSPITAL (THAT WILDWOOD OPERATES UNDER) WERE PROVIDED WITH EMERGENCY FOOD BOXES AT DISCHARGE IN 2018 STRATEGY #2 - SCREEN OUTPATIENTS IN SPECIFIC PROMEDICA PRIMARY CARE OFFICES FOR FOOD INSECURITY, AND PROVIDE A REFERRAL TO A PROMEDICA FOOD PHARMACY AND/OR PROVIDE A LISTING OF FOOD AGENCIES TO ASSIST PATIENTS WITH FOOD ACCESS ACTIONS TAKEN - 1,424 UNIQUE HOUSEHOLDS, WITH NO CHILDREN, WERE SERVED AT T</p>

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

Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL	<p>HE PROMEDICA FOOD CLINIC (PHARMACY) IN 2018 HEALTH NEED IDENTIFIED OBESITY STRATEGY #1 - PROVIDE FREE COOKING MATTERS PROGRAMMING TO PARENTS AND FAMILIES THROUGHOUT THE COMMUNITY COOKING MATTERS IS A 6-WEEK HEALTHY EATING AND COOKING CLASS FOR LOW-INCOME FAMILIES, WHICH WILL BE OFFERED AT THE PROMEDICA EBEID INSTITUTE'S TEACHING KITCHEN ACTIONS TAKEN - SIX (6) EDUCATIONAL SESSIONS WERE PROVIDED IN 2018 - 61 PARTICIPANTS PARTICIPATED IN EDUCATIONAL SESSIONS STRATEGY #2 - PROVIDE FREE COOKING MATTERS AT THE STORE PROGRAMMING TO PARENTS AND FAMILIES COOKING MATTERS AT THE STORE IS A ONE-TIME, EDUCATIONAL GROCERY STORE TOUR TEACHING HEALTHY EATING ON A BUDGET ACTIONS TAKEN - FIVE (5) EDUCATIONAL SESSIONS WERE PROVIDED IN 2018 - 40 PARTICIPANTS PARTICIPATED IN EDUCATIONAL SESSIONS STRATEGY #3 - PROVIDE PHYSICAL ACTIVITY EDUCATION AS PART OF THE PROGRAMMING AT THE EBEID INSTITUTE FOR POPULATION HEALTH ACTIONS TAKEN - 12 EDUCATIONAL SESSIONS WERE PROVIDED IN 2018 - 600 PARTICIPANTS PARTICIPATED IN EDUCATIONAL SESSIONS GROUP A-FACILITY 2 -- WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL PART V, SECTION B, LINE 16A THE FAP WAS WIDELY AVAILABLE AT THE FOLLOWING URL WWW.PROMEDICA.ORG/PAGES/PATIENT-RESOURCES/BILLING-INSURANCE/FINANCIAL-ASSISTANCE/DEFAULT.ASPX GROUP A-FACILITY 2 -- WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL PART V, SECTION B, LINE 16B THE FAP APPLICATION FORM WAS WIDELY AVAILABLE AT THE FOLLOWING URL WWW.PROMEDICA.ORG/PAGES/PATIENT-RESOURCES/BILLING-INSURANCE/FINANCIAL-ASSISTANCE/DEFAULT.ASPX GROUP A-FACILITY 2 -- WILDWOOD ORTHOPAEDIC & SPINE HOSPITAL PART V, SECTION B, LINE 16C A PLAIN LANGUAGE SUMMARY OF THE FAP WAS WIDELY AVAILABLE AT THE FOLLOWING URL WWW.PROMEDICA.ORG/PAGES/PATIENT-RESOURCES/BILLING-INSURANCE/FINANCIAL-ASSISTANCE/DEFAULT.ASPX</p>

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

Form and Line Reference	Explanation
GROUP B-FACILITY 3 -- ARROWHEAD BEHAVIORAL HEALTH	<p>PART V, SECTION B, LINE 7A THE CHNA REPORT WAS MADE WIDELY AVAILABLE AT THE FOLLOWING URL HTTPS //WWW PROMEDICA ORG/FLOWER-HOSPITAL/DOCUMENTS/PROMEDICA%20TOLEDO%20FLOWER%20WILDWOOD%20AND%20ARROWHEAD%20BEHAVIORAL%20HOSPITALS%202016%20JOINT%20COMMUNITY%20HEALTH%20NEEDS%20ASSESSMENT PDFGROUP B-FACILITY 3 --</p> <p>ARROWHEAD BEHAVIORAL HEALTHPART V, SECTION B, LINE 11 ARROWHEAD BEHAVIORAL HEALTH CONDUCTED AND ADOPTED ITS SECOND COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) DURING TAX YEAR 2016 AND INTENDS TO ADDRESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS, LISTED IN ORDER OF PRIORITY - SUBSTANCE ABUSE- MENTAL HEALTHTHIS CHNA WAS CONDUCTED AND ADOPTED AT THE END OF THE TAX YEAR 2016, THEREFORE, THESE HEALTH NEEDS WILL BE ADDRESSED OVER THE THREE TAX YEARS, 2017-2019 ARROWHEAD BEHAVIORAL HEALTH DOES NOT INTEND TO ADDRESS ALL OF THE NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT GIVEN THAT SOME OF THE IDENTIFIED HEALTH NEEDS ARE EITHER BEING ADDRESSED DURING PHYSICIAN VISITS, GO BEYOND THE SCOPE OF THE HOSPITAL, OR ARE BEING ADDRESSED BY, OR WITH, OTHER ORGANIZATIONS IN THE COMMUNITY TO SOME EXTENT, RESOURCE RESTRICTIONS DO NOT ALLOW THE HOSPITAL TO ADDRESS ALL OF THE HEALTH NEEDS IDENTIFIED THROUGH THE HEALTH NEEDS ASSESSMENT, BUT MOST IMPORTANTLY TO PREVENT DUPLICATION OF EFFORTS AND INEFFICIENT USE OF RESOURCES, MANY OF THESE ISSUES ARE ADDRESSED BY, AND WITH, OTHER COMMUNITY ORGANIZATIONS AND COLLEAGUES THE 2016 SIGNIFICANT HEALTH NEEDS IDENTIFIED, BUT SPECIFICALLY NOT ADDRESSED BY THE HOSPITAL IN ITS 2016 IMPLEMENTATION PLAN INCLUDE HEALTH CARE PERCEPTIONS/COVERAGE/ACCESS/UTILIZATION, CARDIOVASCULAR HEALTH, DIABETES, CANCER, ARTHRITIS, ASTHMA, AND OTHER RESPIRATORY DISEASES, WEIGHT STATUS, TOBACCO USE, ALCOHOL AND DRUG USE, ORAL HEALTH, WOMEN'S HEALTH, MEN'S HEALTH, PREVENTIVE MEDICINE AND ENVIRONMENTAL HEALTH, ADULT SEXUAL BEHAVIOR AND PREGNANCY OUTCOMES, ADULT MENTAL HEALTH, QUALITY OF LIFE, SOCIAL CONTEXT AND SAFETY, MENTAL HEALTH AND SUICIDE, YOUTH HEALTH OR CHILD HEALTH, YOUTH WEIGHT CONTROL, YOUTH TOBACCO USE, YOUTH SEXUAL BEHAVIOR AND TEEN PREGNANCY OUTCOMES, YOUTH PERSONAL HEALTH AND SAFETY, YOUTH PERCEPTIONS, MATERNAL INFANT HEALTH, CHILD HEALTH AND FUNCTION STATUS, CHILD HEALTH CARE ACCESS, EARLY CHILDHOOD, MIDDLE CHILDHOOD, FAMILY AND COMMUNITY CHARACTERISTICS, AND PARENT HEALTH ARROWHEAD BEHAVIORAL HEALTH DID TAKE THE FOLLOWING ACTIONS DURING TAX YEAR 2018 WITH RESPECT TO ITS MOST RECENTLY CONDUCTED CHNA IN 2016 HEALTH NEED IDENTIFIED SUBSTANCE ABUSESTRATEGY #1 - PROVIDE DRUG/ALCOHOL SCREENINGS VIA MOBILE ASSESSMENTS AT LOCAL EMERGENCY ROOMS, LUCAS COUNTY JAIL, SKILLED NURSING FACILITIES AND MEDICAL REHAB CENTERS ACTIONS TAKEN - PROVIDED EIGHT (8) DRUG/ALCOHOL SCREENINGS VIA MOBILE ASSESSMENTS AT LOCAL EMERGENCY ROOMS, LUCAS COUNTY JAIL, SKILLED NURSING FACILITIES AND MEDICAL REHAB CENTERS STRATEGY #2 - PROVIDE TRANSPORTATION FOR OUTPATIENT SERVICES AND INPATIENT DISCHARGES/ADMISSIONS, WHEN NEEDED ACTIONS TAKE</p>

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

Form and Line Reference	Explanation
GROUP B-FACILITY 3 -- ARROWHEAD BEHAVIORAL HEALTH	<p>N - PROVIDED FREE TRANSPORTATION FOR OUTPATIENT SERVICES AND INPATIENT DISCHARGES/ADMISSIONS, WHEN NEEDED STRATEGY #3 - CONTINUE ONGOING COLLABORATION WITH LUCAS COUNTY DART (DRUG ABUSE RESPONSE TEAM) ACTIONS TAKEN - HAD ONGOING COLLABORATION WITH LUCAS COUNTY DART PROGRAM THROUGHOUT 2018 THROUGH COMMUNITY LIAISON PARTICIPATION STRATEGY #4 - PARTICIPATE IN COMMUNITY AWARENESS/EDUCATION ACTIVITIES, INCLUDING RELAPSE PREVENTION, ALCOHOLICS ANONYMOUS AND NAMI FAMILY TO FAMILY ACTIONS TAKEN - 30 EDUCATIONAL SESSIONS WERE PROVIDED IN 2018 - UNKNOWN (NUMEROUS) PARTICIPANTS WERE IN EDUCATIONAL SESSIONS IN 2018 HEALTH NEED IDENTIFIED MENTAL HEALTH STRATEGY #1 - PARTICIPATE IN COMMUNITY AWARENESS/EDUCATION ACTIVITIES ACTIONS TAKEN - PARTICIPATED IN 30 COMMUNITY AWARENESS/EDUCATION ACTIVITIES IN 2018 STRATEGY #2 - CONTINUE TO PROVIDE INPATIENT CARE TO UNINSURED PATIENTS REGARDLESS OF ABILITY TO PAY ACTIONS TAKEN - PROVIDED INPATIENT CARE TO 29 OF UNINSURED PATIENTS IN 2018 STRATEGY #3 - CONTINUE SCREENING, EDUCATION AND WORKFORCE DEVELOPMENT OFFERED TO THE COMMUNITY TOGETHER WITH PROMEDICA FLOWER HOSPITAL PSYCHIATRIC SERVICES ACTIONS TAKEN - ARROWHEAD BEHAVIORAL HEALTH STAFF PARTICIPATED IN MULTIPLE NAMI (NATIONAL ALLIANCE FOR MENTAL ILLNESS) EVENTS, INCLUDING DONATION OF \$2,500 FOR A SPONSORSHIP FOR THE NAMI WALK ARROWHEAD BEHAVIORAL HEALTH ALSO HOSTED THE NAMI FAMILY-TO-FAMILY COMMUNITY GROUPS DURING THE SPRING AND FALL SESSIONS GROUP B-FACILITY 3 -- ARROWHEAD BEHAVIORAL HEALTH PART V, SECTION B, LINE 20E PRIOR TO PURSUING COLLECTION ACTIONS, THE HOSPITAL FACILITY INITIATED THE FOLLOWING ACTION - PATIENTS ARE OFFERED PAYMENT PLANS TO WORK WITH THE HOSPITAL FACILITY TO PAY THEIR OUTSTANDING BALANCES WITH COMMUNICATION MADE TO THE PATIENT ON A MONTHLY BASIS VIA PAPER INVOICES AND PHONE CALLS- PATIENT ACCOUNTS WILL NOT GO TO BAD DEBT COLLECTION IF THE PATIENT MAKES MONTHLY PAYMENTS AS AGREED TO WITH THE HOSPITAL FACILITY OR IF THE PATIENT COMMUNICATES THEIR INABILITY TO MAKE PAYMENTS TIMELY- PATIENT ACCOUNTS WILL GO TO BAD DEBT COLLECTION IF THE PATIENT DOES NOT COMMUNICATE WITH THE HOSPITAL FACILITY OR RESPOND TO PAPER INVOICES AND PHONE CALLS FOR MULTIPLE MONTHS</p>

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

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

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

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

Name and address	Type of Facility (describe)
1 1 - PROMEDICA HICKMAN CANCER CENTER 5300 HARROUN RD STE 010 SYLVANIA, OH 43560	ONCOLOGY
1 2 - PROMEDICA TRANSPORTATION NETWORK 2142 NORTH COVE BLVD TOLEDO, OH 43606	GROUND AND AIR TRANSPORT
2 3 - PARKWAY SURGERY CENTER 2120 W CENTRAL AVE TOLEDO, OH 43606	SURGICAL CENTER/LAB
3 4 - ENDOSCOPY CENTER 5700 MONROE ST SYLVANIA, OH 43560	ENDOSCOPY
4 5 - PROMEDICA HEALTH & WELLNESS CENTER 5700 MONROE ST SUITE 109 SYLVANIA, OH 43560	LAB & RADIOLOGY
5 6 - NORTHWEST OHIO CARDIOLOGY 2940 N MCCORD RD TOLEDO, OH 43615	CARDIOLOGY
6 7 - WEST CENTRAL SURGICAL CENTER 7055 W CENTRAL AVE TOLEDO, OH 43617	SURGERY CENTER
7 8 - PROMEDICA CHILDREN'S AUTISM CENTER 2040 W CENTRAL TOLEDO, OH 43606	AUTISM CENTER
8 9 - PROMEDICA HEALTH & WELLNESS CENTER 5700 MONROE ST SUITE 109 SYLVANIA, OH 43560	LAB
9 10 - PROMEDICA HEALTH & WELLNESS CENTER 5700 MONROE ST SUITE 109 SYLVANIA, OH 43560	PULMONARY FUNCTION
10 11 - PROMEDICA HEALTH & WELLNESS CENTER 5700 MONROE ST SUITE 109 SYLVANIA, OH 43560	RADIOLOGY
11 12 - HARRIS MCINTOSH RADIOLOGY 2121 HUGHES DR TOLEDO, OH 43606	RADIOLOGY
12 13 - PROMEDICA LABS 3120 W CENTRAL AVE STE 300 TOLEDO, OH 43606	CHECK LAB OR RAD
13 14 - TOLEDO CHILDREN'S HEART CENTER 2121 HUGHES DR TOLEDO, OH 43606	CARDIOLOGY
14 15 - CENTER FOR WOUND CARE OF NW OHIO 3110 CENTRAL AVE STE A TOLEDO, OH 43606	WOUND CARE

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

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

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

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

Name and address	Type of Facility (describe)
16 16 - SPORTSCARE AT WILDWOOD MEDICAL CENTER 2865 N REYNOLDS RD STE 110 TOLEDO, OH 43615	PHYSICAL THERAPY
1 17 - TOTAL REHAB PEDIATRICS 4041 W SYLVANIA AVE STE 100 TOLEDO, OH 43623	PHYSICAL THERAPY
2 18 - PROMEDICA WILDWOOD 2865 N REYNOLDS RD TOLEDO, OH 43615	RADIOLOGY
3 19 - TOTAL REHAB WILDWOOD 2865 N REYNOLDS RD STE 101 TOLEDO, OH 43615	PHYSICAL THERAPY
4 20 - PROMEDICA NEUROSCIENCE CENTER 2130 W CENTRAL AVE TOLEDO, OH 43606	NEUROSCIENCE
5 21 - JOBST VASCULAR INSTITUTE - TOLEDO 2109 HUGHES DR TOLEDO, OH 43606	VASCULAR
6 22 - MONROE CARDIOLOGY TESTING CENTER 730 N MACOMB ST MONROE, OH 48162	CARDIOLOGY
7 23 - CHS PEDIATRICS 2150 W CENTRAL AVE 2ND FLOOR TOLEDO, OH 43606	PEDIATRICS
8 24 - TOLEDO HOSPITAL TOTAL REHAB AT CTR 2150 W CENTRAL AVE TOLEDO, OH 43606	PHYSICAL THERAPY
9 25 - PROMEDICA HEALTH CENTER ARROWHEAD 660 BEAVER CREEK CIR STE 120 MAUMEE, OH 43537	LAB
10 26 - PROMEDICA VASCULAR LAB - SYLVANIA 5700 MONROE ST SYLVANIA, OH 43560	VASCULAR
11 27 - PERRYSBURG MEDICAL CTR 1601 BRIGHAM DR STE 180 PERRYSBURG, OH 43551	LAB
12 28 - CENTER FOR HEALTH SVCS 2150 W CENTRAL AVE RM H TOLEDO, OH 43606	LAB
13 29 - TOLEDO HOSPITAL AT CONRAD JOBST TOWER 2109 HUGHES DR 1ST FLOOR TOLEDO, OH 43606	LAB
14 30 - TOTAL REHAB AT PERRYSBURG 1601 BRIGHAM DR PERRYSBURG, OH 43551	PHYSICAL THERAPY

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

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

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

Name and address	Type of Facility (describe)
31 31 - PROMEDICA HEALTH CENTER ARROWHEAD 660 BEAVER CREEK CIRCLE MAUMEE, OH 43537	RADIOLOGY
1 32 - CHS WOMENS 2150 W CENTRAL AVE TOLEDO, OH 43606	WOMENS CARE
2 33 - TOLEDO HOSPITAL CARDIAC TESTING CTR 1601 BRIGHAM DR PERRYSBURG, OH 43551	CARDIOLOGY
3 34 - HARRIS MCINTOSH RADIOLOGY 2121 HUGHES DR TOLEDO, OH 43606	PULMONARY
4 35 - TOTAL REHAB AT MAUMEE ARROWHEAD 660 BEAVER CREEK CIRCLE MAUMEE, OH 43537	PHYSICAL THERAPY
5 36 - PROMEDICA HEALTH CTR LAMBERTVILLE 7579 SECOR RD LAMBERTVILLE, OH 48144	LAB
6 37 - PROMEDICA LABS MCCORD RD 3020 N MCCORD RD STE 101 TOLEDO, OH 43615	LAB
7 38 - PROMEDICA LAB - TOLEDO HOSPITAL 2100 W CENTRAL AVE TOLEDO, OH 43606	LAB
8 39 - PROMEDICA LABS 2141 GIANT ST TOLEDO, OH 43606	LAB
9 40 - TOLEDO HOSPITAL FAMILY RESIDENCY 2100 W CENTRAL AVE SUITE 200 TOLEDO, OH 43606	FAMILY MEDICINE CENTER
10 41 - PROMEDICA WILDWOOD 2865 N REYNOLDS RD SUITE 150 TOLEDO, OH 43615	LAB
11 42 - PROMEDICA PERRYSBURG 1601 BRIGHAM DR PERRYSBURG, OH 43551	LAB
12 43 - PROMEDICA MAUMEE ONCOLOGY 5805 MONCLOVA RD MAUMEE, OH 43537	ONCOLOGY
13 44 - FLOWER MOB LAB 5308 HARROUN RD STE 0050 SYLVANIA, OH 43560	LAB
14 45 - PROMEDICA LAB - POINT PLACE 4805 SUDER RD TOLEDO, OH 43611	LAB

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

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

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

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

Name and address	Type of Facility (describe)
46 46 - PROMEDICA PERRYSBURG - VASCULAR 1601 BRIGHAM DR PERRYSBURG, OH 43551	VASCULAR
1 47 - PROMEDICA PERRYSBURG 1601 BRIGHAM DR PERRYSBURG, OH 43551	RADIOLOGY
2 48 - NWO BREAST MRI 2121 HUGHES DR SUITE 300 TOLEDO, OH 43606	RADIOLOGY
3 49 - PROMEDICA HEALTH CTR SWANTON 22 TURTLE CREEK CIRCLE SWANTON, OH 43558	LAB
4 50 - PROMEDICA ROSSFORD 1215 GRASSY LANE ROSSFORD, OH 43460	LAB
5 51 - PROMEDICA WELLNESS CENTER 5700 MONROE ST SYLVANIA, OH 43560	PULMONARY FUNCTION
6 52 - PROMEDICA LAB - TOLEDO HOSP MED COMPLX 2100 W CENTRAL AVE TOLEDO, OH 43606	LAB
7 53 - PROMEDICA CENTER FOR HEALTH SERVICES - R 2150 W CENTRAL AVE TOLEDO, OH 43606	WOMENS CARE
8 54 - PROMEDICA HEMATOLOGYONCOLOGY ASSOC 5308 HARROUN RD STE 0055 SYLVANIA, OH 43560	CANCER CARE
9 55 - JOBST ANTICOAGULATION - TOLEDO 2109 HUGHES DR TOLEDO, OH 43606	ANTICOAGULATION CLINIC
10 56 - PROMEDICA HEALTH CENTER - EAST 3156 DUSTIN RD STE 102 OREGON, OH 43616	LAB
11 57 - PROMEDICA PHYSICIANS GENERAL SURGERY BAR 5700 MONROE ST SYLVANIA, OH 43560	BARIATRIC
12 58 - PROMEDICA MARY ELLEN FALZONE DIABETES CE 2100 W CENTRAL AVE TOLEDO, OH 43606	DIABETES CARE
13 59 - PROMEDICA MEDICAL CENTER 445 W 4TH STREET FOSTORIA, OH 44830	LAB
14 60 - PROMEDICA PHYSICIANS GYNOONCOLOGY 2109 HUGHES DR STE 820 TOLEDO, OH 43606	WOMENS CARE

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

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

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

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

Name and address	Type of Facility (describe)
61 61 - JULIE MILLER DO 2150 W CENTRAL AVE TOLEDO, OH 43606	PHYSICAL MEDICINE
1 62 - SPORTSCARE AT PROFESSIONAL PARK 4848 HOLLAND-SYLVANIA AVE STE 202 SYLVANIA, OH 43560	PHYSICAL THERAPY
2 63 - TOTAL REHAB AT SPRING MEADOWS 6855 SPRING VALLEY DR STE 155 HOLLAND, OH 43528	PHYSICAL THERAPY
3 64 - TOTAL REHAB - PROMEDICA OWENS CORNING 1 OWENS CORNING PARKWAY TOLEDO, OH 43659	PHYSICAL THERAPY
4 65 - TOTAL REHAB AT BEDFORD 2000 W DEAN RD TEMPERANCE, OH 48182	PHYSICAL THERAPY
5 66 - PROMEDICA NORTHWEST OHIO HEMOPHILIA CENT 2109 HUGHES DR STE 860 TOLEDO, OH 43606	HEMOPHILIA
6 67 - CHS HEMOPHILIA 2150 W CENTRAL AVE TOLEDO, OH 43606	HEMOPHILIA
7 68 - PROMEDICA PHYSICIANS ORTHO SURGERY 5300 HARROUN RD STE 118 SYLVANIA, OH 43560	RADIOLOGY
8 69 - PROMEDICA DIABETES & NUTRITION EDU 3110 W CENTRAL AVE TOLEDO, OH 43606	DIABETES CARE
9 70 - RENAL CARE GROUP DIALYSIS 3100 W CENTRAL AVE STE 100 TOLEDO, OH 43606	DIALYSIS
10 71 - CHS OCCUHEALTH 2142 NORTH COVE BLVD TOLEDO, OH 43606	LAB

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 THE TOLEDO HOSPITAL

Employer identification number

34-4428256

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

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

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

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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROMEDICA CONTINUING CARE SERVICES CORPORATION 100 MADISON AVE TOLEDO, OH 43604	34-4492440	501(C)(3)	3,674,497				OPERATING GRANT
PROMEDICA HEALTH SYSTEM INC 100 MADISON AVE TOLEDO, OH 43604	34-1517671	501(C)(3)	23,000,000				OPERATING GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROMEDICA PHYSICIAN GROUP 100 MADISON AVE TOLEDO, OH 43604	34-1899439	501(C)(3)	15,000,000				OPERATING GRANT
PROMEDICA FOUNDATION 444 N SUMMIT ST TOLEDO, OH 43604	34-1517672	501(C)(3)	1,095,119				OPERATING GRANT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
THE TOLEDO HOSPITAL

Employer identification number
34-4428256

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2				
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p>					
<p>a Receive a severance payment or change-of-control payment?</p>	4a	Yes			
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	Yes			
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>					
<p>a The organization?</p>	5a		No		
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p>					
<p>a The organization?</p>	6a		No		
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	6b		No		
<p>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</p>	7		No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	PROMEDICA HEALTH SYSTEM, INC , A RELATED TAX-EXEMPT ORGANIZATION OF THE TOLEDO HOSPITAL, USES THE FOLLOWING TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - COMPENSATION SURVEY OR STUDY - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

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 ALISON S AVENDT \$38,633 DAVID SCOTT MIERZWIAK, MD \$80,815 LORI FERGUSON \$121,182

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 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



Schedule J (Form 990) 2018

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ARTURO POLIZZI PRES , EX OFFICIO (THRU 10/21/18)	(i)	0	0	0	0	0	0	0
	(ii)	377,515	244,500	15,519	0	26,604	664,138	0
DAVID SCOTT MIERZWIAK MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	221,344	151,300	123,245	255,915	40,806	792,610	66,600
DEBORAH A GUNTSCH MD TRUSTEE	(i)	15,000	0	0	0	0	15,000	0
	(ii)	222,022	92,867	3,333	0	27,753	345,975	0
KEVIN C WEBB PHD EX OFFICIO	(i)	0	0	0	0	0	0	0
	(ii)	553,892	261,069	10,564	28,858	29,231	883,614	0
LEE W HAMMERLING MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	704,232	308,500	58,566	11,000	43,694	1,125,992	23,822
NEERAJ K KANWAL MD PRES , EX OFFICIO (BEG 12/01/18)	(i)	0	0	0	0	0	0	0
	(ii)	332,073	214,000	49,035	20,851	36,381	652,340	0
RAVI K ADUSUMILLI MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	537,239	0	38,034	0	53,027	628,300	0
JEFFREY C KUHN SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	540,493	238,408	30,139	40,353	29,032	878,425	0
MICHAEL P BROWNING TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	703,353	516,162	27,122	25,025	56,829	1,328,491	0
RANDALL OOSTRA PHS PRES & CEO, EX OFFICIO	(i)	0	0	0	0	0	0	0
	(ii)	1,514,553	1,012,405	377,287	122,095	34,978	3,061,318	0
ALISON S AVENDT VP, OPERATIONS TTH & PRES, PTN	(i)	0	0	0	0	0	0	0
	(ii)	114,844	40,500	82,632	206,043	477	444,496	0
ANN M KUJAWA VP PROMEDICA CANCER INSTITUTE	(i)	0	0	0	0	0	0	0
	(ii)	157,825	39,400	2,396	10,229	37,025	246,875	0
DARRIN M ARQUETTE SR VP, NEURO, HEART AND VASC	(i)	0	0	0	0	0	0	0
	(ii)	221,026	91,800	1,651	11,201	48,972	374,650	0
DAVID BREWER ADMIN DIR , ACUTE CARE FINANCE	(i)	0	0	0	0	0	0	0
	(ii)	147,185	3,500	8,056	5,836	48,681	213,258	0
DAWN BUSKEY PRES, REGIONAL ACUTE CARE MI	(i)	0	0	0	0	0	0	0
	(ii)	309,070	170,635	3,226	24,168	26,106	533,205	75,000
DEANA L SIEVERT SR VP, PAT CARE/CNO, SYSTEM	(i)	0	0	0	0	0	0	0
	(ii)	245,666	143,500	14,831	81,382	41,306	526,685	75,000
GARY W AKENBERGER COO, ACUTE CARE & SVP, DIAG	(i)	0	0	0	0	0	0	0
	(ii)	331,601	172,000	44,652	27,580	36,896	612,729	75,000
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
MIKE M ARISS VP, OPERATIONAL SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	183,976	59,700	8,675	5,095	26,923	284,369	0
PAULA L GRIEB VP, PAT CARE/ASSOC CNO, METRO	(i)	0	0	0	0	0	0	0
	(ii)	184,859	53,300	26,139	9,304	13,760	287,362	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				
SCOTT FOUGHT VP, FINANCE, ACUTE CARE OPS	(i)	0	0	0	0	0	0	0
	(ii)	258,064	67,597	28,627	14,276	46,669	415,233	0
THADIOUS L WADSWORTH VP SURGICAL SERVICES OPERATION	(i)	0	0	0	0	0	0	0
	(ii)	164,477	23,400	497	4,748	16,377	209,499	0
FEDOR LURIE ASSOC DIR RESEARCH ED VASC	(i)	212,781	0	1,331	5,497	35,092	254,701	0
	(ii)	0	0	0	0	0	0	0
JAMES STEHLIK PERFUSIONIST	(i)	179,818	0	2,322	6,571	29,732	218,443	0
	(ii)	0	0	0	0	0	0	0
JOSHUA OVENS RN, CRITICAL CARE TRANSPORT	(i)	194,893	1,241	3,182	7,224	47,784	254,324	0
	(ii)	0	0	0	0	0	0	0
KEVIN FLEMING MANAGER, PERFUSION	(i)	188,172	0	1,083	9,776	46,985	246,016	0
	(ii)	0	0	0	0	0	0	0
SVEN GALLO SR MEDICAL PHYSICIST	(i)	178,919	0	6,919	4,760	45,270	235,868	0
	(ii)	0	0	0	0	0	0	0
ALAN M SATTLER FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	148,474	11,047	3,001	8,443	46,098	217,063	0
JOSEPH SFERRA FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	648,141	100,000	2,749	0	2,746	753,636	99,900
KATHLEEN S HANLEY FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	0	0	1,569,411	0	0	1,569,411	1,569,411
LORI FERGUSON FORMER KEY EMPLOYEE	(i)	0	0	117,701	0	21,280	138,981	0
	(ii)	0	0	0	0	0	0	0

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ 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
THE TOLEDO HOSPITAL

Employer identification number

34-4428256

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	COUNTY OF LUCAS OHIO	34-6400806	549310VL1	09-30-2015	45,586,125	SEE PART VI		X		X		X
B	SERIES 2011 A & B BONDS - SEE PART VI		549310UL2	02-09-2011	197,051,617	SEE PART VI	X			X		X
C	SERIES 2011 D & E BONDS - SEE PART VI		549310VD9	12-01-2011	152,004,328	SEE PART VI	X			X		X
D	COUNTY OF LUCAS OHIO	34-6400806	000000000	12-29-2017	299,500,000	SEE PART VI		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired				815,000		8,710,000		
2	Amount of bonds legally defeased				193,935,000		40,300,000		
3	Total proceeds of issue		45,598,957		199,572,288		152,004,328		299,500,000
4	Gross proceeds in reserve funds		645						
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								235,977,596
7	Issuance costs from proceeds		586,084		2,337,157		1,505,879		4,263
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds		45,012,873		127,520,671				
11	Other spent proceeds				69,714,460		150,498,449		68,273,140
12	Other unspent proceeds								
13	Year of substantial completion	2018		2014					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X		X			X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X	X	
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
<p>SCHEDULE K, SUPPLEMENTAL INFORMATION</p>	<p>PART I SERIES 2015 BOND DETAIL ISSUER NAME 2015 SERIES B - COUNTY OF LUCAS OHIO ISSUER E IN 34-6400806 CUSIP# 549310VL1 DATE ISSUED 09/30/2015 ISSUE PRICE \$45,586,125 PURPOSE FINANCE THE CONSTRUCTION AND EQUIPPING OF A 302 BED PATIENT TOWER ON THE CAMPUS OF THE TO LEDO HOSPITAL MATURITY 11/15/2045 SERIES 2011 BOND DETAIL ISSUER NAME 2011 SERIES A - C OUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP# 549310UL2 & 549310UJ7 DATE ISSUED 02/0 9/2011 ISSUE PRICE \$180,148,535 PURPOSE REFINANCE THE PROMEDICA HEALTHCARE 2008B BONDS I SSUED 05/15/2008 FINANCE THE COST OF ACQUISITION, CONSTRUCTION, RENOVATION AND EQUIPPING OF CERTAIN OTHER OHIO HEALTHCARE FACILITIES OF THE MEMBERS OF THE OBLIGATED GROUP MATURIT Y 11/15/2041 ISSUER NAME 2011 SERIES B - COUNTY OF LENAWEE HOSPITAL FINANCE AUTHORITY IS SUER EIN 38-6005798 CUSIP# 52601PBE7 DATE ISSUED 02/09/2011 ISSUE PRICE \$16,903,082 PU RPOSE REFINANCE THE REDEMPTION OF THE PROMEDICA HEALTH CARE OBLIGATED GROUP SERIES 2008C BONDS ISSUED 05/15/2008 MATURITY 11/15/2035 ISSUER NAME 2011 SERIES D - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP# 549310VD9 DATE ISSUED 12/01/2011 ISSUE PRICE \$142,5 75,271 PURPOSE TO FINANCE THE EARLY OPTIONAL REDEMPTION OF THE REMAINING OUTSTANDING MATU RITIES OF THE PROMEDICA HEALTHCARE OBLIGATED GROUP SERIES 1999 BONDS ISSUED 04/01/1999 AND 07/26/1999 MATURITY 11/15/2030 ISSUER NAME 2011 SERIES E - COUNTY OF LENAWEE HOSPITAL FINANCE AUTHORITY ISSUER EIN 38-6005798 CUSIP# 52601PB56 DATE ISSUED 12/01/2011 ISSUE P RICE \$9,429,057 PURPOSE REFINANCE THE EARLY OPTIONAL REDEMPTION OF THE LENAWEE HEALTH AL LIANCE OBLIGATED GROUP SERIES 1999A BONDS ISSUED 04/01/1999 AND 07/26/1999 MATURITY 11/1 5/2028 SERIES 2017 BOND DETAIL ISSUER NAME 2017 SERIES A - COUNTY OF LUCAS OHIO ISSUER EI N 34-6400806 CUSIP # N/A DATE ISSUED 12/29/2017 ISSUE PRICE \$54,710,000 PURPOSE REFIN ANCE A PORTION OF THE EARLY OPTIONAL REDEMPTION OF THE PROMEDICA HEALTHCARE OBLIGATED GROU P SERIES 2008D BONDS ISSUED 05/15/2008 MATURITY 11/15/2040 ISSUER NAME 2017 SERIES B - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP# N/A DATE ISSUED 12/29/2017 ISSUE PRIC E \$120,010,000 PURPOSE REFINANCE A PORTION OF THE EARLY OPTIONAL REDEMPTION OF THE PROME DICA HEALTHCARE OBLIGATED GROUP SERIES 2011A BONDS ISSUED 02/09/2011 MATURITY 11/15/2041 ISSUER NAME 2017 SERIES C - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP # N/A DAT E ISSUED 12/29/2017 ISSUE PRICE \$84,980,000 PURPOSE REFINANCE A PORTION OF THE EARLY OP TIONAL REDEMPTION OF THE PROMEDICA HEALTHCARE OBLIGATED GROUP SERIES 2011A BONDS ISSUED 02 /09/2011 MATURITY 11/15/2041 ISSUER NAME 2017 SERIES D - COUNTY OF LUCAS OHIO ISSUER EI N 34-6400806 CUSIP # N/A DATE ISSUED 12/29/2017 ISSUE PRICE \$39,800,000 PURPOSE REFIN ANCE A PORTION OF THE EARLY OPTIONAL REDEMPTION OF THE PROMEDICA HEALTHCARE OBLIGATED GROU P SERIES 2011D BONDS ISSUED 12/01/2011 MATURITY 11/15/2029 ISSUER NAME 2017 SERIES F AN D G - COUNTY OF LUCAS, OHIO IS</p>

Return Reference	Explanation
<p>SCHEDULE K, SUPPLEMENTAL INFORMATION</p>	<p>SUER EIN 34-6400806 CUSIP 549310VM9 DATE ISSUED 12/29/2017 ISSUE PRICE \$142,500,000 PU RPOSE TO REFINANCE A PORTION OF THE EARLY OPTIONAL REDEMPTION OF THE PROMEDICA HEALTHCARE OBLIGATED GROUP SERIES 2008A BONDS ISSUED 5/15/2008 AND TO FINANCE THE CONSTRUCTION AND E QUIPPING OF A REPLACEMENT HOSPITAL ON THE CAMPUS OF THE TOLEDO HOSPITAL MATURITY 11/15/2034 ISSUER NAME 2017 SERIES H - COUNTY OF LENAWEE HOSPITAL FINANCE AUTHORITY ISSUER EIN 38-6005798 CUSIP # N/A DATE ISSUED 12/29/2017 ISSUE PRICE \$24,945,000 PURPOSE REFINAN CE A PORTION OF THE EARLY OPTIONAL REDEMPTION OF THE PROMEDICA HEALTHCARE OBLIGATED GROUP SERIES 2011B & 2011E BONDS ISSUED 02/09/2011 & 12/01/2011 FORM 8038 FOR THIS ISSUE ERRONE OUSLY REPORTS THAT THE BONDS ALSO REFUNDED SERIES 2008D ISSUED 5/15/2008, BUT THAT REPORTI NG WAS IN ERROR MATURITY 11/15/2035 SERIES 2018 BOND DETAIL ISSUER NAME 2018 SERIES A - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP # 549310WE6 DATE ISSUED 10/25/2018 I SSUE PRICE \$261,485,311 PURPOSE REFINANCING THE EARLY OPTIONAL REDEMPTION OF THE PROMEDI CA HEALTHCARE OBLIGATED GROUP SERIES 2011C BONDS ISSUED 5/25/2011 & 2017G BONDS ISSUED 12/ 29/2017 AND FINANCE THE CONSTRUCTION AND EQUIPPING OF REPLACEMENT HOSPITAL CAMPUS ON THE C AMPUS OF THE TOLEDO HOSPITAL MATURITY 11/15/2048 PART I, LINE C OF ENTITY 2, COLUMN (C) ENTERED HERE IS THE CUSIP FOR THE LATEST MATURITY, THIS INFORMATION WAS INADVERTENTLY OMI TTED FROM THE FORM 8038 FOR THE ISSUE PART I, COLUMN (E) DIFFERENCES BETWEEN THE ISSUE P RICES SHOWN IN PART I, COLUMN (E) AND TOTAL PROCEEDS SHOWN IN PART II, LINE 3 ARE DUE TO I NVESTMENT EARNINGS PART III, COLUMN (C), SERIES 2011 D & E BONDS PART III HAS NOT BEEN C OMPLETED WITH RESPECT TO THE SERIES 2011 D & E BONDS, SINCE SUCH BONDS REFUNDED PRE-2003 B OND ISSUES PART IV, COLUMN (B), LINE 2C, SERIES 2011 A & B BONDS DATE THE REBATE COMPUTA TION WAS PERFORMED 02/22/2016 PART IV, LINE 6 CERTAIN OF THESE BOND ISSUES CONSTITUTE A DVANCE REFUNDING ISSUES FOR SUCH ISSUES, THIS QUESTION IS BEING ANSWERED WITHOUT REGARD T O A YIELD-RESTRICTED ADVANCE REFUNDING ESCROW FINANCED WITH PROCEEDS OF THE BONDS</p>

Additional Data

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

Return Reference	Explanation
<p>SCHEDULE K, SUPPLEMENTAL INFORMATION</p>	<p>PART I SERIES 2015 BOND DETAIL ISSUER NAME 2015 SERIES B - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP# 549310VL1 DATE ISSUED 09/30/2015 ISSUE PRICE \$45,586,125 PURPOSE FINANCE THE CONSTRUCTION AND EQUIPPING OF A 302 BED PATIENT TOWER ON THE CAMPUS OF THE TOLEDO HOSPITAL MATURITY 11/15/2045 SERIES 2011 BOND DETAIL ISSUER NAME 2011 SERIES A - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP# 549310UL2 & 549310UJ7 DATE ISSUED 02/09/2011 ISSUE PRICE \$180,148,535 PURPOSE REFINANCE THE PROMEDICA HEALTHCARE 2008B BONDS ISSUED 05/15/2008 FINANCE THE COST OF ACQUISITION, CONSTRUCTION, RENOVATION AND EQUIPPING OF CERTAIN OTHER OHIO HEALTHCARE FACILITIES OF THE MEMBERS OF THE OBLIGATED GROUP MATURITY 11/15/2041 ISSUER NAME 2011 SERIES B - COUNTY OF LENAWEE HOSPITAL FINANCE AUTHORITY ISSUER EIN 38-6005798 CUSIP# 52601PBE7 DATE ISSUED 02/09/2011 ISSUE PRICE \$16,903,082 PURPOSE REFINANCE THE REDEMPTION OF THE PROMEDICA HEALTH CARE OBLIGATED GROUP SERIES 2008C BONDS ISSUED 05/15/2008 MATURITY 11/15/2035 ISSUER NAME 2011 SERIES D - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP# 549310VD9 DATE ISSUED 12/01/2011 ISSUE PRICE \$142,575,271 PURPOSE TO FINANCE THE EARLY OPTIONAL REDEMPTION OF THE REMAINING OUTSTANDING MATURITIES OF THE PROMEDICA HEALTHCARE OBLIGATED GROUP SERIES 1999 BONDS ISSUED 04/01/1999 AND 07/26/1999 MATURITY 11/15/2030 ISSUER NAME 2011 SERIES E - COUNTY OF LENAWEE HOSPITAL FINANCE AUTHORITY ISSUER EIN 38-6005798 CUSIP# 52601PB56 DATE ISSUED 12/01/2011 ISSUE PRICE \$9,429,057 PURPOSE REFINANCE THE EARLY OPTIONAL REDEMPTION OF THE LENAWEE HEALTH ALLIANCE OBLIGATED GROUP SERIES 1999A BONDS ISSUED 04/01/1999 AND 07/26/1999 MATURITY 11/15/2028 SERIES 2017 BOND DETAIL ISSUER NAME 2017 SERIES A - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP # N/A DATE ISSUED 12/29/2017 ISSUE PRICE \$54,710,000 PURPOSE REFINANCE A PORTION OF THE EARLY OPTIONAL REDEMPTION OF THE PROMEDICA HEALTHCARE OBLIGATED GROUP SERIES 2008D BONDS ISSUED 05/15/2008 MATURITY 11/15/2040 ISSUER NAME 2017 SERIES B - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP# N/A DATE ISSUED 12/29/2017 ISSUE PRICE \$120,010,000 PURPOSE REFINANCE A PORTION OF THE EARLY OPTIONAL REDEMPTION OF THE PROMEDICA HEALTHCARE OBLIGATED GROUP SERIES 2011A BONDS ISSUED 02/09/2011 MATURITY 11/15/2041 ISSUER NAME 2017 SERIES C - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP # N/A DATE ISSUED 12/29/2017 ISSUE PRICE \$84,980,000 PURPOSE REFINANCE A PORTION OF THE EARLY OPTIONAL REDEMPTION OF THE PROMEDICA HEALTHCARE OBLIGATED GROUP SERIES 2011A BONDS ISSUED 02/09/2011 MATURITY 11/15/2041 ISSUER NAME 2017 SERIES D - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP # N/A DATE ISSUED 12/29/2017 ISSUE PRICE \$39,800,000 PURPOSE REFINANCE A PORTION OF THE EARLY OPTIONAL REDEMPTION OF THE PROMEDICA HEALTHCARE OBLIGATED GROUP SERIES 2011D BONDS ISSUED 12/01/2011 MATURITY 11/15/2029 ISSUER NAME 2017 SERIES F AND G - COUNTY OF LUCAS, OHIO ISSUER EIN 34-6400806 CUSIP 549310VM9 DATE ISSUED 12/29/2017 ISSUE PRICE \$142,500,000 PURPOSE TO REFINANCE A PORTION OF THE EARLY OPTIONAL REDEMPTION OF THE PROMEDICA HEALTHCARE OBLIGATED GROUP SERIES 2008A BONDS ISSUED 5/15/2008 AND TO FINANCE THE CONSTRUCTION AND EQUIPPING OF A REPLACEMENT HOSPITAL ON THE CAMPUS OF THE TOLEDO HOSPITAL MATURITY 11/15/2034 ISSUER NAME 2017 SERIES H - COUNTY OF LENAWEE HOSPITAL FINANCE AUTHORITY ISSUER EIN 38-6005798 CUSIP # N/A DATE ISSUED 12/29/2017 ISSUE PRICE \$24,945,000 PURPOSE REFINANCE A PORTION OF THE EARLY OPTIONAL REDEMPTION OF THE PROMEDICA HEALTHCARE OBLIGATED GROUP SERIES 2011B & 2011E BONDS ISSUED 02/09/2011 & 12/01/2011 FORM 8038 FOR THIS ISSUE ERRONEOUSLY REPORTS THAT THE BONDS ALSO REFUNDED SERIES 2008D ISSUED 5/15/2008, BUT THAT REPORTING WAS IN ERROR MATURITY 11/15/2035 SERIES 2018 BOND DETAIL ISSUER NAME 2018 SERIES A - COUNTY OF LUCAS OHIO ISSUER EIN 34-6400806 CUSIP # 549310WE6 DATE ISSUED 10/25/2018 ISSUE PRICE \$261,485,311 PURPOSE REFINANCING THE EARLY OPTIONAL REDEMPTION OF THE PROMEDICA HEALTHCARE OBLIGATED GROUP SERIES 2011C BONDS ISSUED 5/25/2011 & 2017G BONDS ISSUED 12/29/2017 AND FINANCE THE CONSTRUCTION AND EQUIPPING OF REPLACEMENT HOSPITAL CAMPUS ON THE CAMPUS OF THE TOLEDO HOSPITAL MATURITY 11/15/2048 PART I, LINE C OF ENTITY 2, COLUMN (C) ENTERED HERE IS THE CUSIP FOR THE LATEST MATURITY, THIS INFORMATION WAS INADVERTENTLY OMITTED FROM THE FORM 8038 FOR THE ISSUE PART I, COLUMN (E) DIFFERENCES BETWEEN THE ISSUE PRICES SHOWN IN PART I, COLUMN (E) AND TOTAL PROCEEDS SHOWN IN PART II, LINE 3 ARE DUE TO INVESTMENT EARNINGS PART III, COLUMN (C), SERIES 2011 D & E BONDS PART III HAS NOT BEEN COMPLETED WITH RESPECT TO THE SERIES 2011 D & E BONDS, SINCE SUCH BONDS REFUNDED PRE-2003 BOND ISSUES PART IV, COLUMN (B), LINE 2C, SERIES 2011 A & B BONDS DATE THE REBATE COMPUTATION WAS PERFORMED 02/22/2016 PART IV, LINE 6 CERTAIN OF THESE BOND ISSUES CONSTITUTE ADVANCE REFUNDING ISSUES FOR SUCH ISSUES, THIS QUESTION IS BEING ANSWERED WITHOUT REGARD TO A YIELD-RESTRICTED ADVANCE REFUNDING ESCROW FINANCED WITH PROCEEDS OF THE BONDS</p>

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 ▶ 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
THE TOLEDO HOSPITAL

Employer identification number
34-4428256

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A COUNTY OF LUCAS OHIO	34-6400806	549310VM9	12-29-2017	142,500,000	SEE PART VI		X		X		X
B COUNTY OF LENAWEE HOSPITAL FINANCE AUTHORITY	38-6005798	000000000	12-29-2017	24,945,000	SEE PART VI		X		X		X
C COUNTY OF LUCAS OHIO	34-6400806	549310WE6	10-25-2018	261,485,311	SEE PART VI		X		X		X

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	80,000,000			
2 Amount of bonds legally defeased				
3 Total proceeds of issue	62,500,000	24,945,000	261,649,414	
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows		24,123,799		
7 Issuance costs from proceeds		3,872	1,559,890	
8 Credit enhancement from proceeds			839,544	
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds	80,000,000		107,835,809	
11 Other spent proceeds	62,500,000	1,236,269	89,150,881	
12 Other unspent proceeds			62,263,290	
13 Year of substantial completion				
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X		X	
15 Were the bonds issued as part of an advance refunding issue?		X	X	X
16 Has the final allocation of proceeds been made?	X		X	X
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X	X

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **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.**

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(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
Total						▶	\$					

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SEE PART V	SEE PART V	40,264	SEE PART V		No
(2) SEE PART V	SEE PART V	26,574	SEE PART V		No
(3) SEE PART V	SEE PART V	42,698	SEE PART V		No
(4) SEE PART V	SEE PART V	1,341,475	SEE PART V		No
(5) SEE PART V	SEE PART V	746,518	SEE PART V		No
(6) SEE PART V	SEE PART V	317,486	SEE PART V		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(A) NAME OF INTERESTED PERSON CHRISTINE WEBER(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION CHRISTINE WEBER IS A FAMILY MEMBER OF JAMES F WEBER (TRUSTEE) (C) AMOUNT OF TRANSACTION \$40,264(D) DESCRIPTION OF TRANSACTION EMPLOYMENT(E) SHARING OF ORGANIZATION REVENUES? = NO
SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(A) NAME OF INTERESTED PERSON FAITH SUTTER(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION FAITH SUTTER IS A FAMILY MEMBER OF MARTIN P SUTTER (TRUSTEE) (C) AMOUNT OF TRANSACTION \$26,574(D) DESCRIPTION OF TRANSACTION EMPLOYMENT(E) SHARING OF ORGANIZATION REVENUES? = NO
SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(A) NAME OF INTERESTED PERSON LISA TOFT(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION LISA TOFT IS A FAMILY MEMBER OF BRADLEY J TOFT (TRUSTEE) (C) AMOUNT OF TRANSACTION \$42,698(D) DESCRIPTION OF TRANSACTION EMPLOYMENT(E) SHARING OF ORGANIZATION REVENUES? = NO
SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(A) NAME OF INTERESTED PERSON SUBSTANTIAL CONTRIBUTOR(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION SUBSTANTIAL CONTRIBUTOR(C) AMOUNT OF TRANSACTION \$1,341,475(D) DESCRIPTION OF TRANSACTION MEDICAL SUPPLIES(E) SHARING OF ORGANIZATION REVENUES? = NO
SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(A) NAME OF INTERESTED PERSON SUBSTANTIAL CONTRIBUTOR(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION SUBSTANTIAL CONTRIBUTOR(C) AMOUNT OF TRANSACTION \$746,518 (D) DESCRIPTION OF TRANSACTION MEDICAL SUPPLIES(E) SHARING OF ORGANIZATION REVENUES? = NO
SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(A) NAME OF INTERESTED PERSON SUBSTANTIAL CONTRIBUTOR(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION SUBSTANTIAL CONTRIBUTOR(C) AMOUNT OF TRANSACTION \$317,486 (D) DESCRIPTION OF TRANSACTION MEDICAL SUPPLIES(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE O
(Form 990 or 990-EZ)**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.

2018
Open to Public Inspection

Department of the Treasury

Name of the organization

THE TOLEDO HOSPITAL

Employer identification number

34-4428256

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART VI, SECTION B, LINE 12C</p>	<p>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</p>

990 Schedule O, Supplemental Information

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 RELATIONSHIP DISCLOSURES TO THE APPLICABLE PHS MARKETING/COMMUNICATIONS REPRESENTATIVE THE PUBLIC DISCLOSURE WILL BE POSTED ON THE PHS WEBSITE (HTTPS //WWW PROMEDICA ORG/PAGES/ABOUT-US/INDUSTRY-RELATIONSHIPS ASPX) DATABASE BY THE PHS MARKETING/COMMUNICATIONS REPRESENTATIVE

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	PROMEDICA HEALTH SYSTEM, INC AND SUBSIDIARIES PROVIDE ANY DOCUMENT OPEN TO PUBLIC INSPECTION UPON REQUEST

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	GENERAL FEES PROGRAM SERVICE EXPENSES 33,294,854 MANAGEMENT AND GENERAL EXPENSES 679,487 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 33,974,341 OTHER FEES FOR SERVICES PROGRAM SERVICE EXPENSES 39,911,379 MANAGEMENT AND GENERAL EXPENSES 814,519 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 40,725,898 NON-PHYSICIAN FEES PROGRAM SERVICE EXPENSES 5,502 MANAGEMENT AND GENERAL EXPENSES 112 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 5,614 PHYSICIAN FEES PROGRAM SERVICE EXPENSES 7,578,950 MANAGEMENT AND GENERAL EXPENSES 154,672 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 7,733,622 SERVICE CONTRACTOR FEES PROGRAM SERVICE EXPENSES 3,209,285 MANAGEMENT AND GENERAL EXPENSES 65,496 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,274,781 LAUNDRY FEES PROGRAM SERVICE EXPENSES 3,383,635 MANAGEMENT AND GENERAL EXPENSES 69,054 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,452,689 TEMP AGENCY FEES PROGRAM SERVICE EXPENSES 9,160,814 MANAGEMENT AND GENERAL EXPENSES 186,955 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 9,347,769

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PENSION/POST-RETIREMENT EXPENSE ADJUSTMENT -84,066 BENEFICIAL INTEREST IN FOUNDATION -17,133,801 SECTION 337(D) GAIN -591,289 TRANSFER OF NET ASSETS FROM FLOWER HOSPITAL 125,228,431 TRANSFER OF NET ASSETS FROM HCR MANORCARE, INC 32,906,568 TRANSFER OF NET ASSETS TO PROMEDICA HEALTH SYSTEM, INC -1,156,000,000 REVERSAL OF PRIOR YEAR GRANTS 17,500,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4	<p>PROMEDICA HEALTH SYSTEM, INC - PROGRAM SERVICE ACCOMPLISHMENTS ESTABLISHED IN 1986, PROMEDICA HEALTH SYSTEM, INC (PROMEDICA) IS A MISSION-BASED, LOCALLY OWNED, NOT-FOR-PROFIT HEALTHCARE ORGANIZATION HIGHLY FOCUSED ON ACHIEVING CORE VALUES HEADQUARTERED IN TOLEDO, OHIO, PROMEDICA SERVES 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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4</p>	<p>HOSPITAL (OPERATING AS PART OF THE TOLEDO HOSPITAL), PROMEDICA WILDWOOD ORTHOPAEDIC AND SP INE 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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4	<p>, 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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>- PROMEDICA RECEIVED A \$500,000 DONATION FROM KEYBANK TOWARD THE EBEID</p>	<p>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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>- PROMEDICA RECEIVED A \$500,000 DONATION FROM KEYBANK TOWARD THE EBEID</p>	<p>LABORATORY SERVICES - AS PART OF PROMEDICA'S ELECTRONIC HEALTH RECORD (EHR) JOURNEY, THE INFORMATION 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) COLLEGE 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 IN DOZENS OF COMMUNITY HEALTH FAIRS ACROSS THE REGION THAT INCLUDED FREE PUBLIC SCREENINGS FOR HIGH BLOOD PRESSURE, HIGH CHOLESTEROL, BODY MASS INDEX AND BONE DENSITY - PROMEDICA CANCER INSTITUTE'S (PCI) COMMUNITY OUTREACH INCLUDED CANCER SCREENINGS AND EDUCATION TO THE MOST VULNERABLE IN OUR COMMUNITY FREE SCREENING MAMMOGRAMS AS WELL AS LUNG CANCER SCREENINGS WERE PROVIDED FOR EARLY DETECTION COLORECTAL CANCER EDUCATION AND NUTRITIONAL PROGRAMS WERE DEVELOPED TO KEEP PEOPLE HEALTHY, WHILE SUN SAFETY EDUCATION WAS PROVIDED TO ELEMENTARY SCHOOL CHILDREN TO HELP PREVENT FUTURE CASES OF SKIN CANCER PCI ALSO HOSTED ANNUAL CANCER SURVIVOR CELEBRATIONS FOR SURVIVORS, FRIENDS AND CAREGIVERS ACROSS THE REGION AND SPONSORED COMMUNITY EVENTS INCLUDING THE ANNUAL NW OHIO SUSAN G KOMEN, RACE FOR THE CURE 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 RENOVATIONS ARE EXPECTED TO BE COMPLETED IN SPRING 2019 WITH A FOCUS ON BIODIVERSITY THROUGHOUT THE COURSE OF HISTORY IN NORTHWEST OHIO - PROMEDICA WAS THE LEAD SPONSOR FOR THE SECOND ANNUAL SUMMER CONCERT SERIES IN 2018 THE WEEKLY CONCERTS TOOK PLACE AT THE RENOVATED PROMENADE PARK, IN DOWNTOWN TOLEDO, FROM JUNE THROUGH SEPTEMBER AND FEATURED A VARIETY OF LOCAL AND NATIONAL MUSICIANS AND MUSIC GENRES - PROMEDICA OPENED THE MAUMEE CANCER CENTER IN 2018 TO PROVIDE HIGH-QUALITY CANCER CARE CLOSE TO HOME FOR MAUMEE RESIDENTS CLINICAL SERVICES AT THE CENTER INCLUDE MEDICAL AND RADIATION ONCOLOGY, CARE NAVIGATION, AND A WIDE RANGE OF SUPPORT PROGRAMS SUCH AS SOCIAL WORK, NUTRITION COUNSELING WITH DIETITIANS, HEALTH CARE PROGRAMS, AND GENETIC COUNSELING THROUGH THE CENTER, PATIENTS NOW HAVE ACCESS TO THE PROMEDICA CANCER INSTITUTE'S COMPLETE SPECTRUM OF CANCER CARE SERVICES AND RESOURCES - PROMEDICA HOSTED ITS FIRST SOCIAL DETERMINANTS OF HEALTH RESEARCH CONFERENCE IN 2018 MORE 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 OUTCOMES AND REDUCING COSTS VIA ITS SOCIAL DETERMINANTS OF HEALTH (SDOH) INTERVENTIONS - PROMEDICA CONTINUES TO OPERATE TWO FOOD CLINICS - ONE AT THE PROMEDICA HEALTH AND WELLNESS CENTER AND THE OTHER AT PROMEDI</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>- PROMEDICA RECEIVED A \$500,000 DONATION FROM KEYBANK TOWARD THE EBEID</p>	<p>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 PROM EDICA'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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>IN 2018, PROMEDICA CONTRIBUTED \$266,410,000 IN COMMUNITY BENEFIT</p>	<p>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</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
THE TOLEDO HOSPITAL - PROGRAM SERVICE ACCOMPLISHMENTS	<p>THE TOLEDO HOSPITAL (D/B/A PROMEDICA TOLEDO HOSPITAL) IS THE ADULT TERTIARY HOSPITAL OF PROMEDICA HEALTH SYSTEM, INC (PROMEDICA), A MISSION-BASED, LOCALLY OWNED, NONPROFIT HEALTH CARE 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 PATIENT-CENTERED CARE, ADVANCED TECHNOLOGY, INNOVATIVE PROGRAMS, AND FAMILY-ORIENTED FACILITIES THAT HELP ENSURE PATIENTS AND AREA RESIDENTS HAVE EQUAL ACCESS TO HIGH-QUALITY, SAFE CARE IN THE MOST APPROPRIATE SETTING, REGARDLESS OF PATIENTS' ABILITY TO PAY. FOR MORE THAN 130 YEARS, PROMEDICA TOLEDO HOSPITAL (TH) HAS SERVED METROPOLITAN TOLEDO AND SURROUNDING COMMUNITIES WITH STATE-OF-THE-ART EMERGENCY, MEDICAL, DIAGNOSTIC, AND SURGICAL SERVICES. THE 792-BED HOSPITAL OFFERS ACCESS TO THE AREA'S LARGEST BOARD-CERTIFIED MEDICAL STAFF, WITH MORE THAN 1,000 PRIMARY CARE AND SPECIALTY PHYSICIANS AS WELL AS ADVANCE PRACTICE PROVIDERS. ADDITIONALLY, TH OFFERS A NUMBER OF KEY SERVICES TO THE METRO-TOLEDO AREA, SUCH AS THE CENTER FOR WOMEN'S HEALTH, WHICH INCLUDES MATERNAL-FETAL MEDICINE AND A LEVEL III PERINATAL UNIT, JOBST VASCULAR INSTITUTE, PROMEDICA BREAST CARE, AND A LEVEL I TRAUMA CENTER. OTHER PROGRAMS AND SERVICES INCLUDE WELL-ESTABLISHED NEUROSCIENCES, CARDIOVASCULAR AND ORTHOPAEDIC DEPARTMENTS, A NATIONALLY RECOGNIZED BARIATRIC PROGRAM, A CERTIFIED COMPREHENSIVE STROKE CENTER, AND AN EMERGENCY CENTER THAT TREATS MORE THAN 100,000 PATIENTS ANNUALLY. ALL SERVICES ARE FULLY BACKED BY ACCREDITED ANCILLARY SERVICES, SUCH AS LABORATORY, RADIOLOGY, AS WELL AS PHYSICAL, SPEECH, AND OCCUPATIONAL THERAPIES. PROMEDICA TOLEDO CHILDREN'S HOSPITAL (TCH), OPERATING AS PART OF TH, PROVIDES PEDIATRIC TERTIARY CARE TOCH EXCLUSIVELY SERVES THE HEALTH CARE NEEDS OF CHILDREN AND ADOLESCENTS UNDER THE AGE OF 18. TCH'S MEDICAL STAFF INCLUDES BOARD-CERTIFIED PHYSICIANS AND ADVANCE PRACTICE PROVIDERS, WHILE A NEWBORN INTENSIVE CARE UNIT INCLUDES A NEONATAL PHYSICIAN AND PEDIATRIC HOSPITALIST WHO ARE ON DUTY 24 HOURS A DAY. OTHER TCH SPECIALTY SERVICES INCLUDE A PEDIATRIC CANCER CENTER, ASTHMA TREATMENT AND EDUCATION SERVICES, PEDIATRIC PSYCHIATRY, AND A DEDICATED LEVEL II PEDIATRIC TRAUMA CENTER. IN 2018, TH CONTINUED CONSTRUCTION OF ITS NEW GENERATIONS BED TOWER. THE NEW FACILITY WILL BE 13 STORIES TALL WITH MORE 300 PATIENT BEDS AND WILL OFFER IMPROVED ACCESS FOR PATIENTS WHILE PROVIDING THE LATEST TECHNOLOGY AND PROCESSES TO ENSURE A SAFE, HIGH QUALITY ENVIRONMENT FOR PATIENT CARE AND HEALING. THE GENERATIONS TOWER IS EXPECTED TO OPEN FOR PATIENT CARE IN SUMMER 2019. IN 2018, TH WAS NAMED ONE OF AMERICA'S 50 BEST HOSPITALS BY HEALTHGRADER. THE AWARD RECOGNIZES THE TOP 2% OF HOSPITALS IN THE NATION FOR EXHIBITING CLINICAL EXCELLENCE FOR AT LEAST FOUR CONSECUTIVE YEARS. ADDITIONALLY, BECKER'S NAMED TH TO ITS LIST OF 100 HOSPITALS AND HEALTH SYSTEMS.</p>

990 Schedule O, Organizational Information

Return Reference	Explanation
THE TOLEDO HOSPITAL - PROGRAM SERVICE ACCOMPLISHMENTS	<p>TEMS WITH GREAT HEART PROGRAMS AS WELL AS ITS LIST OF 100 HOSPITALS WITH GREAT WOMEN'S HEALTH PROGRAMS. ADDITIONALLY, IN 2018 PROMEDICA FLOWER HOSPITAL (FH) LEGALLY BECAME A DIVISION OF TOLEDO HOSPITAL AND THE HICKMAN CANCER CENTER BECAME A DEPARTMENT OF TOLEDO HOSPITAL. THE CHANGES HELPS TO CONSOLIDATE METRO REGION OPERATIONS FOR GREATER COST EFFICIENCY, WHILE INCREASING ACCESS TO SERVICE A GREATER NUMBER OF PATIENTS WHO WOULD OTHERWISE FIND CHALLENGES IN AFFORDING TREATMENT AND CARE. A DIVISION OF TH, PROMEDICA WILDWOOD ORTHOPAEDIC AND SPINE HOSPITAL (WOSH) IS AN ALL-DIGITAL, 42-BED ACUTE CARE FACILITY THAT PROVIDES INPATIENT AND OUTPATIENT ORTHOPAEDIC SURGERY TO ADDRESS THE NEEDS OF AGING BABY BOOMERS AND OTHERS WHO EXPERIENCE CHRONIC PAIN FROM JOINT DISEASE. THIS UNIQUE, FREE-STANDING HOSPITAL SERVES ONLY ORTHOPAEDIC AND SPINE PATIENTS, OFFERING DIAGNOSTIC, SURGICAL AND REHABILITATION SERVICES ALL IN ONE CONVENIENT AND EASILY ACCESSIBLE LOCATION. AGAIN IN 2018, WOSH RECEIVED NATIONAL RECOGNITION WITH THE PRESS GANEY GUARDIAN OF EXCELLENCE AWARD, PRESENTED TO ORGANIZATIONS SCORING IN THE 95TH PERCENTILE OR HIGHER FOR PATIENT EXPERIENCE METRICS. IN 2018, TH SERVED 33,546 INPATIENTS, 465,017 OUTPATIENTS, AND 91,792 EMERGENCY CENTER PATIENTS. TH CONTRIBUTED \$106,198,000 IN COMMUNITY BENEFIT THROUGH COMMUNITY BENEFIT EXPENDITURES, FINANCIAL ASSISTANCE AND GOVERNMENT-SPONSORED, MEANSTESTED HEALTH CARE THROUGH COMMUNITY HEALTH SERVICES, HEALTH PROFESSIONS EDUCATION, SUBSIDIZED HEALTH SERVICES, RESEARCH ACTIVITIES, CASH AND IN-KIND CONTRIBUTIONS, AND OTHER COMMUNITY BENEFIT OPERATIONS. TH CONTRIBUTED \$48,091,000 TO THE COMMUNITY DURING 2018. INCLUDED IN THIS FIGURE ARE PROGRAMS SUCH AS - THE COME TO THE TABLE INITIATIVE THAT PROVIDES 24 HOURS' WORTH OF FOOD TO PATIENTS WHO QUALIFY FOR FOOD INSECURITY BY COMPLETING A QUESTIONNAIRE - THE AUTISM COLLABORATIVE - A COLLABORATION BETWEEN TCH AND LOCAL AUTISM ORGANIZATIONS AND UNIVERSITIES - TO PROVIDE EXPERT KNOWLEDGE AND SERVICES UNDER ONE UMBRELLA ORGANIZATION, ALLOWING THOSE WITH AUTISM AND THEIR FAMILIES TO RESEARCH AND FIND THE BEST POSSIBLE CARE - SUPPORT GROUPS FOR PATIENTS' FAMILIES TO ASSIST WITH MANAGING CHRONIC DISEASE AND TO OFFER SOCIAL SERVICES INFORMATION - WITH THE GOAL OF IMPROVING INFANT MORTALITY RATES IN OUR REGION, A NURSING MOTHERS SUPPORT GROUP IS OFFERED AT NO CHARGE THROUGHOUT THE YEAR - THE TEEN PEP (PEERS EDUCATING PEERS) PROGRAM EXTENDS CARE AND EDUCATION OUTSIDE THE HOSPITAL, IN MORE NONTRADITIONAL WAYS, BY ENCOURAGING TEENS TO TALK WITH THEIR PEERS ABOUT IMPORTANT TOPICS SUCH AS TEEN RELATIONSHIPS, BULLYING, AND PHYSICAL AND EMOTIONAL ABUSE - FREE AND LOW-COST OUTPATIENT CLINICS THAT OFFER A WIDE ARRAY OF HEALTH SERVICES INCLUDING IMMUNIZATIONS, VASCULAR SCREENINGS AND TREATMENT OF MINOR ILLNESSES THAT MIGHT NOT REQUIRE AN EMERGENCY CENTER VISIT BUT STILL REQUIRE MEDICAL ATTENTION - PREPARATION FOR PARENTHOOD CLASSES THAT HELP PREPARE EXPECTANT PARENTS FOR A HEALTHY L</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>THE TOLEDO HOSPITAL - PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>ABOR AND DELIVERY, AND OFFER INFANT SAFETY TIPS, AS WELL AS NEW MOTHER CARE AND HEALTHY BABY EDUCATION - FREE SCREENING MAMMOGRAMS AND BREAST CARE EDUCATION THAT EMPHASIZES THE IMPORTANCE OF ROUTINE SELF-BREAST EXAMS FOR UNINSURED AND UNDERINSURED WOMEN IN THE TOLEDO AREA - IN-KIND DONATIONS AND GENERAL CONTRIBUTIONS, WHICH SUPPORT LOCAL NON-PROFIT ORGANIZATIONS WITH SIMILAR VALUES TH ALSO PROVIDED A SIGNIFICANT AMOUNT OF FINANCIAL ASSISTANCE TO THE COMMUNITY DURING 2018, OF WHICH \$6,173,000 REPRESENTED UNCOMPENSATED AMOUNTS FOR TREATMENT TO THOSE PATIENTS WHO DID NOT HAVE THE FINANCIAL RESOURCES TO PAY FOR HOSPITAL SERVICES FINANCIAL ASSISTANCE REPRESENTS THE COST TO PROVIDE SERVICE AND DOES NOT INCLUDE THE COSTS FOR ACCOUNTS WRITTEN OFF TO BAD DEBT FOR PATIENTS WHO DID NOT PAY THEIR BILLS TH'S COST OF BAD DEBT FOR 2018 WAS \$9,736,000 THIS AMOUNT IS NOT INCLUDED IN THE COMMUNITY BENEFIT TOTAL OF \$106,198,000 INDICATED ABOVE FURTHER, TH PROVIDED \$51,934,000 OF COMMUNITY BENEFIT THROUGH COSTS - NOT REIMBURSED BY THE GOVERNMENT - FOR TREATING MEDICAID AND OTHER MEANS-TESTED PATIENTS ALSO IN 2018, THE TOTAL COSTS - NOT REIMBURSED BY THE GOVERNMENT - FOR TREATING MEDICARE PATIENTS WAS \$33,650,000 AND IS NOT INCLUDED IN THE COMMUNITY BENEFIT AMOUNT OF \$106,198,000 NOTED ABOVE DURING 2018, TH EXPENDED \$181,151,000 IN NET PAYROLL, PROVIDING 4,529 JOBS IN NORTHWEST OHIO A TOTAL OF \$11,285,000 WAS WITHHELD FROM HOSPITAL EMPLOYEES IN STATE AND LOCAL TAXES IN SUMMARY, TH DEMONSTRATES PROMEDICA'S MISSION AND CORE VALUES BY PROVIDING HIGH-QUALITY HEALTH CARE TO ALL PATIENTS, REGARDLESS OF THEIR RACE, CREED, SEX, NATIONAL ORIGIN, DISABILITY, OR AGE AND, WE RECOGNIZE THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL CARE THEREFORE, WE PROVIDE THESE HEALTHCARE SERVICES, RECRUIT AND TRAIN HEALTHCARE PROFESSIONALS TO SERVE THE BROADER COMMUNITY, PROVIDE APPROPRIATE FINANCIAL ASSISTANCE, OFFER SERVICES AND CONTRIBUTIONS TO OTHER NONPROFIT ORGANIZATIONS THAT ALLOW THEM TO PROVIDE KEY SERVICES TO THEIR CONSTITUENTS, AND PRESENT FREE EDUCATIONAL CLASSES, HEALTH FAIRS AND OTHER ACTIVITIES TO OUR LOCAL COMMUNITY TO HELP ENSURE ALL MEMBERS HAVE EQUAL ACCESS TO CARE</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
THE TOLEDO HOSPITAL

Employer identification number

34-4428256

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

See Additional Data Table

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

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	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

	Yes	No
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 Yes	
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c Yes	
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	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 Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n 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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)REYNOLDS ROAD SURGICAL CENTER LLC	A	157,500	FMV

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) 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

(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
(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

(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
(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

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
(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

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
(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

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
(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

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
(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

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
(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

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
(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

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
(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

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
(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

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
(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

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
(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

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
(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

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
(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

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
(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

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
(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	RESPIRE 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	
100 MADISON AVE TOLEDO, OH 43604 34-1517671	PARENT COMPANY OF HEALTH SYSTEM	OH	501(C)(3)	12B, II	N/A		No
ONE CHURCH ST 5TH FLOOR BURLINGTON, VT 05401 34-1931936	PROFESSIONAL & GENERAL LIABILITY	VT	501(C)(3)	12B, II	PROMEDICA HEALTH SYSTEM INC	Yes	
100 MADISON AVE TOLEDO, OH 43604 34-1899439	PHYSICIAN HEALTH CARE SERVICES	OH	501(C)(3)	10	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	