

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2018)

**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:

EMMA L BIXBY MEDICAL CENTER IS DEDICATED TO IMPROVING HUMAN LIFE AND DEVOTED TO THE PATIENTS AND FAMILIES WE SERVE THROUGH INNOVATIVE CARE, SUPERIOR QUALITY AND PREMIER CUSTOMER 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.

<b>4a</b>	(Code )	(Expenses \$ 72,295,559	including grants of \$ 6,031,288	(Revenue \$ 82,591,716 )
See Additional Data				

<b>4b</b>	(Code )	(Expenses \$ 1,293,025	including grants of \$ )	(Revenue \$ )
See Additional Data				

<b>4c</b>	(Code )	(Expenses \$ 3,456,416	including grants of \$ )	(Revenue \$ 1,556,687 )
See Additional Data				

<b>4d</b>	Other program services (Describe in Schedule O )			
	(Expenses \$	including grants of \$	(Revenue \$	)

<b>4e</b>	<b>Total program service expenses ▶</b>	77,045,000
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<b>4</b> Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<b>5</b>	No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<b>10</b> Yes	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<b>11b</b>	No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11c</b>	No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<b>11d</b> Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<b>11f</b>	No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b>	No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<b>15</b>	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>18</b>	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b> Yes	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>21</b> Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<b>22</b>	No

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b> 55	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b> Yes	

<b>2a</b> 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 . . . . .		<b>2a</b>	717			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . .				<b>3a</b>		No
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . .				<b>3b</b>		
<b>4a</b> 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)? . . .				<b>4a</b>		No
<b>b</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)						
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .				<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>		
<b>6a</b> 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? . . . .				<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>						
<b>a</b> 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? . . . . .				<b>7a</b>		No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				<b>7c</b>		No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .				<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .				<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .				<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .						
				<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . .				<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . .				<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .				<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter						
<b>a</b> Gross income from members or shareholders . . . . .				<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .				<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?						
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year				<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O				<b>13a</b>		
<b>b</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 . . . . .				<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .				<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . .				<b>14b</b>		
<b>15</b> 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 . . . . .				<b>15</b>		No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .				<b>16</b>		No

**Part VI**

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 18		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 12		
<b>2</b> 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?	<b>2</b>		No
<b>3</b> 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?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes	
<b>7a</b> 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?	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> 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.	<b>9</b>		No

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

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

**Section C. Disclosure**

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

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

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

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

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

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

[illegible]

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

[illegible]

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	692,375	13,994,772	1,537,409

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 ▶ 9

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b> Yes	
<b>4</b>	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> . . . . .	<b>4</b> Yes	
<b>5</b>	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> . . . . .	<b>5</b>	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
INDIGO HOSPITAL MEDICINE  10850 TRAVERSE HWY 4400 TRAVERSE CITY, MI 49684	LOCUM TENENS	3,410,064
HKS INC  1919 MCKINNEY AVE DALLAS, TX 75201	DESIGN ARCHITECTURAL	3,117,978
BIXBY ANESTHESIA ASSOCIATES PC  818 RIVERSIDE AVE ADRIAN, MI 49221	ANESTHESIA SERVICES	921,833
MEDICAL SOLUTIONS INC  1010 N 102ND ST STE 300 OMAHA, NE 68114	AGENCY STAFFING	758,896
UNDERWOOD NURSERY LLC  4373 N ADRIAN HWY M-52 ADRIAN, MI 49221	LANDSCAPE/NURSERY SERVICE	372,248

<p><b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 16</p>	
---	--



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
<div>Contributions, Gifts, Grants and Other Similar Amounts</div> <div><div>1a</div>Federated campaigns<div>1a</div></div> <div><div>b</div>Membership dues<div>1b</div></div> <div><div>c</div>Fundraising events<div>1c</div></div> <div><div>d</div>Related organizations<div>1d</div>175,593</div> <div><div>e</div>Government grants (contributions)<div>1e</div>385,656</div> <div><div>f</div>All other contributions, gifts, grants, and similar amounts not included above<div>1f</div>250,965</div> <div><div>g</div>Noncash contributions included in lines 1a - 1f \$67,862</div> <div><div>h</div>Total. Add lines 1a-1f812,214</div>				

**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
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	6,031,288	6,031,288		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	54,667		54,667	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	30,748,531	27,058,707	3,689,824	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	241,005	212,084	28,921	
<b>9</b> Other employee benefits.	4,681,950	4,120,116	561,834	
<b>10</b> Payroll taxes.	2,301,507	2,025,326	276,181	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	416		416	
<b>b</b> Legal.	127,190		127,190	
<b>c</b> Accounting.	47,592		47,592	
<b>d</b> Lobbying.	11,647		11,647	
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.	253,290		253,290	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	12,004,026	11,280,183	723,843	
<b>12</b> Advertising and promotion.	319,100	12,764	306,336	
<b>13</b> Office expenses.	800,794	616,611	184,183	
<b>14</b> Information technology.	366,621		366,621	
<b>15</b> Royalties.				
<b>16</b> Occupancy.	1,990,792	1,931,068	59,724	
<b>17</b> Travel.	174,330	83,678	90,652	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.				
<b>20</b> Interest.	384,701	384,701		
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	3,913,305	3,482,841	430,464	
<b>23</b> Insurance.	600,303	534,270	66,033	
<b>24</b> 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):				
<b>a</b> MEDICAL SUPPLIES	7,084,212	7,084,212		
<b>b</b> INTERCOMPANY SERVICES	4,064,269	3,617,199	447,070	
<b>c</b> DRUGS	3,974,670	3,974,670		
<b>d</b> PROVIDER TAXES	2,953,349	2,953,349		
<b>e</b> All other expenses	1,909,224	1,641,933	267,291	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	85,038,779	77,045,000	7,993,779	0
<b>26</b> 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	
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		6,375,473	<b>1</b>	13,785,339	
	<b>2</b>	Savings and temporary cash investments . . . . .			<b>2</b>		
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>		
	<b>4</b>	Accounts receivable, net . . . . .		10,745,541	<b>4</b>	9,900,523	
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			<b>5</b>		
	<b>6</b>	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 . . . . .			<b>6</b>		
	<b>7</b>	Notes and loans receivable, net . . . . .			<b>7</b>		
	<b>8</b>	Inventories for sale or use . . . . .		1,362,574	<b>8</b>	1,509,749	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		180,412	<b>9</b>	157,662	
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>	124,061,065			
	<b>b</b>	Less: accumulated depreciation . . . . .	<b>10b</b>	77,416,052	26,532,124	<b>10c</b>	46,645,013
	<b>11</b>	Investments—publicly traded securities . . . . .		86,689,578	<b>11</b>	101,097,640	
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		648,529	<b>12</b>	736,458	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .			<b>13</b>		
	<b>14</b>	Intangible assets . . . . .			<b>14</b>		
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		9,324,514	<b>15</b>	12,339,631	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		141,858,745	<b>16</b>	186,172,015		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		7,786,488	<b>17</b>	9,629,930	
	<b>18</b>	Grants payable . . . . .			<b>18</b>		
	<b>19</b>	Deferred revenue . . . . .			<b>19</b>		
	<b>20</b>	Tax-exempt bond liabilities . . . . .			<b>20</b>		
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			<b>21</b>		
	<b>22</b>	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 . . . . .			<b>22</b>		
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .			<b>23</b>		
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>		
	<b>25</b>	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 . . . . .		18,701,685	<b>25</b>	73,728,287	
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		26,488,173	<b>26</b>	83,358,217	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>						
	<b>27</b>	Unrestricted net assets . . . . .		108,904,033	<b>27</b>	95,093,536	
	<b>28</b>	Temporarily restricted net assets . . . . .		5,195,603	<b>28</b>	7,030,472	
	<b>29</b>	Permanently restricted net assets . . . . .		1,270,936	<b>29</b>	689,790	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>						
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>		
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>		
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>32</b>		
	<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		115,370,572	<b>33</b>	102,813,798	
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		141,858,745	<b>34</b>	186,172,015		

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	93,334,894
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	85,038,779
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	8,296,115
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	115,370,572
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-6,888,689
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-13,964,200
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	102,813,798

**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
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 38-2796005

**Name:** EMMA L BIXBY MEDICAL CENTER

Form 990 (2018)

**Form 990, Part III, Line 4a:**

EMMA L BIXBY MEDICAL CENTER 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, EMMA L BIXBY MEDICAL CENTER PROVIDES A SIGNIFICANT AMOUNT OF FINANCIAL ASSISTANCE TO PATIENTS WITH LIMITED OR NO  
ABILITY TO PAY - SEE SCHEDULE O

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**Form 990, Part III, Line 4c:**

CONSISTENT WITH OUR MISSION, EMMA L BIXBY MEDICAL CENTER PROVIDES ADDITIONAL COMMUNITY BENEFIT INCLUDING COMMUNITY HEALTH IMPROVEMENT SERVICES, COMMUNITY BENEFIT OPERATIONS, HEALTH PROFESSIONAL EDUCATION, AND CASH AND IN-KIND DONATIONS - SEE SCHEDULE O

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL J UCKELE ..... TRUSTEE	1 00 .....	X						0	0	0
MICHAEL R HERR DVM ..... TRUSTEE	1 00 .....	X						0	0	0
MICHAEL R OLSAVER ..... TRUSTEE	1 00 .....	X						0	0	0
PAUL E GIETZEN MD ..... TRUSTEE	1 00 ..... 41 00	X						0	302,712	42,143
PAULA K HOLTZ ..... EX OFFICIO	1 00 ..... 1 00	X						0	0	0
ROBERT L VOGEL ..... TRUSTEE	1 00 ..... 1 00	X						0	0	0
ROBIN L WHITNEY ..... TRUSTEE	1 00 ..... 41 00	X						0	339,412	36,285
RUSSELL L DEMPSEY ..... TRUSTEE	1 00 ..... 1 00	X						0	0	0
SAMANTHA M MUCHA MD ..... TRUSTEE	1 00 ..... 41 00	X						11,667	682,441	51,593
STACEY L BOCK ..... TRUSTEE	1 00 ..... 40 50	X						0	253,813	50,649

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			
VICTOR J CHERFAN DO ..... TRUSTEE	1 00 ..... 41 00	X						43,000	517,820	44,259
WILLIAM B NOE ..... TRUSTEE	1 00 ..... 1 00	X						0	0	0
JEFFREY C KUHN ..... SECRETARY	1 00 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
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
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
GARY W AKENBERGER ..... COO, ACUTE CARE & SVP, DIAG	0 50 ..... 44 50				X			0	548,253	64,476

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			
KATHRYN M GREENLEE ..... VP, CLINICAL SERVICES	0 50 ..... 40 50				X			0	205,009	211,217
KENT E BISHOP MD ..... CXO AND 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
SCOTT FOUGHT ..... VP, FINANCE, ACUTE CARE OPS	0 50 ..... 45 50				X			0	354,288	60,945
THADIOUS L WADSWORTH ..... VP SURGICAL SERVICES OPERATION	0 50 ..... 45 00				X			0	188,374	21,125
JADE PFUND ..... CLINICAL PHARMACIST	40 00 ..... 0 00					X		120,048	0	14,828
JENNIFER FOSS ..... DIRECTOR, PHARMACY	40 00 ..... 0 00					X		131,418	0	42,964
KAITLYN ANDRIES ..... PHARMACIST	40 00 ..... 0 00					X		124,066	0	3,120
MELISSA THOMPSON ..... PHARMACIST	40 00 ..... 0 00					X		125,621	0	18,220
RONDA WINANS ..... ASSOCIATE VP, OPERATIONS	40 00 ..... 0 00					X		136,555	0	19,363

**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			
ALAN M SATTLER ..... FORMER OFFICER	0 00 ..... 40 00						X	0	162,522	54,541
KATHLEEN S HANLEY ..... FORMER OFFICER	0 00 ..... 0 00						X	0	1,569,411	0

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

EMMA L BIXBY MEDICAL CENTER

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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

38-2796005

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	<b>Total.</b> 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	<b>Public support.</b> 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	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					<b>12</b>	
13	<b>First five years.</b> 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 <b>stop here</b> . . . . . ► <input type="checkbox"/>						

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	<b>33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	<b>33 1/3% support test—2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>
17a	<b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	<b>10%-facts-and-circumstances test—2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>

**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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (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
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

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

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



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> 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>		
	<b>11a</b>	
	<b>11b</b>	
	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
	<b>1</b>	
<b>2</b> 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>		
	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
	<b>1</b>	
<b>2</b> 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>		
	<b>2</b>	
<b>3</b> 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>		
	<b>3</b>	

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> 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>		
	<b>2a</b>	
<b>b</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>		
	<b>2b</b>	
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> 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>3a</b>	
<b>b</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>		
	<b>3b</b>	

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>		
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <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: 38-2796005  
Name: EMMA L BIXBY MEDICAL CENTER

**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](http://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 EMMA L BIXBY MEDICAL CENTER	Employer identification number 38-2796005
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

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

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

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

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing  
organization's  
totals**(b)** Affiliated  
group totals

**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)

**b** Total lobbying expenditures to influence a legislative body (direct lobbying)

**c** Total lobbying expenditures (add lines 1a and 1b)

**d** Other exempt purpose expenditures

**e** Total exempt purpose expenditures (add lines 1c and 1d)

**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

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

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

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

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

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

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

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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
<b>1</b>	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			
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?		No	
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities?	Yes		11,647
<b>j</b>	Total. Add lines 1c through 1i			11,647
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year	<b>2a</b>	
<b>b</b>	Carryover from last year	<b>2b</b>	
<b>c</b>	Total	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b>	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?	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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	EMMA L. BIXBY MEDICAL CENTER PAYS DUES TO THE AMERICAN HOSPITAL ASSOCIATION AND THE MICHIGAN HOSPITAL ASSOCIATION - A PORTION OF WHICH IS ALLOCABLE TO LOBBYING BY THE ASSOCIATIONS

efile GRAPHIC print - DO NOT PROCESS

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DLN: 93493319032249

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://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

EMMA L BIXBY MEDICAL CENTER

Employer identification number

38-2796005

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

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

Part III

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

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

1a

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

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

► \$

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

Cat No 52283D

Schedule D (Form 990) 2018



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?☐ Yes ☐ No**Part IV Escrow and Custodial Arrangements.**

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?☐ Yes ☐ No**b** If "Yes," explain the arrangement in Part XIII and complete the following table**c** Beginning balance**d** Additions during the year**e** Distributions during the year**f** Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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
<b>1a</b> Beginning of year balance . . . . .	1,270,935	1,391,415	1,386,780	1,428,306	1,436,934
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses	-81,144	44,786	4,635	-41,526	-8,628
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	500,000	165,266			
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	689,791	1,270,935	1,391,415	1,386,780	1,428,306

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

	Yes	No
<b>3a(i)</b>		No
<b>3a(ii)</b>	Yes	
<b>3b</b>	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
<b>1a</b> Land . . . . .		1,283,984		1,283,984
<b>b</b> Buildings . . . . .		31,390,596	18,859,636	12,530,960
<b>c</b> Leasehold improvements		324,748	310,285	14,463
<b>d</b> Equipment . . . . .		34,084,455	29,389,185	4,695,270
<b>e</b> Other . . . . .		56,977,282	28,856,946	28,120,336
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				46,645,013

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	3,572,739
(2) BENEFICIAL INTEREST IN FOUNDATION	7,572,815
(3) ESTIMATED THIRD PARTY PAYOR RECEIVABLE	1,037,594
(4) OTHER RECEIVABLE	156,483
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶	12,339,631

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	7,463,649	
ASSET REMEDIATION OBLIGATION	1,433,338	
ESTIMATED THIRD PARTY SETTLEMENTS PAYABLE	4,698,114	
INTERCOMPANY DEBT TO THE TOLEDO HOSPITAL	60,133,186	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	73,728,287	

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.

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

**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.

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 38-2796005  
**Name:** EMMA L BIXBY MEDICAL CENTER

**Supplemental Information**

Return Reference	Explanation
PART V, LINE 4	THE ENDOWMENT FUNDS ARE INVESTED TO GENERATE INCOME TO BE USED TO SUPPORT EMMA L BIXBY MEDICAL CENTER CONSISTENT WITH DONOR INTENT

SCHEDULE H  
(Form 990)

Hospitals

OMB No 1545-0047

2018

Open to Public Inspection

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Department of the Treasury

Internal Revenue Service

Name of the organization  
EMMA L BIXBY MEDICAL CENTER

Employer identification number  
38-2796005

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	Yes	
1b	If "Yes," was it a written policy?	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 checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input 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 free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	Yes	
	<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b	Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	Yes	
	<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 _____ %		
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"?	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a	Did the organization prepare a community benefit report during the tax year?	Yes	
b	If "Yes," did the organization make it available to the public?	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			549,827		549,827	0 650 %
b Medicaid (from Worksheet 3, column a)			14,992,791	14,250,020	742,771	0 870 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			1,756	1,329	427	0 %
d Total Financial Assistance and Means-Tested Government Programs			15,544,374	14,251,349	1,293,025	1 520 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			991,303	239,324	751,979	0 880 %
f Health professions education (from Worksheet 5)			77,444		77,444	0 090 %
g Subsidized health services (from Worksheet 6)			2,233,264	1,317,363	915,901	1 080 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			154,405		154,405	0 180 %
j Total. Other Benefits			3,456,416	1,556,687	1,899,729	2 230 %
k Total. Add lines 7d and 7j			19,000,790	15,808,036	3,192,754	3 750 %

**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	8,434,783	
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	904,583	
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	19,186,023	
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	20,212,680	
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-1,026,657	
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	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes	

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 HERRICK MEMORIAL OFFICE PLAZA CONDO ASSOCIATION	FACILITY SUPPORT	71.800 %		28.200 %
2 LENAWEE CLINICAL PARTNERS	PHYSICIAN MGMT. SERVICES	50.000 %		32.500 %
3				
4				
5				
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?

**1**

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)

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



**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
EMMA L BIXBY MEDICAL CENTER**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):** \_\_\_\_\_

1

**Community Health Needs Assessment**

	Yes	No
<b>1</b> 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? . . . . .	<b>1</b>	No
<b>2</b> 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 . . . . .	<b>2</b>	No
<b>3</b> 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)	<b>3</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <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		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <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)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b> Yes	
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b> Yes	
<b>b</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 . . . . .	<b>6b</b> Yes	
<b>7</b> 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)	<b>7</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>HTTPS //WWW PROMEDICA ORG/PAGES/ABOUT-US/DEFAULT ASPX</u>		
<b>b</b> <input type="checkbox"/> Other website (list url) _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> 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 . . . . .	<b>8</b> Yes	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) _____	<b>10</b>	No
<b>a</b>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b> Yes	
<b>11</b> 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		
<b>12a</b> 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)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> 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)

EMMA L BIXBY MEDICAL CENTER

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 200 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %			
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) SEE PART V, SECTION C			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE PART V, SECTION C			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE PART V, SECTION C			
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**

EMMA L BIXBY MEDICAL CENTER

**Name of hospital facility or letter of facility reporting group**

	Yes	No
<b>17</b> 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? . . . . .	<b>17</b> Yes	
<b>18</b> 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		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> 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? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> 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)		
<b>a</b> <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>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? . . . . .	<b>21</b> Yes	
If "No," indicate why		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <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)**

EMMA L BIXBY MEDICAL CENTER

**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
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

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

[illegible]

**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? 24

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

**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	EMMA L BIXBY MEDICAL CENTER 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	EMMA L BIXBY MEDICAL CENTER 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	EMMA L BIXBY MEDICAL CENTER'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	EMMA L BIXBY MEDICAL CENTER 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	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 EMMA L BIXBY MEDICAL CENTER 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
PART III, LINE 9B	FINANCIAL ASSISTANCE DISCOUNTS ARE GRANTED FOR MEDICALLY NECESSARY SERVICES WHEN IT IS DETERMINED THAT THE PATIENT AND FAMILY INCOME MEETS THE CRITERIA ESTABLISHED PATIENTS WHO HAVE INSURANCE COVERAGE OR WHO ARE ENTITLED TO GOVERNMENTAL ASSISTANCE ARE IDENTIFIED IN ORDER FOR REIMBURSEMENT TO BE OBTAINED ALL PATIENTS WITH SELF-PAY BALANCES AFTER INSURANCE MAY OBTAIN FINANCIAL ASSISTANCE ADJUSTMENTS IF THEY PROVIDE APPROPRIATE DOCUMENTATION THAT THEY SATISFY THE INCOME GUIDELINES VERIFICATION OF FINANCIAL ASSISTANCE IS PURSUED THROUGHOUT THE INTERNAL COLLECTION PROCESS UNTIL ALL OPTIONS HAVE BEEN EXHAUSTED ALL PATIENTS, THAT HAVE A SELF-PAY BALANCE, INCLUDING PATIENTS THAT MAY QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE, RECEIVE BILLING STATEMENTS AND PAYMENT REMINDERS THESE STATEMENTS INFORM ALL PATIENTS OF THE OPPORTUNITY TO SEEK A FINANCIAL ASSISTANCE ADJUSTMENT FOR MEDICALLY NECESSARY SERVICES, THE ELIGIBILITY CRITERIA, AND THE METHOD TO APPLY IF A FINANCIAL ASSISTANCE APPLICATION HAS NOT BEEN COMPLETED AND/OR REQUESTED INCOME VERIFICATION HAS NOT BEEN RECEIVED FROM A PATIENT WHO COULD POTENTIALLY QUALIFY, THE PATIENT WILL CONTINUE TO RECEIVE BILLING STATEMENTS THROUGH THE NORMAL COLLECTION PROCESS IF A PATIENT DOES NOT HAVE INSURANCE, A PRESUMPTIVE CHARITY DETERMINATION (WHICH USES PUBLICLY AVAILABLE DATA SUCH AS DEMOGRAPHIC INFORMATION, CREDIT HISTORY, ETC ) MAY BE MADE TO ASSIST WITH QUALIFYING FOR FINANCIAL ASSISTANCE ONCE IT HAS BEEN DETERMINED THAT A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE, AN ADJUSTMENT IS PROCESSED THE PATIENT ACCOUNT ANALYST WILL DETERMINE PATIENT ELIGIBILITY AND CALCULATE THE ADJUSTMENT BASED ON POLICY GUIDELINES AN ADJUSTMENT FORM IS PREPARED AND APPROVED PER POLICY UNINSURED PATIENTS MAY BE REQUIRED TO COMPLETE AN APPLICATION AND PROVIDE REQUIRED DOCUMENTATION, INCLUDING ANY DOCUMENTATION REQUIRED TO DETERMINE ELIGIBILITY UNINSURED PATIENTS ARE NOTIFIED IN WRITING WHETHER OR NOT THEY QUALIFY FOR ANY FINANCIAL ASSISTANCE ADJUSTMENT FOR WHICH THEY HAVE SUBMITTED AN APPLICATION, AND OF ANY REMAINING BALANCE OWED THE ADJUSTMENT IS THEN APPLIED TO THE PATIENT'S ACCOUNT PATIENTS MAY BE OFFERED PAYMENT PLANS WHEN APPROPRIATE BASED ON DOCUMENTED FINANCIAL NEED AND CIRCUMSTANCES LONGER PAYMENT PLANS MAY BE OFFERED ON AN EXCEPTION BASIS FOR CASES WITH UNUSUALLY HIGH BALANCES OR SPECIAL CIRCUMSTANCES DEMONSTRATING AN INABILITY TO PAY ONCE THE INTERNAL COLLECTION PROCESS HAS BEEN COMPLETED, PATIENT ACCOUNTS MAY BE REFERRED TO AN EXTERNAL COLLECTION AGENCY IF THE PATIENT HAS NOT CONTACTED US REGARDING THEIR DESIRE TO APPLY FOR FINANCIAL ASSISTANCE, SENT IN A FINANCIAL ASSISTANCE APPLICATION, RESPONDED TO REQUESTS FOR ADDITIONAL INFORMATION, OR WE ARE UNABLE TO MAKE A PRESUMPTIVE CHARITY DETERMINATION IT IS THE EXPECTATION OF THE EXTERNAL COLLECTION AGENCY AS THEY WORK ACCOUNTS TO OFFER FINANCIAL ASSISTANCE WHEN APPLICABLE THROUGHOUT THE COLLECTION PROCESS, THE COLLECTION AGENCY WILL INFORM UNINSURED PATIENTS OF THE CRITERIA TO OBTAIN FINANCIAL ASSISTANCE ADJUSTMENTS BASED ON FAMILY INCOME AND FAMILY SIZE, AND WILL FORWARD APPLICATIONS FOR PATIENTS WHO SUBMIT THE REQUIRED DOCUMENTATION TO THE CENTRAL BUSINESS OFFICE FOR PROCESSING

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2	<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>

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Form and Line Reference	Explanation
PART VI, LINE 4	EMMA L BIXBY MEDICAL CENTER, LOCATED IN ADRIAN, MI, SERVES AN AREA PRIMARILY AROUND LENAWEЕ COUNTY AND HAS A SERVICE AREA POPULATION OF APPROXIMATELY 81,000 APPROXIMATELY, 19% OF THE SERVICE AREA IS AGE 65 OR OVER, 38% IS BETWEEN AGE 35 AND 64, MEDIAN HOUSEHOLD INCOME IS APPROXIMATELY \$51,000, 47% OF THE ADULT POPULATION AGED 25+ HAS A HIGH SCHOOL DEGREE OR LOWER, 45% OF HOUSEHOLDS HAVE AN INCOME OF \$50,000 OR LESS LENAWEЕ COUNTY HAS A POPULATION OF APPROXIMATELY 98,000 WITH APPROXIMATELY 10% OF FAMILIES BELOW THE POVERTY LEVEL AND AN APPROXIMATE 17% MEDICAID ELIGIBLE RATE APPROXIMATELY, 7% OF LENAWEЕ COUNTY IS UNINSURED THE AVERAGE UNEMPLOYMENT RATE AT THE END OF 2018 FOR LENAWEЕ COUNTY WAS 4 5% THE LEADING CAUSES OF DEATH IN LENAWEЕ COUNTY, BASED ON AGE ADJUSTED MORTALITY RATES ARE HEART DISEASE, CANCER, LUNG DISEASE, STROKE, DIABETES, ALZHEIMER'S, AND UNINTENTIONAL INJURIES/ACCIDENTS ACCORDING TO THE 2018 COUNTY HEALTH RANKINGS, LENAWEЕ COUNTY RANKED 45 OF 83 COUNTIES FOR HEALTH OUTCOMES, 46 OF 83 FOR LENGTH OF LIFE, AND 44 OF 83 FOR QUALITY OF LIFE THERE ARE NINE HOSPITALS WITHIN A 30-MILE RADIUS OF EMMA L BIXBY MEDICAL CENTER HERRICK MEMORIAL HOSPITAL, INC , ST JOSEPH MERCY SALINE HOSPITAL, FLOWER HOSPITAL, FULTON COUNTY HEALTH CENTER, ST ANNE MERCY HOSPITAL, CHELSEA COMMUNITY HOSPITAL, THE TOLEDO HOSPITAL, HENRY FORD ALLEGIANCE HEALTH, AND UNIVERSITY OF TOLEDO MEDICAL CENTER
PART VI, LINE 5	EMMA L BIXBY MEDICAL CENTER 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

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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:** 38-2796005

**Name:** EMMA L BIXBY MEDICAL CENTER

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

Section A. Hospital Facilities		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>1</u>											
Name, address, primary website address, and state license number											
1	EMMA L BIXBY MEDICAL CENTER 818 RIVERSIDE AVE ADRIAN, MI 49221 WWW.PROMEDICA.ORG 1060000004	X	X					X			

**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
EMMA L BIXBY MEDICAL CENTER	PART V, SECTION B, LINE 5 IN CONDUCTING ITS MOST RECENT CHNA, THE HOSPITAL FACILITY TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY, INCLUDING THOSE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH FOLLOWING THE FORMAL COUNTY HEALTH ASSESSMENT SURVEY PROCESSES, LENAWEE 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 LENAWEE COUNTY COMMUNITY THROUGH THESE PROCESSES INCLUDED ADRIAN FARMER'S MARKET, ADRIAN PUBLIC SCHOOLS (HEAD START), AMERICAN CANCER SOCIETY, BOYS & GIRLS CLUB, CATHOLIC CHARITIES, COMMUNITY ACTION AGENCY, FAMILY COUNSELING AND CHILDREN'S SERVICES, FAMILY MEDICAL CENTER, GOODWILL INDUSTRIES, HOPE COMMUNITY CENTER, INTERCONNECTIONS DROP IN CENTER, LENAWEE COMMUNITY FOUNDATION, LENAWEE COMMUNITY MENTAL HEALTH AUTHORITY, LENAWEE COUNTY HEALTH DEPARTMENT, LENAWEE DEPARTMENT ON AGING, LENAWEE GREAT START, LENAWEE DEPARTMENT OF HUMAN SERVICES, LENAWEE INTERMEDIATE SCHOOL DISTRICT, LENAWEE SUBSTANCE ABUSE COALITION, LENAWEE UNITED WAY, MCCULLOUGH, VARGAS & ASSOCIATES, MSU EXTENSION, ONE LENAWEE, PROMEDICA BIXBY HOSPITAL, PROMEDICA HERRICK HOSPITAL, SIENA HEIGHTS, THE CENTRE, THE SALVATION ARMY, YMCA OF LENAWEE, AND PARTICIPATING SCHOOLS IN THE MIPHY SURVEY BLISSFIELD MIDDLE AND HIGH SCHOOLS, CLINTON HIGH SCHOOL, HUDSON HIGH SCHOOL, MADISON HIGH SCHOOL, ONSTED MIDDLE AND HIGH SCHOOLS, SAND CREEK MIDDLE AND HIGH SCHOOLS, AND TECUMSEH MIDDLE AND HIGH SCHOOLS

**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
EMMA L BIXBY MEDICAL CENTER	PART V, SECTION B, LINE 6A THE HOSPITAL FACILITY CONDUCTED ITS 2016 CHNA WITH THE FOLLOWING HOSPITAL FACILITY HERRICK MEMORIAL HOSPITAL, INC



**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
EMMA L BIXBY MEDICAL CENTER	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
EMMA L BIXBY MEDICAL CENTER	<p>PART V, SECTION B, LINE 11 EMMA L BIXBY MEDICAL CENTER CONDUCTED AND ADOPTED ITS SECOND COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) DURING TAX YEAR 2016 AND INTENDS TO ADDRESS THE F OLLOWING SIGNIFICANT HEALTH NEEDS, LISTED IN ORDER OF PRIORITY - CANCER - CHRONIC DISEASE PREVENTION THIS CHNA WAS CONDUCTED AND ADOPTED AT THE END OF TAX YEAR 2016, THEREFORE, TH ESE HEALTH NEEDS WILL BE ADDRESSED OVER THE THREE TAX YEARS, 2017-2019 EMMA L BIXBY MEDI CAL CENTER DOES NOT INTEND TO ADDRESS ALL OF THE NEEDS IDENTIFIED IN ITS MOST RECENTLY CON DUCTED COMMUNITY HEALTH NEEDS ASSESSMENT GIVEN THAT SOME OF THE IDENTIFIED HEALTH NEEDS AR E 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, RES OURCE 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 EFFOR TS AND INEFFICIENT USE OF RESOURCES, MANY OF THESE ISSUES ARE ADDRESSED BY, AND WITH, OTHE R COMMUNITY ORGANIZATIONS AND COALITIONS THE 2016 SIGNIFICANT HEALTH NEEDS IDENTIFIED, BU T SPECIFICALLY NOT ADDRESSED BY THE HOSPITAL IN ITS 2016 IMPLEMENTATION PLAN INCLUDE ASTH MA, OBESITY, TOBACCO USE, ALCOHOL USE, MARIJUANA AND OTHER DRUG USE, WOMEN'S HEALTH, MEN'S HEALTH, PREVENTIVE MEDICINE AND HEALTH SCREENINGS, ADULT SEXUAL BEHAVIOR AND PREGNANCY OU TCOMES, ENVIRONMENTAL HEALTH/DISASTER PREPAREDNESS, QUALITY OF LIFE, SOCIAL CONTEXT AND SA FETY, MENTAL HEALTH AND SUICIDE, CARDIOVASCULAR HEALTH, DIABETES, AND ORAL HEALTH EMMA L BIXBY MEDICAL CENTER DID TAKE THE FOLLOWING ACTIONS DURING TAX YEAR 2018 WITH RESPECT TO ITS MOST RECENTLY CONDUCTED CHNA IN 2016 HEALTH NEED IDENTIFIED CANCERSTRATEGY #1 - CONTI NUE PARTICIPATION IN REFERRING PATIENTS THAT QUALIFY TO THE LENAWEE COUNTY HEALTH DEPARTME NT FOR FREE WOMEN'S HEALTH SCREENINGS ACTIONS TAKEN - TWO (2) PATIENTS WERE REFERRED FRO M EMMA L BIXBY MEDICAL CENTER TO THE LENAWEE COUNTY HEALTH DEPARTMENT FOR FREE WOMEN'S HE ALTH SCREENINGS TO INCREASE THE EARLY DETECTION OF CANCER AN ADDITIONAL 80 PATIENTS WERE REFERRED FROM HERRICK MEMORIAL HOSPITAL, INC , EMMA L BIXBY MEDICAL CENTER'S SISTER HOSPI TAL IN LENAWEE COUNTY STRATEGY #2 - PROVIDE HEALTH EDUCATION ON SCREENING AND PREVENTION O F BREAST AND COLORECTAL CANCER IN LENAWEE COUNTY BY TRAINING HAIR STYLISTS TO BE BREAST AN D COLORECTAL HEALTH ADVOCATES THROUGH THE DELIVERY OF MESSAGES TO THEIR CUSTOMERS ACTIONS TAKEN - EIGHT (8) STYLISTS PARTICIPATED IN EDUCATION AND TRAINING PROGRAMS TO PROVIDE ED UCATION TO THEIR CLIENTS RELATED TO CANCER SCREENINGS TO INCREASE THE EARLY DETECTION OF C ANCER - 800 PIECES OF LITERATURE WERE DISTRIBUTED TO SALONS FOR CUSTOMER OUTREACH EDUCATI ON TO PROVIDE EDUCATION AND AWARENESS ABOUT CANCER SCREENINGS TO INCREASE THE EARLY DETECT ION OF CANCER HEALTH NEED IDENTIFIED CHRONIC DISEASE PREVENTION STRATEGY #1 - ANNUAL BLO OD PRESSURE SCREENINGS AND EDU</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
EMMA L BIXBY MEDICAL CENTER	<p>CATION TO BE HELD AT COMMUNITY EVENTS EARLY DETECTION AND TREATMENT OF HIGH BLOOD PRESSUR E WOULD DECREASE THE RISK OF DEATH DUE TO CARDIOVASCULAR DISEASE ACTIONS TAKEN - 355 COM MUNITY MEMBERS OBTAINED A BLOOD PRESSURE SCREENING AT COMMUNITY EVENTS OF THE BLOOD PRESS URE SCREENINGS, 28 WERE HIGH READINGS THE INDIVIDUAL WAS INSTRUCTED TO CONTACT THEIR PRIM ARY CARE PROVIDER (PCP) IF THEY DID NOT HAVE A PCP, THEY WERE LINKED TO FAMILY MEDICAL CE NTER FOR FOLLOW-UP THERE WERE ZERO READINGS REQUIRING EMERGENCY CALLS AT THE LENAWEE COU NTY FAIR BLOOD PRESSURE SCREENING, EMT'S WERE PRESENT IN THE EVENT THAT AN EMERGENCY READI NG WAS IDENTIFIED STRATEGY #2 - GLUCOSE SCREENINGS AND DIABETES EDUCATION EVENTS TO BE HE LD AT COMMUNITY EVENTS ACTIONS TAKEN - 119 COMMUNITY MEMBERS OBTAINED A GLUCOSE SCREENIN G AT COMMUNITY EVENTS GLUCOSE SCREENINGS HAD ZERO THAT WERE DANGEROUSLY HIGH (NOTHING OVE R 200) EVA SALISBURY CONFIRMS THAT AT THAT LEVEL, THERE IS NO ACTION REQUIRED CURRENTLY, IF A HIGH LEVEL IS RECEIVED, A DIETITIAN OR RN AT THE SCREENING TEAM WILL ENCOURAGE THEM TO CONTACT THEIR PRIMARY CARE PHYSICIAN (PCP) AND IF THEY DO NOT HAVE A PCP, THEY CALL FAM ILY MEDICAL CENTER TO HAVE THEM SCHEDULE AN APPOINTMENT WITH ONE WE DISCUSSED THIS PROCES S WITH FAMILY MEDICAL CENTER'S REGIONAL ADMINISTRATOR IN 2018 STRATEGY #3 - HOST STROKE SU PPORT GROUPS FOR THOSE AFFECTED BY THE DISEASE IN OUR COUNTY ACTIONS TAKEN - 22 ATTENDEE S ATTENDED THE STROKE SUPPORT GROUP HOSTED BY THE HOSPITAL STROKE SUPPORT GROUP PARTICIPA NTS REFLECTS A DUPLICATIVE COUNT JENNIFER YAPE CONFIRMED THAT SOME MEMBERS RETURN FOR CON SECUTIVE MEETINGS</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
EMMA L BIXBY MEDICAL CENTER	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 EMMA L BIXBY MEDICAL CENTER 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 EMMA L BIXBY MEDICAL CENTER 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

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)
<b>1</b> 1 - HICKMAN CANCER CTR 777 KIMOLE LANE SUITE 130 ADRIAN, MI 49221	CANCER CARE
<b>1</b> 2 - WOLF CREEK 901 KIMOLE LANE ADRIAN, MI 49221	LAB
<b>2</b> 3 - SPORTSCARE AT ADRIAN 1136 COUNTRY CLUB RD SUITE A ADRIAN, MI 49221	PHYSICAL THERAPY
<b>3</b> 4 - BLISSFIELD HEALTH CTR 157 WEST BROOKE LANE BLISSFIELD, MI 49228	LAB
<b>4</b> 5 - PROMEDICA HUDSON HEALTH CTR 331 W MAIN ST HUDSON, MI 49247	LAB
<b>5</b> 6 - PROMEDICA LABORATORIES - ADRIAN 3425 N ADRIAN HWY SUITE E ADRIAN, MI 49221	LAB
<b>6</b> 7 - FAMILY MEDICAL CENTER 1200 N MAIN ST ADRIAN, MI 49221	LAB
<b>7</b> 8 - BIXBY-TECUMSEH HEALTH CENTER 501 E CUMMINS ST TECUMSEH, MI 49186	LAB
<b>8</b> 9 - TOTAL REHAB AT ONSTED 400 N MAIN STREET SUITE B ONSTED, MI 49265	PHYSICAL THERAPY
<b>9</b> 10 - PROMEDICA RADIOLOGY 770 RIVERSIDE AVE ADRIAN, MI 49221	RADIOLOGY
<b>10</b> 11 - BIXBY-ONSTED HEALTH CENTER 400 NORTH MAIN ST STE B ONSTED, MI 49265	LAB
<b>11</b> 12 - PROVINCIAL HOUSE 700 LAKESHIRE TRAIL ADRIAN, MI 49221	LAB
<b>12</b> 13 - DOMINICAN LIFE CENTER 1277 E SIENA HEIGHTS DR ADRIAN, MI 49221	LAB
<b>13</b> 14 - PROMEDICA HUDSON HEALTH CTR 331 W MAIN ST HUDSON, MI 49247	RADIOLOGY
<b>14</b> 15 - BLISSFIELD HEALTH CTR 157 WEST BROOKE LANE BLISSFIELD, MI 49228	RADIOLOGY

**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)
<b>16</b> 16 - LENAWEE COMMUNITY HEALTH 1040 S WINTER ST STE 1022 ADRIAN, MI 49221	LAB
<b>1</b> 17 - LENAWEE MEDICAL CARE FACILITY 200 SAND CREEK HWY ADRIAN, MI 49221	LAB
<b>2</b> 18 - LYNWOOD MANOR 730 KIMOLE LN ADRIAN, MI 49221	LAB
<b>3</b> 19 - GREAT LAKES HOME HEALTH 730 RIVERSIDE AVE ADRIAN, MI 49221	LAB
<b>4</b> 20 - BROOKDALE 1200 CORPORATE DR ADRIAN, MI 49221	LAB
<b>5</b> 21 - CHARLOTTE STEPHENSON MANOR 581 KIMOLE LN ADRIAN, MI 49221	LAB
<b>6</b> 22 - MAGNUM CARE 130 SAND CREEK HWY ADRIAN, MI 49221	LAB
<b>7</b> 23 - FRESENIUS KIDNEY CARE 715 LAKESHIRE TRAIL ADRIAN, MI 49221	LAB
<b>8</b> 24 - PROMEDICA OCCUHEALTH 1801 W MAUMEE ST STE 140 ADRIAN, MI 49221	OCCUPATIONAL MEDICINE

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

Schedule I  
(Form 990)

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
EMMA L BIXBY MEDICAL CENTER

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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public  
Inspection

Employer identification number  
38-2796005

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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: 38-2796005  
Name: EMMA L BIXBY MEDICAL CENTER

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 HEALTH SYSTEM INC 100 MADISON AVE TOLEDO, OH 43604	34-1517671	501(C)(3)	1,000,000				OPERATING GRANT
PROMEDICA PHYSICIAN GROUP 100 MADISON AVE TOLEDO, OH 43604	34-1899439	501(C)(3)	3,917,000				OPERATING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROMEDICA FOUNDATION 444 N SUMMIT ST TOLEDO, OH 43604	34-1517672	501(C)(3)	1,109,038				OPERATING GRANT

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization  
EMMA L BIXBY MEDICAL CENTER

Employer identification number  
38-2796005

**Part I Questions Regarding Compensation**

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

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

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

**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?

**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.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

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

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

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

**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.

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

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

**a** The organization?

**b** Any related organization?

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

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

**a** The organization?

**b** Any related organization?

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

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

**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.

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

Yes No

**1b**

**2**

**4a**

Yes

**4b**

Yes

**4c**

No

**5a**

No

**5b**

No

**6a**

No

**6b**

Yes

**7**

No

**8**

No

**9**

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

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

See Additional Data Table

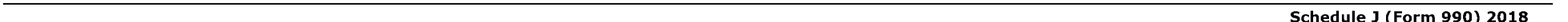
**Schedule J (Form 990) 2018**

**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 EMMA L BIXBY MEDICAL CENTER, 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	<p>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 KATHRYN M GREENLEE \$34,786 STACEY L BOCK \$29,712</p> <p>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</p> <p>SUPPLEMENTAL NONQUALIFIED PLAN PAYMENTS WER MADE DURING THE YEAR TO THE FOLLOWING LISTED PERSONS IN PART VII KATHLEEN S HANLEY \$1,569,411 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</p> <p>PART I, LINE 6 CERTAIN LISTED PERSONS RECEIVED INCENTIVES BASED ON INDIVIDUAL PRODUCTIVITY NET EARNINGS</p>



Additional Data

Software ID:  
Software Version:  
EIN: 38-2796005  
Name: EMMA L BIXBY MEDICAL CENTER

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				
BARBARA J PETEE TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	300,374	200,600	9,551	25,364	2,628	538,517	75,000
JULIE K YAROCH DO PRESIDENT, EX OFFICIO	(i)	0	0	0	0	0	0	0
	(ii)	256,465	88,000	17,324	12,732	28,402	402,923	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
PAUL E GIETZEN MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	236,212	64,317	2,183	0	42,143	344,855	0
ROBIN L WHITNEY TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	249,216	87,462	2,734	8,496	27,789	375,697	0
SAMANTHA M MUCHA MD TRUSTEE	(i)	11,667	0	0	0	0	11,667	0
	(ii)	675,531	5,000	1,910	0	51,593	734,034	0
STACEY L BOCK TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	147,747	53,100	52,966	35,000	15,649	304,462	0
VICTOR J CHERFAN DO TRUSTEE	(i)	43,000	0	0	0	0	43,000	0
	(ii)	369,020	148,014	786	0	44,259	562,079	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
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
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
KATHRYN M GREENLEE VP, CLINICAL SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	99,068	36,400	69,541	185,526	25,691	416,226	0
KENT E BISHOP MD CXO AND 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
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



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				
THADIUS 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
JENNIFER FOSS DIRECTOR, PHARMACY	(i)	126,379	0	5,039	2,065	40,899	174,382	0
	(ii)	0	0	0	0	0	0	0
RONDA WINANS ASSOCIATE VP, OPERATIONS	(i)	133,111	3,000	444	2,656	16,707	155,918	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
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

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://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  
EMMA L BIXBY MEDICAL CENTER

Employer identification number  
38-2796005

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	14,973	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 REBECCA GAUNA(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION REBECCA GAUNA IS A FAMILY MEMBER OF KATHRYN M GREENLEE (KEY EMPLOYEE) (C) AMOUNT OF TRANSACTION \$14,973(D) DESCRIPTION OF TRANSACTION EMPLOYMENT(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.  
►Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
EMMA L BIXBY MEDICAL CENTER

Employer identification number  
38-2796005

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .	X	1	67,862	FMV
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( )				
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				

29

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

29

30a

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

Yes

No

30a

No

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

31

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

Yes

No

31

No

32a

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

Yes

No

32a

No

b If "Yes," describe in Part II

33

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

**Part II** **Supplemental Information.**

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

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

**SCHEDULE O**  
(Form 990 or 990-EZ)**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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018****Open to Public  
Inspection**

Department of the Treasury

Name of the organization

EMMA L BIXBY MEDICAL CENTER

Employer identification number

38-2796005

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART IV, LINE 24A	EMMA L BIXBY MEDICAL CENTER IS A HEALTH FACILITY THAT IS A SUBSIDIARY OF PROMEDICA HEALTH SYSTEM, INC (PHS) EMMA L BIXBY MEDICAL CENTER HOLDS AN INTERCOMPANY NOTE PAYABLE TO THE TOLEDO HOSPITAL, WHICH IS ALSO A SUBSIDIARY OF PHS THE NOTE PAYABLE REPRESENTS EMMA L BIXBY MEDICAL CENTER'S PORTION OF TAXABLE AND TAX-EXEMPT BONDS ISSUED BY PROMEDICA HEALTHCARE OBLIGATED GROUP

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	AS A MICHIGAN 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 EMMA L BIXBY MEDICAL CENTER AS THE MEMBER, PHS HAS THE RIGHT TO (A) ELECT AND REMOVE THE MEMBERS OF THE BOARD OF TRUSTEES OF EMMA L BIXBY MEDICAL CENTER, 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 &amp; 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 &amp; COMPLIANCE, ANY PO TENTIAL UNDISCLOSED CONFLICTS THE AUDIT &amp; 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 &amp; 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 &amp; 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 &amp; 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
FORM 990, PART VI, SECTION B, LINE 12C	<p>EMPLOYEE CERTIFICATION STATEMENT WHICH THE NEW EMPLOYEE IS REQUIRED TO COMPLETE PRIOR TO BEGINNING EMPLOYMENT THE AUDIT &amp; 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 &amp; 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 &amp; 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 &amp; 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 &amp; 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 &amp; 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 &amp; 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 OR</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 R ELATIONSHIP DISCLOSURES TO THE APPLICABLE PHS MARKETING/COMMUNICATIONS REPRESENTATIVE THE PUBLIC DISCLOSURE WILL BE POSTED ON THE PHS WEBSITE (HTTPS //WWW PROMEDICA ORG/PAGES/ABOU T-US/INDUSTRY-RELATIONSHIPS ASPX) DATABASE BY THE PHS MARKETING/COMMUNICATIONS REPRESENTAT IVE

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	EMMA L BIXBY MEDICAL CENTER'S TOP MANAGEMENT OFFICIAL AND OTHER OFFICERS ARE COMPENSATED BY PROMEDICA HEALTH SYSTEM, INC (PHS), A RELATED TAX-EXEMPT ORGANIZATION COMPENSATION DETERMINATIONS OF EMMA L BIXBY MEDICAL CENTER'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	PURCHASED SERVICES - NON-PHYSICIANS PROGRAM SERVICE EXPENSES 3,919,419 MANAGEMENT AND GENERAL EXPENSES 251,507 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 4,170,926 PURCHASED SERVICES - PHYSICIAN PROGRAM SERVICE EXPENSES 3,951,453 MANAGEMENT AND GENERAL EXPENSES 253,562 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 4,205,015 PURCHASED SERVICES - OTHER PROGRAM SERVICE EXPENSES 3,409,311 MANAGEMENT AND GENERAL EXPENSES 218,774 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,628,085

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PENSION/POST RETIREMENT EXPENSE ADJUSTMENT -13,627 BENEFICIAL INTEREST IN FOUNDATION 1,049,427 TRANSFER OF NET ASSETS TO PROMEDICA HEALTH SYSTEM, INC -15,000,000

# 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
FORM 990, PART III, LINE 4	<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 TOLED O HOSPITAL), FOSTORIA HOSPITAL ASSOCIATION, DEFIANCE HOSPITAL, INC , BAY PARK COMMUNITY HO SPITAL, 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 SE RVICES CORPORATION, PROVIDING REHABILITATION, HOSPICE, HOME CARE, AMBULATORY AND SENIOR SE RVICES, COMMUNITY HEALTH, MEDICAL TRANSPORTATION SERVICES, AND CARE COORDINATION - PROMED ICA PHYSICIAN GROUP (PROMEDICA PHYSICIANS), WITH MORE THAN 900 HEALTHCARE PROVIDERS, INCLU DING PRIMARY CARE, OBSTETRICS AND SPECIALTY PHYSICIANS, AS WELL AS ADVANCED PRACTICE PROVI DERS TOGETHER, THIS GROUP HELPS PROMEDICA BROADEN THE CARE WE OFFER TO AREA RESIDENTS, IN CLUDING IN SMALLER, OUTLYING COMMUNITIES - PROMEDICA INSURANCE CORPORATION, THE LARGEST H EALTH MAINTENANCE ORGANIZATION PHYSICALLY LOCATED IN NORTHWEST OHIO IN 2018, PARAMOUNT AD VANTAGE PROVIDED MEDICAID COVERAGE TO MORE THAN 248,000 MEMBERS ACROSS ALL OF OHIO'S 88 CO UNTIES - PROMEDICA INDEMNITY CORPORATION, PROVIDING MEDICAL PROFESSIONAL AND COMPREHENSIV E GENERAL LIABILITY COVERAGE FOR PROMEDICA, INCLUDING IN OUTLYING AREAS WHERE PRIMARY-CARE PHYSICIAN RECRUITMENT IS DIFFICULT - TWELVE CONTROLLED FOUNDATIONS THAT SERVE AS FUNDRAI SING ENTITIES FOR THEIR RESPECTIVE HOSPITALS/BUSINESS UNITS AND FACILITIES, SUCH AS THE EB EID HOSPICE RESIDENCE ON THE PROMEDICA FLOWER HOSPITAL CAMPUS AND THE MARY ELLEN FALZONE D IABETES CENTER ON THE CAMPUS OF PROMEDICA TOLEDO HOSPITAL PROMEDICA'S SPECIALIZED CARE IN CLUDES ONCOLOGY, ORTHOPAEDICS, HEART AND VASCULAR, NEUROLOGY, REHABILITATIVE, AND BEHAVIOR AL MEDICINE, AS WELL AS WOMEN'S AND PEDIATRIC CARE A FUNDAMENTAL PART OF OUR MISSION IS T HAT OUR SERVICES ARE TAILORED TO THE NEEDS OF OUR COMMUNITIES AND THEY ARE AVAILABLE TO EV ERYONE 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 COMMUNI TY WELLNESS, COLLABORATING WITH APPROXIMATELY 300 NONPROFIT AGENCIES AND ORGANIZATIONS ACR OSS OUR REGION IN 2018 THAT HAD VALUES AND MISSIONS SIMILAR TO OUR OWN PROMEDICA IS CONTI NUALLY 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 F EW EXAMPLES FROM 2018 INCLUDE THE FOLLOWING - IN JULY 2018, PROMEDICA ACQUIRED THE OPERAT IONS OF HCR MANORCARE, INC (EIN 27-4239231) CONCURRENTLY, A JOINT VENTURE WAS FORMED BE TWEEN HCR MANORCARE, INC (EIN 82-5373223, FORMERLY SUBURBAN HEALTHCO, INC ) AND A REAL E STATE 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>

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



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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 THEIR 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>

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

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Return Reference	Explanation
EMMA L BIXBY MEDICAL CENTER - PROGRAM SERVICE ACCOMPLISHMENTS	<p>FOUNDED IN 1911, EMMA L BIXBY MEDICAL CENTER (D/B/A PROMEDICA BIXBY HOSPITAL) CONTINUES TO MEET THE HEALTHCARE NEEDS OF ADRIAN, MICHIGAN AND SURROUNDING SOUTHEAST MICHIGAN COMMUNITIES AS THE LARGEST ACUTE CARE FACILITY IN LENAWEE COUNTY. IT IS A MEMBER OF PROMEDICA HEALTH SYSTEM, INC. (PROMEDICA), A MISSION-BASED, LOCALLY OWNED, NONPROFIT 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 PATIENT-CENTERED CARE, ADVANCED TECHNOLOGY, INNOVATIVE PROGRAMS, AND FAMILY-ORIENTED FACILITIES THAT HELP TO ENSURE PATIENTS AND AREA RESIDENTS HAVE EQUAL ACCESS TO HIGH-QUALITY, SAFE HEALTH CARE IN THE MOST APPROPRIATE SETTING, REGARDLESS OF PATIENTS' ABILITY TO PAY. PROMEDICA BIXBY HOSPITAL (BH) IS AN 88-BED, FULL-SERVICE, ACUTE CARE HOSPITAL STAFFED BY MORE THAN 120 ACTIVE PROVIDERS WORKING TO MEET IDENTIFIED NEEDS OF THE COMMUNITY. THE HOSPITAL PROVIDES NUMEROUS INPATIENT AND OUTPATIENT SERVICES, WITH ITS STAFF OF PROFESSIONALS OFFERING CARE IN GENERAL SURGERY, HEART AND VASCULAR CARE, WOMEN'S HEALTH, ORTHOPAEDICS, PEDIATRICS, FAMILY MEDICINE, PAIN MANAGEMENT, WOUND CARE, CRITICAL CARE, AND CANCER TREATMENT SERVICES. BH ALSO OFFERS EMERGENCY MEDICINE SERVICES AND IS ACCREDITED AS A PRIMARY STROKE CARE CENTER BY HEALTHCARE FACILITIES ACCREDITATION PROGRAM (HFAP) AND THE JOINT COMMISSION FOR ITS EXCEPTIONAL COMMITMENT TO STROKE CARE, RESULTING IN BETTER OVERALL OUTCOMES FOR STROKE PATIENTS. THE HOSPITAL ALSO IS A NICHE (NURSES IMPROVING CARE FOR HEALTHSYSTEM ELDER) DESIGNATED HOSPITAL, A NATIONAL NURSE-DRIVEN PROGRAM DESIGNED TO HELP HOSPITALS IMPROVE THE CARE OF OLDER ADULTS. IN 2018, BH SERVED 3,857 INPATIENTS, 80,349 OUTPATIENTS, AND 27,883 EMERGENCY CENTER PATIENTS. BH PROVIDES INPATIENT AND OUTPATIENT SERVICES WITH STATE-OF-THE-ART TECHNOLOGY AND STRIVES TO OFFER EXCEPTIONAL CARE TO BEST RESPOND TO COMMUNITY NEED. THIS IS REFLECTED IN THE PROGRAMS AND SERVICES OFFERED, SUCH AS THE HICKMAN CANCER CENTER, WHICH IS ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS. AS PART OF THE PROMEDICA CANCER INSTITUTE, HICKMAN CANCER CENTER OFFERS DIAGNOSTIC SERVICES, AS WELL AS RADIATION AND MEDICAL ONCOLOGY TREATMENT FOR HUNDREDS OF NEW PATIENTS ANNUALLY. AS A MEMBER OF THE TOLEDO COMMUNITY HOSPITAL ONCOLOGY PROGRAM, HICKMAN CANCER CENTER OFFERS PATIENTS THE OPPORTUNITY TO PARTICIPATE IN NATIONAL CANCER TRIALS. FURTHER, BH'S CARDIAC AND PULMONARY REHABILITATION PROGRAM IS CERTIFIED BY THE AMERICAN ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION. ADDITIONALLY, BH OFFERS TELEMEDICINE SERVICE TO ITS INPATIENT CARE UNITS TO HELP PROVIDE REAL-TIME PATIENT DIAGNOSIS AND TREATMENT FROM A PHYSICIAN. THE SERVICE ALLOWS A DOCTOR'S VISIT TO BE CONDUCTED WITH A SPECIAL COMPUTER AND INTERNET CONNECTION AND HELPS THE HOSPITAL PROVIDE SAFE, QUALITY CARE WHEN IT'S NEEDED.</p>

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Return Reference	Explanation
EMMA L BIXBY MEDICAL CENTER - PROGRAM SERVICE ACCOMPLISHMENTS	<p>DURING NIGHT SHIFTS WHEN FEWER PHYSICIANS MAY BE AVAILABLE THE HOSPITAL CONTRIBUTED \$3,193,000 IN COMMUNITY BENEFIT THROUGH COMMUNITY BENEFIT EXPENDITURES, FINANCIAL ASSISTANCE AND GOVERNMENT-SPONSORED, MEANS-TESTED HEALTH CARE IN 2018 THROUGH COMMUNITY HEALTH SERVICES, HEALTH PROFESSIONAL EDUCATION, SUBSIDIZED HEALTH SERVICES, RESEARCH ACTIVITIES, CASH AND IN-KIND CONTRIBUTIONS, AND COMMUNITY BENEFIT OPERATIONS, BH CONTRIBUTED \$1,900,000 TO THE COMMUNITY DURING 2018 THE FOLLOWING ARE EXAMPLES OF SUCH CONTRIBUTIONS - SUPPORT OF THE LENAWEE HEALTH NETWORK VEGGIE MOBILE, WHICH BRINGS FRESH PRODUCE TO THE LENAWEE COUNTY COMMUNITY, INCLUDING BH PATIENTS WHO SCREEN POSITIVE FOR FOOD INSECURITY, - SUPPORT GROUPS FOR INDIVIDUALS WITH CHRONIC DISEASES, FOCUSED ON PATIENTS' EMOTIONAL, PHYSIOLOGICAL AND PSYCHOLOGICAL NEEDS, - ANNUAL CANCER SURVIVORSHIP PROGRAM FOR CANCER SURVIVORS AND THEIR FAMILIES, FRIENDS AND CAREGIVERS TO SHARE STORIES OF INSPIRATION AND HOPE, - CHILDHOOD AND ADULT IMMUNIZATIONS, ASTHMA CARE, AND INDIGENT AND SENIOR HEALTH FAIRS FOR THE UNDERPRIVILEGED AND LOCAL COMMUNITY AT LARGE, - COMMUNITY HEALTH AND WELLNESS SERVICES, WHICH INCLUDED TOBACCO CESSATION PROGRAMS, NUTRITION AND FITNESS CLASSES, PRENATAL AND FAMILY PLANNING CLASSES, AND CPR TRAINING, AND - FREE BLOOD PRESSURE, BODY MASS INDEX (BMI), CHOLESTEROL, CANCER, AND DIABETES SCREENINGS FOR AREA RESIDENTS, INCLUDING AT LOCAL SENIOR CENTERS BH PROVIDED A SIGNIFICANT AMOUNT OF FINANCIAL ASSISTANCE TO THE COMMUNITY DURING 2018, OF WHICH \$550,000 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 DO NOT PAY THEIR BILLS BH'S COST OF BAD DEBT FOR 2018 WAS \$1,450,000 THIS AMOUNT IS NOT INCLUDED IN THE COMMUNITY BENEFIT AMOUNT OF \$3,193,000 NOTED ABOVE FURTHER, BH PROVIDED \$743,000 OF COMMUNITY BENEFIT THROUGH COSTS - NOT REIMBURSED BY THE GOVERNMENT - FOR TREATING MEDICAID AND OTHER MEANS-TESTED PATIENTS ALSO IN 2018, THE TOTAL COST - NOT REIMBURSED BY THE GOVERNMENT - FOR TREATING MEDICARE PATIENTS WAS \$1,119,000 AND IS NOT INCLUDED IN THE COMMUNITY BENEFIT AMOUNT OF \$3,193,000 NOTED ABOVE BH PROVIDED 562 JOBS THROUGH DIRECT EMPLOYMENT IN 2018, EXPENDING \$22,211,000 IN NET PAYROLL A TOTAL OF \$1,003,000 WAS WITHHELD FROM HOSPITAL EMPLOYEES IN STATE AND LOCAL TAXES IN SUMMARY, BH 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, OTHER SERVICES AND CONTRIBUTIONS</p>

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Return Reference	Explanation
EMMA L BIXBY MEDICAL CENTER - PROGRAM SERVICE ACCOMPLISHMENTS	TO OTHER NONPROFIT ORGANIZATIONS THAT ALLOW THEM TO PROVIDE KEY SERVICES TO THEIR CONSTITUENTS, AND PRESENT FREE EDUCATIONAL CLASSES, HEALTH FAIRS AND OTHER OUTREACH ACTIVITIES TO OUR LOCAL COMMUNITY TO HELP ENSURE ALL MEMBERS HAVE EQUAL ACCESS TO CARE

**990 Schedule O, Supplemental Information**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
EMMA L BIXBY MEDICAL CENTER

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
EMMA L BIXBY MEDICAL CENTER

Employer identification number  
38-2796005

Part I Identification of Disregarded Entities

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

See Additional Data Table

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

Part II Identification of Related Tax-Exempt Organizations

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

See Additional Data Table

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



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

See Additional Data Table

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

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

See Additional Data Table

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

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

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

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

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

1a

No

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

1b

Yes

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

1c

Yes

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

1d

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

Yes

i Exchange of assets with related organization(s) . . . . .

1i

No

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

1j

Yes

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

1k

Yes

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

1l

No

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

1m

No

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

1n

No

o Sharing of paid employees with related organization(s) . . . . .

1o

Yes

p Reimbursement paid to related organization(s) for expenses . . . . .

1p

Yes

q Reimbursement paid by related organization(s) for expenses . . . . .

1q

Yes

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

1r

Yes

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

1s

No

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

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

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

[illegible]

**Part VII**   **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 38-2796005

Name: EMMA L BIXBY MEDICAL CENTER

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

**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
(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**

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

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

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

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

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

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

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(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

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



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

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

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

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

**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

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

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

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(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



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(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 38-2149602	HOSPITAL / FOUNDATION SUPPORT	MI	501(C)(3)	12B, II	EMMA L BIXBY MEDICAL CENTER	Yes	
5200 HARROUN RD SYLVANIA, OH 43560 34-4428794	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
501 VAN BUREN STREET FOSTORIA, OH 44830 34-0898745	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
PO BOX 907 FOSTORIA, OH 44830 34-6517634	HOSPITAL / FOUNDATION SUPPORT	OH	501(C)(3)	10	FOSTORIA HOSPITAL ASSOCIATION	Yes	
PO BOX 10086 ATTN TAX-5 TOLEDO, OH 43604 82-5373223	SKILLED NURSING FACILITIES	OH	501(C)(3)	10	PROMEDICA HEALTH SYSTEM INC	Yes	
500 E POTTAWATAMIE ST TECUMSEH, MI 49286 38-3076105	HOSPITAL / FOUNDATION SUPPORT	MI	501(C)(3)	12B, II	HERRICK MEMORIAL HOSPITAL INC	Yes	
500 E POTTAWATAMIE ST TECUMSEH, MI 49286 38-3049015	HOSPITAL	MI	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
1260 RALSTON AVE DEFIANCE, OH 43512 45-4781053	RESPITE CARE	OH	501(C)(3)	10	DEFIANCE HOSPITAL INC	Yes	
700 LAKESHIRE TR ADRIAN, MI 49221 38-2879330	LONG TERM CARE	MI	501(C)(3)	10	EMMA L BIXBY MEDICAL CENTER	Yes	
715 SOUTH TAFT AVE FREMONT, OH 43420 34-4430849	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
718 N MACOMB MONROE, MI 48162 38-1984289	HOSPITAL	MI	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
800 STEWART RD MONROE, MI 48162 27-1302183	CANCER CENTER	MI	501(C)(3)	10	MERCY MEMORIAL HOSPITAL CORPORATION	Yes	
718 N MACOMB MONROE, MI 48162 38-2934134	LONG TERM CARE	MI	501(C)(3)	10	MERCY MEMORIAL HOSPITAL CORPORATION	Yes	
1901 INDIAN WOOD CIR MAUMEE, OH 43537 20-3376102	HEALTH INSURANCE	OH	501(C)(3)	10	PROMEDICA INSURANCE CORP INC AND SUBSIDIARIES	Yes	
100 MADISON AVE TOLEDO, OH 43604 34-4492440	LONG TERM AND HOME HEALTH CARE	OH	501(C)(3)	10	PROMEDICA CONTINUUM SERVICES	Yes	
100 MADISON AVE TOLEDO, OH 43604 34-1880767	PHYSICIAN MANAGEMENT SERVICES	OH	501(C)(3)	12B, II	PROMEDICA HEALTH SYSTEM INC	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
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	
2142 N COVE BLVD TOLEDO, OH 43606 34-4428256	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
1946 N 13TH STREET TOLEDO, OH 43624 34-4427949	SKILLED HOME CARE	OH	501(C)(3)	10	PROMEDICA CONTINUUM SERVICES	Yes	
5855 MONROE ST SYLVANIA, OH 43560 34-1831624	HOSPICE HOME CARE	OH	501(C)(3)	10	PROMEDICA CONTINUUM SERVICES	Yes	

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

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

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

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