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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
PROMEDICA HEALTH SYSTEM INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
100 MADISON AVE ATTN TAX DEPARTM

City or town, state or province, country, and ZIP or foreign postal code
TOLEDO, OH 43604

D Employer identification number
34-1517671

E Telephone number
(419) 252-5772

G Gross receipts $ 481,111,885

F Name and address of principal officer:
STEVEN M CAVANAUGH
100 MADISON AVE
TOLEDO, OH 43604

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.PROMEDICA.ORG

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

L Year of formation: 1986

M State of legal domicile: OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
PROMEDICA HEALTH SYSTEM, INC. IS A NOT-FOR-PROFIT, INTEGRATED HEALTHCARE DELIVERY NETWORK WHOSE MISSION IS TO IMPROVE THE HEALTH AND WELL-BEING OF OTHERS.

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	2,654
6	Total number of volunteers (estimate if necessary)	**6**	576
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	966,083
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	173,467,676	4,231,236
9	Program service revenue (Part VIII, line 2g)	286,923,935	420,344,098
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,793,514	1,076,167
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,270,238	2,763,847
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	481,455,363	428,415,348
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	38,148,846	13,863,254
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	173,958,487	168,338,041
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,386,531,315	164,323,642
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,598,638,648	346,524,937
19	Revenue less expenses. Subtract line 18 from line 12	-1,117,183,285	81,890,411

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,579,413,759	2,707,280,136
21	Total liabilities (Part X, line 26)	234,435,053	282,313,641
22	Net assets or fund balances. Subtract line 21 from line 20	2,344,978,706	2,424,966,495

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 2020-11-12

▶ STEVEN M CAVANAUGH TREASURER
Type or print name and title

Paid Preparer Use Only

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

Firm's name ▶ | Firm's EIN ▶

Firm's address ▶ | Phone no.

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 278,310,711 including grants of $ 13,863,254) (Revenue $ 421,669,938)

See Additional Data

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 278,310,711

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	242		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	2,654		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	Yes
b	If "Yes," enter the name of the foreign country: ▶ BR , CH , CI , EZ , GR , HU , ID , IS , JA , KS , NI , PL , SW , TU				
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	Yes
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	11		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			**5**		No
6	Did the organization have members or stockholders?			**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a	The governing body?			**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**		No

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶CONNIE DOWNS 100 MADISON AVE TOLEDO, OH 43604 (567) 585-8505

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								17,868,384	3,752,148	2,689,736

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 ▶ 195

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
TRIMEDX INC 5451 LAKEVIEW PARKWAY S DRIVE INDIANAPOLIS, IN 46268	HEALTHCARE EQUIPMENT SERVICES	21,762,799
REINO LINEN SERVICES INC 119 SOUTH MAIN ST GIBSONBURG, OH 43431	LINEN SERVICES	6,365,357
MICROSOFT LICENSING GP 6100 NEIL RD RENO, NV 89511	SOFTWARE LICENSING	4,368,813
SODEXO AMERICA INC DBA SODEXO INC & AFFI 4880 PAYSPHERE CR CHICAGO, IL 60674	FOOD SERVICES	4,365,844
EPIC SYSTEMS CORPORATION 1979 MILKY WAY VERONA, WI 53593	EHR SOFTWARE	3,296,557

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 157

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	45,596			
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	3,923,574			
	e Government grants (contributions)	1e	262,066			
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a - 1f: $	1g				
	h **Total.** Add lines 1a-1f		4,231,236			
Program Service Revenue		Business Code				
	2a ADMIN SUPPORT SERVICES	551114	332,424,878	332,180,878	244,000	
	b INVESTMENT IN AFFILIAT	551114	87,680,904	87,680,904		
	c CPR TRAINING CENTER	900099	140,293	140,293		
	d COMMUNITY WELLNESS	900099	97,823	97,823		
	e EDUCATION	900099	200	200		
	f All other program service revenue.					
	g **Total.** Add lines 2a–2f.		420,344,098			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,004,475		-384,843	1,389,318
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents	6a 2,214,393				
	b Less: rental expenses	6b 2,191,442				
	c Rental income or (loss)	6c 22,951				
	d Net rental income or (loss)			22,951		22,951
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a 6,376,743	44,200,044			
	b Less: cost or other basis and sales expenses	7b 6,240,921	44,264,174			
	c Gain or (loss)	7c 135,822	-64,130			
	d Net gain or (loss)			71,692	-64,130	135,822
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a DIETARY	722514	821,172	342,832	478,340	
	b PARKING	812930	776,182	147,596	628,586	
	c MEDICAL RECORDS	900099	323,379	323,379		
	d All other revenue		820,163	820,163		
	e **Total.** Add lines 11a–11d		2,740,896			
	12 Total revenue. See instructions		428,415,348	421,669,938	966,083	1,548,091

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	13,863,254	13,863,254		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	16,128,443	12,902,754	3,225,689	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	121,360,182	97,088,146	24,272,036	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,334,845	1,867,876	466,969	
9 Other employee benefits	20,688,224	16,550,579	4,137,645	
10 Payroll taxes	7,826,347	6,261,078	1,565,269	
11 Fees for services (non-employees):				
a Management	6,500	5,200	1,300	
b Legal	491,216		491,216	
c Accounting	1,581,321		1,581,321	
d Lobbying	143,860	143,860		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	65,789		65,789	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	10,911,201	8,728,961	2,182,240	
12 Advertising and promotion	4,829,905	3,863,924	965,981	
13 Office expenses	7,625,786	6,100,629	1,525,157	
14 Information technology	41,933,354	33,546,683	8,386,671	
15 Royalties				
16 Occupancy	7,889,628	6,311,702	1,577,926	
17 Travel	1,641,094	1,312,875	328,219	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	6,172,710	4,938,168	1,234,542	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	33,912,042	27,129,634	6,782,408	
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ACADEMIC AFFILIATION	36,648,228	29,318,582	7,329,646	
b MINOR EQUIPMENT	3,002,075	2,401,660	600,415	
c EMPLOYEE GIFTS & AWARDS	1,260,629	1,008,503	252,126	
d UBI TAXES	13,000	13,000		
e All other expenses	6,195,304	4,953,643	1,241,661	
25 **Total functional expenses.** Add lines 1 through 24e	346,524,937	278,310,711	68,214,226	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		19,576,423	1	2,451,472
	2	Savings and temporary cash investments			2	500,000
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		2,026,035	5	2,574,646
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		11,366,384	7	10,503,084
	8	Inventories for sale or use		124,338	8	452,044
	9	Prepaid expenses and deferred charges		33,627,953	9	27,670,221
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 350,183,992			
	b	Less: accumulated depreciation	10b 140,969,925	235,415,297	10c	209,214,067
	11	Investments—publicly traded securities		39,514,017	11	33,376,251
	12	Investments—other securities. See Part IV, line 11		65,208,055	12	74,765,403
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	1,132,192
	15	Other assets. See Part IV, line 11		2,172,555,257	15	2,344,640,756
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,579,413,759	16	2,707,280,136
Liabilities	17	Accounts payable and accrued expenses		97,553,903	17	92,439,101
	18	Grants payable			18	
	19	Deferred revenue		2,000,000	19	2,000,000
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		7,025,918	23	5,449,595
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		127,855,232	25	182,424,945
	26	**Total liabilities.** Add lines 17 through 25		234,435,053	26	282,313,641
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		2,324,638,221	27	2,404,159,784
	28	Net assets with donor restrictions		20,340,485	28	20,806,711
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		2,344,978,706	32	2,424,966,495
	33	Total liabilities and net assets/fund balances		2,579,413,759	33	2,707,280,136

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	428,415,348
2	Total expenses (must equal Part IX, column (A), line 25)	2	346,524,937
3	Revenue less expenses. Subtract line 2 from line 1	3	81,890,411
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,344,978,706
5	Net unrealized gains (losses) on investments	5	799,318
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,701,940
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,424,966,495

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 34-1517671

Name: PROMEDICA HEALTH SYSTEM INC

Form 990 (2019)

Form 990, Part III, Line 4a:

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RANDALL OOSTRA PHS PRES. & CEO, EX OFFICIO	40.00 21.00	X		X				3,848,858	0	938,751
ROBERT W LACLAIR CHAIRMAN	1.00 10.00	X		X				0	0	0
EMMETT T BOYLE JR MD EX OFFICIO	1.00 46.00	X						0	585,938	27,531
STEPHANIE M COLE MD TRUSTEE	1.00 41.00	X						0	553,566	26,205
PRAVEEN K TAMIRISA MD TRUSTEE	1.00 40.00	X						0	354,359	17,591
MARY ELLEN K PIZZA MD TRUSTEE	1.00 40.00	X						0	187,990	1,806
ANN M HUSTON TRUSTEE	1.00 0.00	X						0	0	0
BRIAN KENNEDY TRUSTEE	1.00 0.00	X						0	0	0
DANIEL FARRELL EX OFFICIO	1.00 1.00	X						0	0	0
DAVID SNAVELY EX OFFICIO	1.00 6.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ELIZABETH BRADY EX OFFICIO	1.00 1.00	X						0	0	0
EMORY SCHMIDT EX OFFICIO	1.00 6.00	X						0	0	0
EVON EBEID TRUSTEE	1.00 6.00	X						0	0	0
HUSSIEN SHOUSHER TRUSTEE	1.00 6.00	X						0	0	0
JAMES A HOFFMAN EX OFFICIO	1.00 0.00	X						0	0	0
JAMES F WHITE JR EX OFFICIO	1.00 2.00	X						0	0	0
KAREN S CALENDER RN EX OFFICIO	1.00 2.00	X						0	0	0
KEVIN J SAUDER EX OFFICIO	1.00 0.00	X						0	0	0
KURT L DARROW EX OFFICIO	1.00 2.00	X						0	0	0
LARRY PETERSON EX OFFICIO	1.00 1.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LESLIE CHAPMAN TRUSTEE	1.00 7.00	X						0	0	0
LISA A MCDUFFIE MSSA LISW-S TRUSTEE	1.00 0.00	X						0	0	0
LISA HAWKER EX OFFICIO	1.00 8.00	X						0	0	0
MARCY BROWN TRUSTEE	1.00 8.00	X						0	0	0
MERCEDES T KERR TRUSTEE	1.00 0.00	X						0	0	0
MICHAEL HYLANT TRUSTEE	1.00 0.00	X						0	0	0
MICHAEL MCMURRAY TRUSTEE	1.00 0.00	X						0	0	0
NANCY KABAT EX OFFICIO	1.00 8.00	X						0	0	0
PATRICK BOWE TRUSTEE	1.00 0.00	X						0	0	0
PAUL JOHN FENTON MD TRUSTEE	1.00 0.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SHANKHA MITRA TRUSTEE	1.00 1.00	X						0	0	0
STEPHEN H STAELIN EX OFFICIO	1.00 8.00	X						0	0	0
THOMAS J WINSTON EX OFFICIO	1.00 1.00	X						0	0	0
WILLIAM MCDONNELL TRUSTEE	1.00 8.00	X						0	0	0
STEVEN M CAVANAUGH TREASURER (BEG 06/03/19)	1.00 60.00			X				0	2,049,453	6,413
JEFFREY KUHN SECRETARY	40.00 21.00			X				1,542,825	0	255,983
MICHAEL BROWNING TREASURER (THRU 06/03/19)	40.00 21.00			X				1,216,014	0	3,813
LEE W HAMMERLING MD CHIEF ACADEMIC OFFICER, PRES.	40.00 4.00				X			2,031,816	0	323,226
KAREN STRAUSS CHIEF OPERATING OFFICER	40.00 3.00				X			1,784,023	0	211,595
KEVIN C WEBB PHD CHIEF ACUTE & POST ACUTE OFF	40.00 15.00				X			1,375,143	0	235,820

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			
LORI JOHNSTON PRES, PROMEDICA INSURANCE COR	40.00 1.00				X			1,239,710	0	205,565
ROBIN WHITNEY CHIEF STRATEGIC PLANNING & REAL ESTATE	40.00 3.00				X			443,791	0	35,067
LESLIE THOMPSON CHIEF HUMAN RESOURCE OFFICER	40.00 0.00				X			400,930	0	35,515
HOLLY BRISTOLL CHIEF INT OFFICER ACADEMIC AFF	40.00 2.00					X		781,586	0	160,719
DANIEL K CASSAVAR MD PHYSICIAN	40.00 0.00					X		676,200	0	22,618
KENT BISHOP CMO PROMEDICA PHYSICIANS AND ACUTE CARE	40.00 2.00					X		593,064	20,842	35,108
JOHN RANDOLPH CHIEF INFO OFFICER	40.00 0.00					X		610,700	0	17,249
NEERAJ K KANWAL MD SR VP, INPT & RETAIL PHARMACY	40.00 2.00					X		524,931	0	40,223
GARY W AKENBERGER FORMER OFFICER	0.00 49.00						X	450,803	0	44,563
ALAN M SATTLER FORMER OFFICER	40.00 0.00						X	347,990	0	44,375

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PROMEDICA HEALTH SYSTEM INC

Employer identification number
34-1517671

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

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

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

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

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

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

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

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

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

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

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

10 ☐ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

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

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

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

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

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

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

f Enter the number of supported organizations 17

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
See Additional Data Table						
Total 17					0	0

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). .						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** 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—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

3 Parent of Supported Organizations. **Answer (a) and (b) below.**

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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

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

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9 Distributable amount for 2019 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-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION A, LINE 1:	PROMEDICA HEALTH SYSTEM, INC. (34-1517671) AFFILIATES DESIGNATED BY CLASS AND PURPOSE LIST ED IN SCHEDULE R, PART II THAT ARE ORGANIZATIONS DESCRIBED IN INTERNAL REVENUE CODE SECTIO N 501(C)(3) THAT ARE NOT PRIVATE FOUNDATIONS BECAUSE THEY ARE DESCRIBED IN CODE SECTION 50 9(A)(1) OR SECTION 509(A)(2).

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION C, LINE 1	PROMEDICA HEALTH SYSTEM, INC. (PHS) IS THE PARENT OF AN INTEGRATED HEALTH CARE DELIVERY NE TWORK MADE UP OF AN AFFILIATED GROUP OF EXEMPT ORGANIZATIONS WHICH INCLUDES HOSPITALS, HEA LTH CARE PROVIDERS, CONTINUING CARE SERVICES, SPECIALIZED HEALTH SERVICES, ENTITIES PROVID ING SUPPORT SERVICES, AND FOUNDATIONS. PHS PROVIDES OVERALL DIRECTION, MANAGEMENT, AND CON TROL TO ITS FIRST TIER SUBSIDIARIES, INCLUDING PROMEDICA INDEMNITY CORPORATION, AND INDIRE CTLY THROUGH ITS FIRST TIER SUBSIDIARIES, TO ALL AFFILIATED SECOND TIER SUBSIDIARIES OF EA CH FIRST TIER SUBSIDIARY. THE ACTIVITIES OF PHS SUPPORT THE EXEMPT PURPOSES OF THE AFFILIA TED ORGANIZATIONS IN THE PHS NETWORK AND ENHANCE AND IMPROVE THE DELIVERY OF EFFECTIVE HEA LTH CARE SERVICES TO THE COMMUNITIES SERVED BY THE PHS NETWORK. CONTROL AND MANAGEMENT EFF ECCTIVELY IS VESTED IN THE SAME PERSONS THAT CONTROL AND MANAGE ALL SUBSIDIARY ORGANIZATIO NS THROUGH RESERVED POWERS. PHS HAS RESERVED POWERS IN EACH SUBSIDIARY'S CODE OF REGULATIO NS OR BYLAWS ALONG WITH THE RIGHT TO APPROVE CERTAIN ACTIONS OF EACH SUBSIDIARY'S BOARD OF TRUSTEES. THE FIRST TIER SUBSIDIARIES HAVE IN TURN RESERVED SIMILAR POWERS OVER THE SECON D TIER SUBSIDIARIES TO INTEGRATE OVERALL DIRECTION, MANAGEMENT, AND CONTROL. THE RESERVED POWERS AND OVERALL SYSTEM CONTROL ENSURE THAT PHS WILL BE RESPONSIVE TO THE NEEDS OF EACH SUPPORTED ORGANIZATION. PHS IS AN INTEGRAL PART OF THE PHS NETWORK. PHS QUALIFIES AS A TYP E II SUPPORTING ORGANIZATION BECAUSE IT IS SUPERVISED AND CONTROLLED IN CONNECTION WITH AL L ORGANIZATIONS THAT ARE EXEMPT AFFILIATED MEMBERS OF PHS. COMMON SUPERVISION AND CONTROL ARE SHARED THROUGH THE STRUCTURAL RELATIONSHIP OF PHS. THERE HAS ALSO BEEN A HISTORIC AND CONTINUING RELATIONSHIP BETWEEN PHS ITS SUPPORTED ORGANIZATIONS AND A SUBSTANTIAL IDENTITY OF INTERESTS BETWEEN THE ORGANIZATIONS AS A RESULT OF THIS RELATIONSHIP SUPPORTING COMMON CONTROL CONSISTENT WITH TYPE II SUPPORTING ORGANIZATION CLASSIFICATION. PHS HAS MANTAINED , AND WILL CONTINUE TO MAINTAIN, A SIGNIFICANT INVOLVEMENT IN EACH SUPPORTED ORGANIZATION' S OPERATIONS.

Additional Data

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

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

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
,						
,						

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization	Employer identification number
PROMEDICA HEALTH SYSTEM INC	34-1517671

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)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		143,860
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			143,860
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1:	PROMEDICA HEALTH SYSTEM, INC. PAID FEES TO STRATEGIC HEALTH CARE - A PORTION OF WHICH IS ALLOCABLE TO LOBBYING.

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PROMEDICA HEALTH SYSTEM INC

Employer identification number
34-1517671

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

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

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

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

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

Part II Conservation Easements.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other .....

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

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

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

a Board designated or quasi-endowment ▶ .....

b Permanent endowment ▶ .....

c Temporarily restricted endowment ▶ .....

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	165,857	15,511,470		15,677,327
b Buildings	8,568,196	71,729,698	10,039,493	70,258,401
c Leasehold improvements		3,884,460	1,649,375	2,235,085
d Equipment		239,301,148	128,314,360	110,986,788
e Other		11,023,163	966,697	10,056,466
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				209,214,067

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

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

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

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

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

(a) Description	(b) Book value
(1)INVESTMENT IN AFFILIATES	2,048,339,639
(2)DUE FROM AFFILIATES	184,508,745
(3)OTHER SEGREGATED INVESTMENTS	139,831
(4)OTHER NON-CURRENT ASSETS	35,546,552
(5)OTHER RECEIVABLES	9,581,106
(6)BENEFICIAL INTEREST IN FOUNDATION	20,820,923
(7)DEFERRED COMPENSATION	45,703,960
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	2,344,640,756

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	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	182,424,945

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PROMEDICA HEALTH SYSTEM INC

Employer identification number
34-1517671

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	0			62,710
b Total from continuation sheets to Part I . . .	0	0			0
c Totals (add lines 3a and 3b)	0	0			62,710

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

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

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

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

EIN: 34-1517671

Name: PROMEDICA HEALTH SYSTEM INC

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	UNRELATED TRADE OR BUSINESS		50,798
SOUTH ASIA	0	0	UNRELATED TRADE OR BUSINESS		11,912

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PROMEDICA HEALTH SYSTEM INC

Employer identification number
34-1517671

Part I General Information on Grants and Assistance

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

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

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

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 84

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 6

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

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

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

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

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
577 FOUNDATION 577 E FRONT ST PERRYSBURG, OH 43551	34-1591869	501(C)(3)	5,000				CHARITABLE DONATION
AARP FOUNDATION 601 E STREET NW A4-403 WASHINGTON, DC 20049	52-0794300	501(C)(3)	9,522				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ADRIAN COLLEGE 110 SOUTH MADISON ADRIAN, MI 49221	38-1357980	501(C)(3)	10,800				CHARITABLE DONATION
ALZHEIMERS ASSOCIATION 2500 N REYNOLDS RD TOLEDO, OH 43615	34-1423768	501(C)(3)	15,000				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN CANCER SOCIETY 135 CHESTERFIELD STE 100 MAUMEE, OH 43537	13-1788491	501(C)(3)	22,500				CHARITABLE DONATION
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501(C)(3)	20,000				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN RED CROSS PO BOX 73013 CHICAGO, IL 60673	31-1352067	501(C)(3)	25,000				CHARITABLE DONATION
ARTS COMMISSION OF GREATER TOL 1838 PARKWOOD AVE TOLEDO, OH 43604	34-1358701	501(C)(3)	260,000				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AXESSPOINTE COMMUNITY HEALTH CENTER INC 1400 S ARLINGTON ST STE 38 AKRON, OH 44306	34-1735884	501(C)(3)	27,828				CHARITABLE DONATION
BLACK SWAMP BIRD OBSERVATORY 13551 WEST STATE ROUTE 2 OAK HARBOR, OH 43449	34-1702076	501(C)(3)	7,500				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOYS AND GIRLS CLUBS OF TOLEDO 2250 N DETROIT AVE TOLEDO, OH 43606	34-4427933	501(C)(3)	6,250				CHARITABLE DONATION
CHERRY STREET MISSION 105 17TH ST TOLEDO, OH 43604	34-1133369	501(C)(3)	5,000				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CITY OF FOSTORIA PO BOX 1007 FOSTORIA, OH 44830	82-4733173	GOV'T ENTITY	7,143				CHARITABLE DONATION
CITY OF TOLEDO ONE GOVERNMENT CENTER SUITE 2100 TOLEDO, OH 43804	34-6401447	GOV'T ENTITY	28,000				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CLEATS UP LLC 145 CHESTERFIELD LANE MAUMEE, OH 43537	82-4733173		5,000				CHARITABLE DONATION
COMMITTEE FOR CHILDREN PO BOX 2202 TOLEDO, OH 43603	83-1318481	501(C)(3)	10,500				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMPASS COMMUNITY HEALTH 1634 11TH STREET PORTSMOUTH, OH 45662	45-5385046	501(C)(3)	22,000				CHARITABLE DONATION
COMPASSION HEALTH TOLEDO 1638 BROADWAY ST TOLEDO, OH 43609	47-3197108	501(C)(3)	50,000				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CROSSROAD HEALTH CENTER 5 EAST LIBERTY CINCINNATI, OH 45202	31-1321054	501(C)(3)	44,928				CHARITABLE DONATION
CROSWELL OPERA HOUSE 129 E MAUMEE ST ADRIAN, MI 49221	38-6144993	501(C)(3)	5,000				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DEFIANCE COLLEGE 701 N CLINTON ST DEFIANCE, OH 43512	34-4430762	501(C)(3)	5,000				CHARITABLE DONATION
ERNST & YOUNG LLP 200 PLAZA DR SUITE 2222 SECAUCUS, NJ 07094	34-6565596		40,000				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FAIRFIELD COMMUMITY HEALTH CENTER 207 SOUTH BROAD ST LANCASTER, OH 43130	27-1092132	501(C)(3)	39,881				CHARITABLE DONATION
FAMILY MEDICAL CENTER OF MICH 8765 LEWIS AVE TEMPERANCE, MI 48182	38-2308659	501(C)(3)	5,000				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FIVE RIVERS HEALTH CENTERS 2261 PHILADELPHIA DR STE 200 DAYTON, OH 45406	45-0914398	501(C)(3)	500,000				CHARITABLE DONATION
GABBY'S LADDER 431 E ELM AVE MONROE, MI 48162	38-3564824	501(C)(3)	10,875				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GIVEHEAR 130 WEST MAIN STREET FORT WAYNE, IN 46802	45-2803181	501(C)(3)	25,000				CHARITABLE DONATION
GOOD GRIEF OF NORTHWEST 7015 SPRING MEADOWS DRIVE WEST HOLLAND, OH 43528	46-0765319	501(C)(3)	15,000				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HISTORIC SOUTH INITIATIVE PO BOX 1008 TOLEDO, OH 43697	47-1691856	501(C)(3)	6,600				CHARITABLE DONATION
HOPE COMMUNITY CENTER 431 BAKER ST ADRIAN, MI 49221	38-2177974	501(C)(3)	10,000				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HYLANT FAMILY FOUNDATION PO BOX 1687 TOLEDO, OH 43603	46-4379091	501(C)(3)	7,500				CHARITABLE DONATION
INVERNESS CLUB 4601 DORR STREET TOLEDO, OH 43615	34-4269760	501(C)(3)	30,000				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JUMPSTART INC 6701 CARNEGIE AVE STE 100 CLEVELAND, OH 44103	34-1398522	501(C)(3)	175,000				CHARITABLE DONATION
LENAWEE COMMUNITY FOUNDATION 606 N EVANS ST TECUMSEH, MI 49286	38-6095474	501(C)(3)	31,340				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LEUKEMIA & LYMPHOMA SOCIETY 23297 COMMERCE PARK CLEVELAND, OH 44122	13-5644916	501(C)(3)	26,100				CHARITABLE DONATION
LIMA MEMORIAL HOSPITAL 1001 BELLEFONTAINE AVE LIMA, OH 45804	34-1883284	501(C)(3)	25,000				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LOCAL INITIATIVES SUPPORT CORP 245 N SUPERIOR TOLEDO, OH 43604	13-3030229	501(C)(3)	12,500				CHARITABLE DONATION
LOWER LIGHTS CHRISTIAN 1160 WEST BROAD ST COLUMBUS, OH 43222	31-1810355	501(C)(3)	249,500				CHARITABLE DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LPGA TOURNAMENT PROPERTIES ONE LLC 100 INTERNATIONAL GOLF DRIVE DAYTONA BEACH, FL 32124	62-1370922		104,894				CHARITABLE DONATION
LUCAS COUNTY SHERIFF'S OFFICE DRUG ABUSE REPONSE TEAM INC 1622 SPIELBUSCH AVE TOLEDO, OH 43604	81-5075376	501(C)(3)	15,000				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LUCAS COUNTY TREASURER ONE GOVERNMENT CENTER STE 800 TOLEDO, OH 43604	34-6400806	GOV'T ENTITY	15,000				CHARITABLE DONATION
MARCH OF DIMES 1500 W 3RD AVE STE 303 COLUMBUS, OH 43212	31-4414879	501(C)(3)	17,110				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MIRACLE LEAGUE OF NW OHIO 843 ELK RIDGE DRIVE NORTHWOOD, OH 43619	20-4979084	501(C)(3)	25,000				CHARITABLE DONATION
MONROE COUNTY CHAMBER OF COMMERCE PO BOX 626 MONROE, MI 48161	38-1566376	501(C)(3)	5,500				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MONROE STREET NEIGHBORHOOD CENTER 3613 MONROE TOLEDO, OH 43606	34-1925952	501(C)(3)	5,000				CHARITABLE DONATION
NAMI OF GREATER TOLEDO 2753 WEST CENTRAL AVE TOLEDO, OH 43606	34-1723306	501(C)(3)	5,000				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NATIONAL MUSEUM OF THE GREAT LAKES 1707 FRONT ST TOLEDO, OH 43605	35-6549217	501(C)(3)	7,500				CHARITABLE DONATION
NEIGHBORHOOD HEALTH CARE 2415 AUBURN AVE CINCINNATI, OH 45219	34-1300581	501(C)(3)	99,058				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OHIO CANCER RESEARCH ASSOCIATE 85 E GAY ST 700 COLUMBUS, OH 43215	31-1038309	501(C)(3)	10,000				CHARITABLE DONATION
ONE YOGA LLC 3007 VALLEY VIEW DRIVE OTTAWA HILLS, OH 43606	68-0605274		25,000				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OPEN DOOR MINISTRY 2825 CHERRY ST TOLEDO, OH 43608	34-1555495	501(C)(3)	25,000				CHARITABLE DONATION
OTTAWA HILLS FOUNDATION 2125 RICHARDS RD TOLEDO, OH 43606	34-1476780	501(C)(3)	37,625				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PRIMARYONE HEALTH 1800 WATERMARK DR STE 420 COLUMBUS, OH 43215	31-1533908	501(C)(3)	379,723				CHARITABLE DONATION
PROMEDICA FOUNDATION 444 N SUMMIT STREET TOLEDO, OH 43604	34-1517672	501(C)(3)	3,139,163				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
REGIONAL GROWTH PARTNERSHIP 300 MADISON AVE STE 270 TOLEDO, OH 43604	34-1823833	501(C)(3)	100,000				CHARITABLE DONATION
RIDGEWAY CHURCH OF THE NAZARENE 6886 RIDGE HWY BRITTON, MI 49229	23-7454511	501(C)(3)	5,000				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RONALD MCDONALD HOUSE OF NW OH 3883 MONROE ST TOLEDO, OH 43606	34-1349742	501(C)(3)	253,650				CHARITABLE DONATION
RUTHERFORD B HAYES PRESIDENTAL CENTER SPIEGEL GROVE FREMONT, OH 43420	34-6502740	501(C)(3)	10,500				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SCHEDEL ARBORETUM & GARDENS 19255 W PORTAGE RIVER S RD ELMORE, OH 43416	34-6557721	501(C)(3)	7,500				CHARITABLE DONATION
SEAGATE CONVENTION CENTRE RENOVATIONS 401 JEFFERSON AVE TOLEDO, OH 43604	34-1388178	501(C)(3)	5,000,000				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SHARE THE WARMTH PO BOX 726 ADRIAN, MI 49221	81-5143616	501(C)(3)	5,560				CHARITABLE DONATION
SISTERS SERVANTS OF THE IMMACULATE HEART OF MARY 610 WEST ELM AVENUE MONROE, MI 48162	38-1359581	501(C)(3)	5,500				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST FRANCIS DE SALES HIGH SCHOOL 2323 W BANCROFT ST TOLEDO, OH 43607	34-4465715	501(C)(3)	450,000				CHARITABLE DONATION
ST MARY CATHOLIC CENTRAL ENDOWMENT FUND 108 WEST ELM AVE MONROE, MI 48162	23-7312553	501(C)(3)	15,750				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST URSULA ACADEMY 4025 INDIAN RD TOLEDO, OH 43606	34-0873639	501(C)(3)	14,000				CHARITABLE DONATION
SUSAN G KOMEN BREAST CANCER FOUNDATION INC PO BOX 8489 TOLEDO, OH 43612	34-1793460	501(C)(3)	20,500				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SYLVANIA YOUTH HOCKEY INC 7060 SYLVANIA AVE SYLVANIA, OH 43560	46-2859736	501(C)(3)	5,000				CHARITABLE DONATION
THE TOLEDO SYMPHONY 1838 PARKWOOD AVE TOLEDO, OH 43697	34-4005365	501(C)(3)	153,504				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE VICTORY CENTER 5532 W CENTRAL AVE STE B TOLEDO, OH 43615	34-1767997	501(C)(3)	10,900				CHARITABLE DONATION
TOLEDO 2020 PO BOX 520 TOLEDO, OH 43606	83-3043641	501(C)(3)	20,000				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TOLEDO AIR SHOW FOUNDATION INC ONE SEAGATE SUITE 2650 TOLEDO, OH 43604	81-1585020	501(C)(3)	25,000				CHARITABLE DONATION
TOLEDO CLASSIC INC 4405 DORR ST TOLEDO, OH 43607	34-1499072	501(C)(3)	30,000				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TOLEDO CLUB PO BOX 565 TOLEDO, OH 43604	34-1750385		101,000				CHARITABLE DONATION
TOLEDO COMMUNITY FOUNDATION 300 MADISON AVE STE 1300 TOLEDO, OH 43604	23-7284004	501(C)(3)	683,917				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TOLEDO CULTURAL ARTS CENTER 410 ADAMS ST TOLEDO, OH 43604	34-1385037	501(C)(3)	25,000				CHARITABLE DONATION
TOLEDO MUSEUM OF ART 2445 MONROE ST TOLEDO, OH 43620	34-4434678	501(C)(3)	300,500				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TOLEDO OPERA 406 ADAMS ST TOLEDO, OH 43604	34-6556139	501(C)(3)	77,500				CHARITABLE DONATION
TOLEDO PHYSICIANS OF INDIAN ORIGIN PO BOX 27 MAUMEE, OH 43537	82-4385037	501(C)(3)	10,000				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TOLEDO PUBLIC SCHOOLS FND 420 E MANHATTAN BLVD ROOM 110 TOLEDO, OH 43608	34-6401449	501(C)(3)	210,000				CHARITABLE DONATION
TOLEDO ROADRUNNERS CLUB PO BOX 5656 TOLEDO, OH 43613	34-1237238	501(C)(3)	15,000				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TOLEDO ROWING CLUB 8 MAIN ST TOLEDO, OH 43605	34-1899756	501(C)(3)	5,000				CHARITABLE DONATION
TOTAL PACKAGE GLOBAL 3450 W CENTRAL AVE TOLEDO, OH 43606	99-9999999		5,000				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TRULYTOLEDO INC 5800 MONROE STREET SYLVANIA, OH 43560	84-1745754	501(C)(3)	10,000				CHARITABLE DONATION
UNISON BEHAVIORAL HEALTH GROUP 1425 STARR AVE TOLEDO, OH 43605	34-1103536	501(C)(3)	5,000				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED WAY OF GREATER TOLEDO 424 JACKSON ST TOLEDO, OH 43604	34-4427947	501(C)(3)	10,000				CHARITABLE DONATION
UNIVERSITY OF TOLEDO 2801 W BANCROFT TOLEDO, OH 43606	34-6401483	501(C)(3)	107,775				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VEDANTA SOCIETY OF ST LOUIS 205 S SKINKER BLVD ST LOUIS, MO 63105	43-6053079	501(C)(3)	10,750				CHARITABLE DONATION
YMCA 1226 WOODSDALE PK TOLEDO, OH 43614	34-4428262	501(C)(3)	7,000				CHARITABLE DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YWCA 1018 JEFFERSON AVE TOLEDO, OH 43624	34-4428265	501(C)(3)	17,125				CHARITABLE DONATION
ZEST OF TOLEDO INC 953 PHILLIPS AVE TOLEDO, OH 43612	82-4401053	501(C)(3)	10,000				CHARITABLE DONATION

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Schedule J (Form 990)

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
PROMEDICA HEALTH SYSTEM INC

Employer identification number
34-1517671

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☑ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	TAX INDEMNIFICATION AND GROSS-UP PAYMENTS 1 KEY EMPLOYEE - INCLUDED IN TAXABLE COMPENSATION HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE 1 KEY EMPLOYEE - INCLUDED IN TAXABLE COMPENSATION PERSONAL SERVICES 2 OFFICERS - INCLUDED IN TAXABLE COMPENSATION 5 KEY EMPLOYEES - INCLUDED IN TAXABLE COMPENSATION 2 FORMER OFFICERS - INCLUDED IN TAXABLE COMPENSATION
PART I, LINES 4A-B	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: DANIEL CASSAVAR $541,000.20 JOHN RANDOLPH $496,400.06 ELIGIBLE EMPLOYEES PARTICIPATE IN VARIOUS NONQUALIFIED DEFERRED COMPENSATION PLANS ORGANIZED UNDER CODE SECTION 457(F). THE EXACT PURPOSE OF EACH PLAN VARIES, BUT THEY INCLUDE: COMPENSATION LIMITATION MAKE-UP PLANS, VOLUNTARY DEFERRAL PLANS, DEFERRAL OF A PORTION OF INCENTIVE BONUS TYPE PLANS, ETC. ANY AMOUNT ULTIMATELY PAID UNDER THE PROGRAM TO THE EMPLOYEE IS REPORTED AS COMPENSATION ON FORM 990, SCHEDULE J, PART II, COLUMN B IN THE YEAR PAID. SUPPLEMENTAL NONQUALIFIED PLAN PAYMENTS WERE MADE DURING THE YEAR TO THE FOLLOWING LISTED PERSONS IN PART VII: LEE W. HAMMERLING, M.D. $30,501.27
PART I, LINE 7	AN INCENTIVE BONUS IS PAID TO ALL EXECUTIVES BASED ON ATTAINMENT OF GOALS IN THE AREAS OF 1) PATIENT SATISFACTION; 2) EMPLOYEE ENGAGEMENT; 3) GROWTH; 4) QUALITY AND SAFETY; AND 5) PROFITABILITY.
SCHEDULE J, SUPPLEMENTAL INFORMATION:	IN ADDITION, THE ORGANIZATION PROVIDES A SPLIT-DOLLAR LIFE INSURANCE PLAN TO ITS CHIEF EXECUTIVE OFFICER FROM WHICH NO CASH PAYMENTS WERE MADE DURING THE YEAR.

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1RANDALL OOSTRA PHS PRES. & CEO, EX OFFICIO	(i)	1,952,660	1,856,635	39,563	919,062	19,689	4,787,609	0
	(ii)	0	0	0	0	0	0	0
1EMMETT T BOYLE JR MD EX OFFICIO	(i)	0	0	0	0	0	0	0
	(ii)	562,876	0	23,062	0	27,531	613,469	0
2STEPHANIE M COLE MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	489,851	62,195	1,520	0	26,205	579,771	0
3PRAVEEN K TAMIRISA MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	324,765	0	29,594	0	17,591	371,950	0
4MARY ELLEN K PIZZA MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	103,424	71,294	13,272	0	1,806	189,796	0
5STEVEN M CAVANAUGH TREASURER (BEG 06/03/19)	(i)	0	0	0	0	0	0	0
	(ii)	1,277,261	772,192	0	0	6,413	2,055,866	0
6JEFFREY KUHN SECRETARY	(i)	645,968	843,953	52,904	239,428	16,555	1,798,808	0
	(ii)	0	0	0	0	0	0	0
7MICHAEL BROWNING TREASURER (THRU 06/03/19)	(i)	514,787	677,898	23,329	0	3,813	1,219,827	0
	(ii)	0	0	0	0	0	0	0
8LEE W HAMMERLING MD CHIEF ACADEMIC OFFICER, PRES.	(i)	679,231	1,286,134	66,451	300,014	23,212	2,355,042	0
	(ii)	0	0	0	0	0	0	0
9KAREN STRAUSS CHIEF OPERATING OFFICER	(i)	839,722	893,246	51,055	191,906	19,689	1,995,618	0
	(ii)	0	0	0	0	0	0	0
10KEVIN C WEBB PHD CHIEF ACUTE & POST ACUTE OFF	(i)	578,513	783,928	12,702	219,114	16,706	1,610,963	0
	(ii)	0	0	0	0	0	0	0
11LORI JOHNSTON PRES, PROMEDICA INSURANCE COR	(i)	428,341	759,397	51,972	177,722	27,843	1,445,275	0
	(ii)	0	0	0	0	0	0	0
12ROBIN WHITNEY CHIEF STRATEGIC PLANNING & REAL ESTA	(i)	324,800	91,900	27,091	10,609	24,458	478,858	0
	(ii)	0	0	0	0	0	0	0
13LESLIE THOMPSON CHIEF HUMAN RESOURCE OFFICER	(i)	295,512	100,000	5,418	7,538	27,977	436,445	0
	(ii)	0	0	0	0	0	0	0
14HOLLY BRISTOLL CHIEF INT OFFICER ACADEMIC AFF	(i)	313,017	460,646	7,923	133,371	27,348	942,305	0
	(ii)	0	0	0	0	0	0	0
15DANIEL K CASSAVAR MD PHYSICIAN	(i)	0	135,200	541,000	0	22,618	698,818	0
	(ii)	0	0	0	0	0	0	0
16KENT BISHOP CMO PROMEDICA PHYSICIANS AND ACUTE C	(i)	502,953	41,800	48,311	14,000	20,937	628,001	0
	(ii)	20,292	0	550	0	171	21,013	0
17JOHN RANDOLPH CHIEF INFO OFFICER	(i)	0	114,300	496,400	0	17,249	627,949	0
	(ii)	0	0	0	0	0	0	0
18NEERAJ K KANWAL MD SR VP, INPT & RETAIL PHARMACY	(i)	427,545	93,400	3,986	18,431	21,792	565,154	0
	(ii)	0	0	0	0	0	0	0
19GARY W AKENBERGER FORMER OFFICER	(i)	355,163	90,077	5,563	22,535	22,028	495,366	0
	(ii)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 ALAN M SATTLER FORMER OFFICER	(i)	198,731	139,306	9,953	17,597	26,778	392,365	0
	(ii)	0	0	0	0	0	0	0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PROMEDICA HEALTH SYSTEM INC

Employer identification number
34-1517671

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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 the organization managers or disqualified persons during the year under section 4958. . . . . ▶ $

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1) RANDALL OOSTRA	PRESIDENT AND CEO	LIFE INSURANCE PREMIUM PAYMENTS		X	2,574,646	2,574,646		No	Yes		Yes	
Total . . . . . ▶ $						2,574,646						

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) KRISTINA EBEID	FAMILY MEMBER OF EVON EBEID (TRUSTEE)	60,196	EMPLOYMENT		No
(2) JUSTIN HAMMERLING	FAMILY MEMBER OF LEE W. HAMMERLING, MD (KEY EMPLOYEE)	156,558	EMPLOYMENT		No
(3) TAD PETERSON	FAMILY MEMBER OF LARRY C. PETERSON (TRUSTEE)	41,060	EMPLOYMENT		No
(4) CAITLIN OOSTRA	FAMILY MEMBER OF RANDALL OOSTRA (PRESIDENT, EX OFFICIO)	54,275	EMPLOYMENT		No
(5) JOHN-CLAUDE ACAMPA	FAMILY MEMBER OF DAVID A. SNAVELY (TRUSTEE)	78,246	EMPLOYMENT		No
(6) THOMAS SNAVELY	FAMILY MEMBER OF DAVID A. SNAVELY (TRUSTEE)	52,169	EMPLOYMENT		No

Part V **Supplemental Information**

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

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ **Attach to Form 990 or 990-EZ.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PROMEDICA HEALTH SYSTEM INC

Employer identification number
34-1517671

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4:	PROMEDICA HEALTH SYSTEM, INC. - PROGRAM SERVICE ACCOMPLISHMENTS ESTABLISHED IN 1986, PROME DICA HEALTH SYSTEM, INC. (PROMEDICA) IS A MISSION-BASED, LOCALLY OWNED, NOT-FOR-PROFIT HEA LTHCARE ORGANIZATION HIGHLY FOCUSED ON ACHIEVING CORE VALUES. HEADQUARTERED IN TOLEDO, OHI O, PROMEDICA SERVES 28 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 TEC HNOLOGY, INNOVATIVE PROGRAMS AND FAMILY-CENTERED FACILITIES THAT HELP TO ENSURE PATIENTS A ND AREA RESIDENTS HAVE EQUAL ACCESS TO HIGH-QUALITY, SAFE CARE IN THE MOST APPROPRIATE SET TING, REGARDLESS OF A PATIENT'S ABILITY TO PAY. BASED ON NEEDS THAT WE HAVE ASSESSED WITHI N THE COMMUNITIES WE SERVE, PROMEDICA LAUNCHED NEW SERVICES AND PROGRAMS IN 2019 TO HELP M EET THE GROWING DEMANDS OF LOCAL CONSUMERS ACROSS ALL SPECTRUMS OF LIFE, INCLUDING THOSE I NDIVIDUALS WHO ARE OFTEN THE MOST VULNERABLE WHEN IT COMES TO HEALTH CARE: THE ELDERLY, PO OR AND UNDERSERVED. PROMEDICA'S MISSION IS TO IMPROVE THE HEALTH AND WELL-BEING OF THOSE W E SERVE. THIS IS REFLECTED IN OUR FOUR CORE VALUES, INCLUDING: COMPASSION -WE TREAT OUR PA TIENTS AND EACH OTHER WITH RESPECT, INTEGRITY AND DIGNITY; INNOVATION - WE CONTINUALLY SEA RCH 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 2,600 PHYSICIANS AND ADVANCED PRAC TICE PROVIDERS, APPROXIMATELY 56,000 EMPLOYEES AND VOLUNTEERS. DURING 2019, PROMEDICA DISC HARGED 76,720 INPATIENTS AND SERVED 1,328,919 OUTPATIENTS, WHILE HANDLING 286,827 EMERGENC Y VISITS SYSTEM-WIDE AS WELL AS 103,927 URGENT CARE VISITS. AMONG THE REGION'S LARGEST EMP LOYERS, PROMEDICA PLAYS A SIGNIFICANT ROLE IN ECONOMIC DEVELOPMENT AND STABILITY IN OUR RE GION. WE CREATE A DIRECT ECONOMIC IMPACT WITH OUR REVENUE, PAYROLL AND EMPLOYMENT. ADDITIO NALLY, SPENDING ON SERVICES AND MATERIALS WITH VENDORS IN OUR REGION CREATES AN INDIRECT E CONOMIC BENEFIT. OUR PHYSICIANS AND PROVIDERS, LEADERSHIP TEAM MEMBERS, RESIDENTS, AND EMP LOYEES INDIVIDUALLY CONTRIBUTE PERSONAL RESOURCES TO THE COMMUNITY IN NUMEROUS WAYS - SUCH AS THROUGH TUTORING ELEMENTARY STUDENTS IN READING AND OTHER LIFE SKILLS, PROVIDING HEALT H AND WELLNESS PROGRAMMING AT AREA BARBER SHOPS AND OTHER COMMUNITY GATHERINGS, GENEROUSLY CONTRIBUTING TO COMMUNITY FUNDRAISING CAMPAIGNS SUCH AS UNITED WAY, PARTICIPATING IN MEDI CAL MISSIONS, SERVING ON LOCAL NOT-FOR-PROFIT BOARDS, AND DONATING NONPERISHABLE FOODS AND CLOTHING ITEMS TO NUMEROUS LOCAL COMMUNITY ORGANIZATIONS - UNDERSCORING A KEY BENEFIT OF PROMEDICA BEING LOCALLY OWNED AND OPERATED. PROMEDICA'S MEMBER AND AFFILIATE HOSPITALS INC LUDE: THE TOLEDO HOSPITAL; TOLEDO CHILDREN'S HOSPITAL (OPERATING AS PART OF THE TOLEDO HOS PITAL); PROMEDICA WILDWOOD ORTHOPAEDIC AND SPINE HOSPITAL (A DIVISION OF THE TOLEDO HOSPIT AL); FLOWER HOSPITAL (A DIVISI

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FORM 990, PART III, LINE 4:	ON OF THE TOLEDO HOSPITAL); FOSTORIA HOSPITAL ASSOCIATION; DEFIANCE HOSPITAL, INC.; BAY PA RK COMMUNITY HOSPITAL; HERRICK MEMORIAL HOSPITAL, INC.; EMMA L. BIXBY MEDICAL CENTER; MEMO RIAL HOSPITAL; MERCY MEMORIAL HOSPITAL CORPORATION; AND COMMUNITY HEALTH CENTER OF BRANCH COUNTY. IN 2019 PROMEDICA ALSO PROVIDED INTEGRATED SERVICES, COMPRISED OF: - PROMEDICA CON TINUING CARE SERVICES CORPORATION, PROVIDING REHABILITATION, HOSPICE, HOME CARE, AMBULATOR Y AND SENIOR SERVICES, COMMUNITY HEALTH, MEDICAL TRANSPORTATION SERVICES, AND CARE COORDIN ATION. - PROMEDICA PHYSICIAN GROUP (PROMEDICA PHYSICIANS), WITH MORE THAN 950 HEALTHCARE P ROVIDERS, INCLUDING PRIMARY CARE, OBSTETRICS AND SPECIALTY PHYSICIANS, AS WELL AS ADVANCED PRACTICE PROVIDERS. TOGETHER, THIS GROUP HELPS PROMEDICA BROADEN THE CARE WE OFFER TO ARE A RESIDENTS, INCLUDING IN SMALLER, OUTLYING COMMUNITIES. - PROMEDICA INSURANCE CORPORATION , THE LARGEST HEALTH MAINTENANCE ORGANIZATION PHYSICALLY LOCATED IN NORTHWEST OHIO. IN 201 9, PARAMOUNT ADVANTAGE PROVIDED MEDICAID COVERAGE TO MORE THAN 208,000 MEMBERS ACROSS 54 O HIO COUNTIES. - PROMEDICA INDEMNITY CORPORATION, PROVIDING MEDICAL PROFESSIONAL AND COMPRE HENSIVE GENERAL LIABILITY COVERAGE FOR PROMEDICA, INCLUDING IN OUTLYING AREAS WHERE PRIMAR Y-CARE PHYSICIAN RECRUITMENT IS DIFFICULT. - THIRTEEN CONTROLLED FOUNDATIONS THAT SERVE AS FUNDRAISING ENTITIES SUPPORTING PROMEDICA ACUTE AND POST-ACUTE FACILITIES AS WELL AS PROJ ECTS AND PROGRAMS OF PROMEDICA. PROMEDICA'S SPECIALIZED CARE INCLUDES ONCOLOGY, ORTHOPAEDI CS, HEART AND VASCULAR, NEUROLOGY, REHABILITATIVE, AND BEHAVIORAL MEDICINE, AS WELL AS WOM EN'S AND PEDIATRIC CARE. A FUNDAMENTAL PART OF OUR MISSION IS THAT OUR SERVICES ARE TAILOR ED TO THE NEEDS OF OUR COMMUNITIES AND THEY ARE AVAILABLE TO EVERYONE IN OUR COMMUNITY, RE GARDLESS OF THEIR ABILITY TO PAY. IN ADDITION TO BEING A STRONG ADVOCATE FOR THE HEALTH AN D WELL-BEING OF OTHERS, PROMEDICA PROVIDES AND PROMOTES COMMUNITY WELLNESS, COLLABORATING WITH APPROXIMATELY 300 NONPROFIT AGENCIES AND ORGANIZATIONS ACROSS OUR REGION IN 2019 THAT HAVE VALUES AND MISSIONS SIMILAR TO OUR OWN. PROMEDICA IS CONTINUALLY IMPROVING ITS SERVI CES, FACILITIES, TECHNOLOGIES, AND OUTREACH EFFORTS TO MEET THE EVER-CHANGING NEEDS OF ITS DIVERSE POPULATIONS. IN DIRECT RESPONSE TO COMMUNITY NEEDS, A FEW EXAMPLES FROM 2019 INCL UDE THE FOLLOWING: - IN 2019, PROMEDICA EARNED THE GOLD AWARD FOR EXCELLENCE, FOR THE SECO ND YEAR IN A ROW, FROM THE PARTNERSHIP FOR EXCELLENCE (TPE) FOLLOWING A RIGOROUS EVALUATIO N OF PROMEDICA'S APPLICATION BASED ON CRITERIA OF THE BALDRIGE FRAMEWORK FOR EXCELLENCE. A PPLICANTS ARE EVALUATED IN SEVEN AREAS DEFINED BY THE FRAMEWORK, INCLUDING: LEADERSHIP; ST RATEGY; CUSTOMERS; MEASUREMENT, ANALYSIS AND KNOWLEDGE MANAGEMENT; WORKFORCE; OPERATIONS; AND RESULTS. - ADDITIONALLY, PROMEDICA TOLEDO HOSPITAL WAS NAMED ONE OF AMERICA'S 50 BEST HOSPITALS FOR THE SECOND YEAR IN A ROW AND PARAMOUNT ADVANTAGE MEDICAID EARNED 4 OUT OF ST ARS FROM THE NATIONAL COMMITTE

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FORM 990, PART III, LINE 4:	E FOR QUALITY ASSURANCE (NCQA), MAKING IT THE TOP RATED MEDICAID PLAN IN OHIO. - AFTER THR EE YEARS OF CONSTRUCTION, THE NEW GENERATIONS TOWER, ON THE CAMPUS OF PROMEDICA TOLEDO HOS PITAL, OPENED ITS DOORS IN JULY 2019. THE NEW 500,000 SQUARE FOOT BED TOWER OFFERS 309 PRI VATE PATIENT ROOMS, AND GIVES CAREGIVERS ACCESS TO INNOVATIVE TECHNOLOGY SO THEY CAN PROVI DE SAFE, EXCEPTIONAL CARE IN STATE-OF-THE-ART PATIENT ROOMS. - PROMEDICA CONTINUES TO EMPH ASIZE A CULTURE OF SAFETY ACROSS ITS HOSPITALS AND OUTPATIENT SERVICES. THE YEAR-END SERIO US SAFETY EVENT RATE (SSER) WAS 1.29, WITH A SERIOUS SAFETY EVENT (SSE) OCCURRING SOMEWHER E IN THE SYSTEM EVERY 4.1 DAYS. PROMEDICA CONTINUED TO GROW AS AN ACADEMIC HEALTH CENTER, WITH MORE THAN 200 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 2019. THIS MARKED THE FOURTH WAVE OF INTEGRATION OF LEARNERS AT PROMEDICA UNDER THE ACADEM IC AFFILIATION WITH UT COM, THE AFFILIATION IS FOCUSED ON RECRUITING AND RETAINING THE BES T AND BRIGHTEST FACULTY, STUDENTS AND RESEARCHERS; DEVELOPING A PREMIER ACADEMIC MEDICAL C ENTER AT PROMEDICA TOLEDO AND EBEID CHILDREN'S HOSPITALS; CULTIVATING A HOMEGROWN PIPELINE OF MEDICAL TALENT; INCREASING MEDICAL RESEARCH AND INNOVATION; AND FACILITATING COMMUNITY GROWTH AND DEVELOPMENT. WORK CONTINUED THROUGH 2019 ON THE NEW LENAWEE COUNTY HOSPITAL, T O BE NAMED THE PROMEDICA CHARLES AND VIRGINIA HICKMAN HOSPITAL, WHICH IS SCHEDULED TO OPEN IN SEPTEMBER 2020. THE NEW HOSPITAL WILL REPLACE BOTH PROMEDICA BIXBY AND HERRICK HOSPITA LS WHEN IT IS COMPLETED. THE NEW HOSPITAL WILL BE OVER 200,000 SQUARE FEET WITH 40 SURGICA L BEDS, 10 CRITICAL CARE BEDS, FOUR OPERATING ROOMS, THREE MINOR PROCEDURE ROOMS, 27 EMERG ENCY ROOMS, AND EIGHT LABOR AND DELIVERY ROOMS. THE HOSPITAL IS NAMED FOR THE HICKMAN FAMI LY, WHO MADE THE LARGEST DONATION IN THE HISTORY OF PROMEDICA TO HELP US BETTER SERVE THE LENAWEE COUNTY COMMUNITY. AS PART OF PROMEDICA'S ELECTRONIC HEALTH RECORD (EHR) JOURNEY, T HE INFORMATION TECHNOLOGY SERVICES TEAM COMPLETED THE SYSTEM-WIDE UPGRADE TO THE NEW EPIC FEBRUARY/MAY 2019 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. PROMEDICA TEAMED UP WITH THE UNIVERSITY OF TOLEDO COLLEGE OF NURSING (UT CON) TO LAUNCH A COMMUNITY-WIDE C AMPAIGN TO RAISE AWARENESS OF THE CRITICAL ROLE NURSES PLAY IN ALL ASPECTS OF THE HEALTHCA RE INDUSTRY. THE NEW NURSING NOW ORGANIZATION IS GLOBAL MOVEMENT THAT AIMS TO IMPROVE HEAL TH BY RAISING THE PROFILE AND STATUS OF NURSING WORLDWIDE. PROMEDICA PARTICIPATED IN DOZEN S OF COMMUNITY HEALTH FAIRS ACROSS THE REGION THAT INCLUDED FREE PUBLIC SCREENINGS FOR HIG H BLOOD PRESSURE, HIGH CHOLESTEROL, BODY MASS INDEX AND BONE DENSITY.

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FORM 990, PART III, LINE 4:	PROMEDICA HEALTH SYSTEM, INC. - PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUATION) PROMEDICA C ANCER INSTITUTE'S (PCI) COMMUNITY OUTREACH INCLUDED CANCER SCREENINGS AND EDUCATION TO THE MOST VULNERABLE IN OUR COMMUNITY. SUCH PROGRAMS INCLUDED PROMEDICA'S MEN'S HEALTH AND WEL LNESS AT THE BARBERSHOP, WHICH PROVIDED 183 MEN WITH PROSTATE AND COLORECTAL CANCER EDUCAT ION, AND TENT CITY, WHICH SUPPORTS THE COUNTY'S UNHOUSED RESIDENTS, WHERE 27 WOMEN RECEIVE D CLINICAL BREAST EXAMS. PCI ALSO HOSTED ANNUAL CANCER SURVIVOR CELEBRATIONS FOR SURVIVORS , FRIENDS AND CAREGIVERS ACROSS THE REGION AND SPONSORED COMMUNITY EVENTS INCLUDING THE AN NUAL NW OHIO SUSAN G. KOMEN, RACE FOR THE CURE, LEUKEMIA & LYMPHOMA SOCIETY LIGHT THE NIGH T, OVER THE EDGE FOR VICTORY, AND HOCKEY FIGHTS CANCER. PROMEDICA AND THE TOLEDO ZOO PARTN ERED TO RENOVATE THE ZOO'S MORE THAN 80-YEAR-OLD MUSEUM OF SCIENCE. RENOVATIONS WERE COMPL ETED IN SPRING 2019 WITH A FOCUS ON BIODIVERSITY THROUGHOUT THE COURSE OF HISTORY IN NORTH WEST OHIO. PROMEDICA WAS THE LEAD SPONSOR FOR THE THIRD ANNUAL SUMMER CONCERT SERIES IN 20 19. THE WEEKLY CONCERTS TOOK PLACE AT THE RENOVATED PROMENADE PARK, IN DOWNTOWN TOLEDO, FR OM JUNE THROUGH SEPTEMBER AND FEATURED A VARIETY OF LOCAL AND NATIONAL MUSICIANS AND MUSIC GENRES. PROMEDICA OPENED ITS THIRD FOOD CLINIC AT PROMEDICA BAY PARK HOSPITAL IN 2019 AND CONTINUES TO OPERATE TWO OTHER FOOD CLINICS ONE AT THE PROMEDICA HEALTH AND WELLNESS CENT ER AND THE OTHER AT PROMEDICA'S CENTER FOR HEALTH SERVICES. THE FOOD CLINICS SERVE PATIENT S WHO SCREEN POSITIVE FOR FOOD INSECURITY AND HAVE A REFERRAL FROM THEIR PRIMARY CARE PROV IDER. PATIENTS ARE ABLE TO RECEIVE FOOD FOR THEM AND THEIR FAMILY FROM THIS LOCATION OR TH E 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. T HROUGH DECEMBER 2019, MORE THAN 11,000 VISITS TO THE FOOD CLINIC, IMPACTING MORE THAN 3,60 0 UNIQUE HOUSEHOLDS, IN EFFORTS TO HELP REDUCE FOOD INSECURITY. THIS TRANSLATES TO ABOUT 9 1,748 DAYS' WORTH OF FOOD PROVIDED TO PATIENTS AND FAMILIES, THE EQUIVALENT OF 275,242 MEA LS. PROMEDICA'S SENIOR CARE DIVISION (HCR MANORCARE) IMPLEMENTED MEALS-TO-GO, A FOOD ASSIS TANCE PROGRAM THAT PROVIDES PATIENTS WITH A SHELF-STABLE SUPPLY OF FOOD AFTER A LENGTHY SK ILLED NURSING STAY. THE PROGRAM BEGAN AS A PILOT IN THE DETROIT, MICH., AREA BEFORE EXPAND ING TO OTHER FACILITIES ACROSS THE COUNTRY BY THE END OF 2020. FOR ITS MICHIGAN PATIENTS, PROMEDICA OFFERED VEGGIE MOBILE VOUCHERS TO PATIENTS WHO SCREEN POSITIVE FOR FOOD INSECURI TY. PROMEDICA BIXBY AND HERRICK HOSPITALS PROVIDE THE $5 VOUCHERS SO PATIENTS CAN REDEEM T HEM FOR FRESH PRODUCE GROWN AT PROMEDICA FARMS OR AT ANY OF THE VEGGIE MOBILE STOPS. IN 20 19, NEARLY 750 POUNDS OF FRESH PRODUCE WAS GROWN AT PROMEDICA FARMS AND 75 PATIENTS WHO ID ENTIFIED AS FOOD INSECURE WERE PROVIDED A FOOD BOX AND VEGGIE MOBILE VOUCHERS UPON DISCHAR GE. PROMEDICA'S FINANCIAL OPPO

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FORM 990, PART III, LINE 4:	RTUNITY CENTER (FOC), PROVIDED EDUCATION AND COUNSELING TO NEARLY 700 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 BENE FIT BANK. FOC ALSO OFFERS A DIGITAL LITERACY SERIES TO ASSIST INDIVIDUALS WISHING TO IMPRO VE THEIR COMPUTER LITERACY AND SKILLS TO BE MORE MARKETABLE TO PROSPECTIVE EMPLOYERS. IN 2 019, PROMEDICA PRIMARY CARE PROVIDERS CONTINUED SCREENING PATIENTS FOR SOCIAL DETERMINANTS OF HEALTH BY ASKING QUESTIONS RELATED TO EDUCATION, EMPLOYMENT, FOOD SECURITY, HOUSING, T RANSPORTATION, AND VIOLENCE. SCREENINGS ALSO WERE EXPANDED TO HOSPITAL INPATIENTS, USING T HE SAME QUESTIONS. PATIENTS WHO SCREEN POSITIVE FOR ANY OF THE FACTORS ARE CONNECTED TO NE CESSARY COMMUNITY PROGRAMS AND RESOURCES FOR ASSISTANCE. PROMEDICA TEAMED UP WITH LOCAL IN ITIATIVES SUPPORT CORPORATION (LISC) TOLEDO TO CREATE THE YR16 INITIATIVE TO HELP INDIVIDU ALS IN TOLEDO FIND SAFE AND AFFORDABLE HOUSING. SAFE AND AFFORDABLE HOUSING FOR RESIDENTS IN UNDERSERVED NEIGHBORHOODS IS JUST ONE OF THE KEY SOCIAL DETERMINANTS OF HEALTH (SDOH) T HAT PROMEDICA IS ADDRESSING WITH LISC AND OTHER COMMUNITY PARTNERS. AS PART OF ITS INTEGRA TION WITH HCR MANORCARE, IN 2019 PROMEDICA ESTABLISHED ITS HEALTHY AGING INSTITUTE. THE IN STITUTE HAS THREE AREAS OF FOCUS: INNOVATION AND RESEARCH, EDUCATION AND TRAINING, AND ADV OCACY EFFORTS INCLUDING A JOINT NATIONAL SUMMIT IN WASHINGTON, D.C. WITH THE AARP FOUNDATI ON, TO BRING ATTENTION TO SENIOR ISOLATION AND DISCUSS WAYS COMMUNITIES CAN ADDRESS THIS I SSUE. PROMEDICA AND COLUMBIA GAS OF OHIO ANNOUNCED A $50,000 GRANT FROM NISOURCE CHARITABL E FOUNDATION TO SUPPORT THE EBEID NEIGHBORHOOD PROMISE. THE GRANT WILL BE USED FOR A HOUSI NG AND DEVELOPMENT PRESERVATION PROGRAM TO ASSIST WITH HOUSING NEEDS OF TOLEDO'S UPTOWN NE IGHBORHOOD. PROMEDICA ALSO ESTABLISHED A PARTNERSHIP WITH SOCIALLY DETERMINED, A HEALTHCAR E DATA ANALYTICS COMPANY, TO CREATE THE EBEID DATA NERVE CENTER. THE CENTER WILL FOCUS ON THE NEEDS OF SPECIFIC PATIENT COHORTS THAT COULD BENEFIT FROM STANDARDIZED INTERVENTIONS D ESIGNED TO IMPROVE HEALTHCARE OUTCOMES AND REDUCE COSTS. PROMEDICA'S SUMMER YOUTH EMPLOYME NT PROGRAM PARTNERED 19 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. YOUTH ALSO ATTENDED THE LEA DERSHIP DEVELOPMENT INSTITUTE, WHICH FOCUSED ON LEADERSHIP, COMMUNICATION, FINANCIAL MANAG EMENT AND OTHER IMPORTANT PERSONAL AND PROFESSIONAL DEVELOPMENT SKILLS. PROMEDICA INNOVATI ON'S BUSINESS INCUBATOR ALLOWS CLIENT COMPANIES IN THE HEALTHCARE FIELD TO ACCELERATE DEVE LOPMENT AND COMMERCIALIZATION OF MEDICAL DEVICES AND HEALTH INFORMATION TECHNOLOGY TO IMPR OVE PATIENT CARE LOCALLY AND NATIONALLY. IN 2019, PROMEDICA CONTRIBUTED $307,430,000 IN CO MMUNITY BENEFIT THROUGH COMMUN

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FORM 990, PART III, LINE 4:	ITY BENEFIT EXPENDITURES, FINANCIAL ASSISTANCE AND GOVERNMENT-SPONSORED, MEANS-TESTED HEAL TH CARE. THESE NUMBERS NOT ONLY INDICATE PROMEDICA'S LONG-STANDING COMMITMENT TO THE COMMU NITY, 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 SERVICES, H EALTH PROFESSIONS EDUCATION, SUBSIDIZED HEALTH SERVICES, RESEARCH ACTIVITIES, CASH AND IN- KIND CONTRIBUTIONS, AND OTHER COMMUNITY BENEFIT OPERATIONS, PROMEDICA CONTRIBUTED $91,160, 000 IN 2019. THESE PROGRAMS INCLUDED FREE COMMUNITY HEALTH SCREENINGS, SUCH AS DIABETES TE STING, BLOOD PRESSURE, BONE DENSITY, BODY MASS, AND CANCER CHECKUPS; 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; PU BLIC HEALTH EDUCATION LECTURES AND SEMINARS; A CHILDHOOD OBESITY PROGRAM; AND MANY OTHER C OMMUNITY-BASED INITIATIVES. PROMEDICA ALSO CONTRIBUTED $11,525,000 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, PRO MEDICA'S COST OF BAD DEBT FOR 2019 WAS $58,908,000. THIS AMOUNT IS NOT INCLUDED IN THE COM MUNITY BENEFIT AMOUNT OF $307,430,000 NOTED ABOVE. FURTHER, PROMEDICA CONTINUES TO BE A LE ADING PARTICIPANT IN THE LUCAS COUNTY CARENET INITIATIVE - A COLLABORATIVE EFFORT AMONG PR OMEDICA, MERCY HEALTH PARTNERS, THE UNIVERSITY OF TOLEDO MEDICAL CENTER, THE CITY OF TOLED O, AND OTHERS. CARENET WAS CREATED TO PROVIDE FREE OR LOWER-COST HEALTH CARE FOR LOW-INCOM E LUCAS COUNTY RESIDENTS. ESTABLISHED IN 2003, CARENET BRIDGES THE GAP BETWEEN ADULTS WITH OUT HEALTH INSURANCE AND NEEDED HEALTHCARE SERVICES. WHILE SOME INDIVIDUALS MAY QUALIFY FO R GOVERNMENTAL INSURANCE PROGRAMS SUCH AS MEDICAID, OTHERS DO NOT; IT IS FOR THESE INDIVID UALS THAT CARENET WAS ESTABLISHED. ADDITIONALLY, DURING 2019, PROMEDICA PROVIDED $207,825, 000 OF COMMUNITY BENEFIT THROUGH THE COST - NOT REIMBURSED BY THE GOVERNMENT - FOR TREATIN G MEDICAID AND OTHER MEANS-TESTED PATIENTS. PROMEDICA'S TOTAL COST - NOT REIMBURSED BY THE GOVERNMENT - FOR TREATING MEDICARE PATIENTS DURING 2019 WAS $102,582,000 AND IS NOT REFLE CTED IN THE COMMUNITY BENEFIT AMOUNT OF $307,430,000 NOTED ABOVE.

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FORM 990, PART III, LINE 4:	PROMEDICA HEALTH SYSTEM, INC. - PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUATION) 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 600% OF THE FEDERAL POVERTY LEVEL. IN MANY SITUATIONS, OTHER FUNDING SOURCES ARE SECURED AND ACCOMMODATIONS MADE. PROMEDICA'S POLICIES ARE POSTED AND AVAILABLE IN WRITING IN ALL PROMEDICA FACILITIES. ALSO, FINANCIAL ADVOCATES ARE AVAILABLE TO HELP PATIENTS BY EXPLAINING OUR FREE CARE AND DISCOUNT PROGRAMS, AND TO ASSIST WITH THE PAPERWORK NECESSARY TO QUALIFY FOR GOVERNMENT FUNDING. PATIENT BILLS PROVIDE CLEAR EXPLANATIONS, QUALIFICATIONS AND REMINDERS OF THESE PROGRAMS. IN SUMMARY, PROMEDICA DEMONSTRATES ITS MISSION AND CORE VALUES BY PROVIDING HIGH-QUALITY HEALTH CARE TO ALL PATIENTS, REGARDLESS OF THEIR RACE, CREED, SEX, NATIONAL ORIGIN, DISABILITY, OR AGE. AND, WE RECOGNIZE THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL CARE. THEREFORE, WE PROVIDE THESE HEALTHCARE SERVICES; RECRUIT AND TRAIN HEALTHCARE PROFESSIONALS TO SERVE THE BROADER COMMUNITY; PROVIDE APPROPRIATE FINANCIAL ASSISTANCE; OFFER SERVICES AND CONTRIBUTIONS TO OTHER NONPROFIT ORGANIZATIONS THAT ALLOW THEM TO PROVIDE KEY SERVICES TO THEIR CONSTITUENTS; AND PRESENT FREE EDUCATIONAL CLASSES, HEALTH FAIRS AND OTHER ACTIVITIES TO OUR LOCAL COMMUNITY TO HELP ENSURE ALL MEMBERS HAVE EQUAL ACCESS TO CARE.

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FORM 990, PART VI, SECTION A, LINE 4	EFFECTIVE JANUARY 22, 2019, PROMEDICA HEALTH SYSTEM, INC. REVISED ITS GOVERNING DOCUMENTS TO I) CHANGE THE SIZE OF ITS BOARD FROM 3-30 MEMBERS TO 9-13 MEMBERS; AND II) ELIMINATE THE EXECUTIVE COMMITTEE.

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FORM 990, PART VI, SECTION A, LINE 7B	PROMEDICA HEALTH SYSTEM, INC. (PHS) IS GOVERNED BY ITS BOARD OF TRUSTEES. ALL CORPORATE ACTIONS REQUIRE APPROVAL BY A MAJORITY VOTE OF THE BOARD OF TRUSTEES. THE PHS EXECUTIVE COMMITTEE, WHICH WAS COMPRISED OF BETWEEN FIVE TO TEN PHS BOARD MEMBERS, WAS AUTHORIZED BY THE PHS BOARD OF TRUSTEES TO ACT IN THE INTERIM BETWEEN MEETINGS WITH THE EXCEPTION OF SPECIFIC DUTIES RESERVED FOR THE FULL BOARD OF TRUSTEES. THE PHS EXECUTIVE COMMITTEE WAS ELIMINATED JANUARY 22, 2019, SO ONLY EXISTED FOR 22 DAYS IN 2019 (AND TOOK NO ACTION DURING THIS PERIOD).

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FORM 990, PART VI, SECTION B, LINE 11B	PREPARATION OF THE 990 RETURNS OF PROMEDICA HEALTH SYSTEM, INC. AND ITS SUBSIDIARIES ARE SUPERVISED BY THE ORGANIZATION'S TAX DEPARTMENT AND REVIEWED BY THE CORPORATE TAX DIRECTOR AND FINANCE LEADERSHIP. COPIES OF THE FORM 990 ARE PROVIDED TO THE RESPECTIVE COMPANY'S BOARD OF TRUSTEES PRIOR TO FILING. ANY COMMENTS OR QUESTIONS ARE REVIEWED AND INCORPORATED INTO THE RETURN IF APPROPRIATE. THE 990 IS REVIEWED AND SIGNED BY A PRINCIPAL OFFICER PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

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FORM 990, PART VI, SECTION B, LINE 12C	PROMEDICA HEALTH SYSTEM, INC. AND AFFILIATES (PHS) HAVE STANDARDS OF CONDUCT THAT APPLY TO ALL PHS BOARD MEMBERS AND EMPLOYEES. BOARD MEMBERS AND EMPLOYEES ARE EXPECTED TO CERTIFY THEIR COMPLIANCE WITH THE APPLICABLE STANDARDS PRIOR TO ELECTION/APPOINTMENT OR PRIOR TO B EGINNING EMPLOYMENT. BOARD MEMBERS ANNUALLY (OR IMMEDIATELY IF NEW POTENTIAL CONFLICTS OF INTEREST ARISE), ALL BOARD MEMBERS ARE REQUIRED TO COMPLETE AND RETURN THE BOARD MEMBER SO C SURVEY WITHIN 30 DAYS OF DISSEMINATION. BOARD MEMBER SOC SURVEYS ARE REVIEWED BY THE V.P ., AUDIT & COMPLIANCE/CHIEF COMPLIANCE OFFICER (CCO). SUMMARIZED INFORMATION IS FORWARDED FOR REVIEW TO THE CHIEF FINANCIAL OFFICER, GENERAL COUNSEL, BUSINESS UNIT PRESIDENTS, AND THE PRESIDENT AND CHIEF EXECUTIVE OFFICER (PRESIDENT/CEO), BASED UPON THEIR RESPECTIVE KNO WLEDGE OF THE BOARD MEMBERS. THE PURPOSE OF THIS REVIEW IS TO BOTH INFORM MANAGEMENT OF TH E DISCLOSED CONFLICTS AND TO ALLOW THEM TO IDENTIFY TO THE V.P., AUDIT & COMPLIANCE, ANY P OTENTIAL UNDISCLOSED CONFLICTS. THE AUDIT & COMPLIANCE DEPARTMENT THEN CONDUCTS AN AUDIT O F ALL BOARD MEMBER SOC SURVEYS (ALONG WITH ANY RELATIONSHIPS NOTED THROUGH THE ABOVE REVIE W) TO IDENTIFY ANY POSITIONAL CONFLICTS OF INTEREST AND TO TEST MATERIAL TRANSACTIONS WITH BOARD MEMBERS/THEIR AFFILIATED FOR FAIR MARKET VALUE. THE RESULTS OF THE AUDIT ARE REPORT ED DIRECTLY TO THE CHAIR OF THE AUDIT & COMPLIANCE COMMITTEE WITH A COPY TO THE PRESIDENT/ CEO. THE REPORT INCLUDES A SUMMARY OF THE AUDIT PROCEDURES PERFORMED, ANY SIGNIFICANT CONC ERNS 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 SURVE Y OR THE SUBMISSION OF A FALSE OR INCOMPLETE SURVEY, OR FAILURE TO DISCLOSE IMMEDIATELY AN Y NEW CONFLICTS OF INTEREST THAT MAY ARISE, OR FAILURE TO COOPERATE WITHOUT CONDITION, HON ESTLY AND COMPLETELY WITH AN 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 TRUSTEE S UP TO AND INCLUDING REMOVAL FROM THE BOARD/COMMITTEE/COUNCIL. EMPLOYEES, EXCLUDING EMPLO YED PHYSICIANS ANNUALLY (OR IMMEDIATELY IF NEW CONFLICTS OF INTEREST ARISE), ALL SALARIED EMPLOYEES AND SPECIFICALLY IDENTIFIED HOURLY EMPLOYEES, EXCLUDING EMPLOYED PHYSICIANS, ARE REQUIRED TO COMPLETE AND SUBMIT AN ELECTRONIC EMPLOYEE CERTIFICATION QUESTIONNAIRE BY AN ESTABLISHED DEADLINE THAT IS COMMUNICATED TO THE EMPLOYEE. THE HUMAN RESOURCES DEPARTMENT ENSURES THAT ALL QUESTIONNAIRES, WHICH ARE STORED ELECTRONICALLY, ARE COMPLETED AND PROVID ES NOTIFICATION TO THE V.P., AUDIT & COMPLIANCE OF THE NUMBER OF ANNUAL EMPLOYEE CERTIFICA TION QUESTIONNAIRES SENT AND RECEIVED AND COPIES OF ANY QUESTIONNAIRES CONTAINING DISCLOSU RES THAT WARRANT FURTHER REVIEW BY THE AUDIT & COMPLIANCE DEPARTMENT. ALL NEW EMPLOYEES, E XCLUDING EMPLOYED PHYSICIANS, ARE PROVIDED EITHER AN ELECTRONIC OR PAPER COPY OF THE EMPLO YEE STANDARD OF CONDUCT AND TH

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	E EMPLOYEE CERTIFICATION STATEMENT WHICH THE NEW EMPLOYEE IS REQUIRED TO COMPLETE PRIOR TO BEGINNING EMPLOYMENT. THE AUDIT & COMPLIANCE DEPARTMENT HAS ACCESS TO A REPORT THAT IDENT IFIES ALL NEW HIRES. A SAMPLE OF EMPLOYEES IS IDENTIFIED AND AN AUDIT IS CONDUCTED TO ENSU RE THAT REQUIRED DOCUMENTATION IS ON FILE. IDENTIFIED CONFLICTS ARE INITIALLY REVIEWED BY THE V.P., AUDIT & COMPLIANCE AND IS NECESSARY DISCUSSED WITH THE BUSINESS UNIT PRESIDENT I N 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 PREPA RED FOR FINAL APPROVAL OF THE PHS PRESIDENT/CEO. RESULTS OF THE EMPLOYEE PROCESS AUDIT ARE INCLUDED IN THE ABOVE REPORT TO THE CHAIR OF THE AUDIT & COMPLIANCE COMMITTEE. FAILURE TO COMPLETE THE CERTIFICATION QUESTIONNAIRE, OR THE COMPLETION OR A FALSE OR INCOMPLETE CERT IFICATION QUESTIONNAIRE, OR FAILURE TO DISCLOSE IMMEDIATELY ANY NEW CONFLICTS OF INTEREST THAT MAY ARISE, OR FAILURE TO COOPERATE WITHOUT CONDITION, HONESTLY AND COMPLETELY WITH AN Y INVESTIGATION OR REVIEW OF THE EMPLOYEE'S CERTIFICATION QUESTIONNAIRE, OR HIS/HER ACTION S OR CIRCUMSTANCES SHALL BE GROUND FOR SANCTION UP TO AND INCLUDING TERMINATION OF EMPLOYM ENT. IDENTIFIED CONFLICTS ARE INITIALLY REVIEWED BY THE PRESIDENT, PROVIDERS, ACUTE AND AM BULATORY CARE THE CHIEF OPERATING OFFICER OR THEIR DESIGNEE, AND IF APPROPRIATE, ARE SUBSE QUENTLY REPORTED TO THE OFFICE OF THE V.P., AUDIT & COMPLIANCE. IF THE CONFLICT IS CONSIDE RED A SIGNIFICANT EXPOSURE RISK FOR PHS, A RECOMMENDATION WILL BE PREPARED FOR FINAL APPRO VAL BY THE PHS PRESIDENT/CHIEF EXECUTIVE OFFICER. RESULTS OF THE EMPLOYED PHYSICIAN AUDIT ARE INCLUDED IN THE ABOVE REPORT TO THE CHAIR OF THE AUDIT & COMPLIANCE COMMITTEE. ANY ITE MS THAT MEET CRITERIA FOR PUBLIC DISCLOSURE WILL BE COMMUNICATED TO THE APPROPRIATE PHYSIC IAN BY THE PRESIDENT, PROVIDERS, ACUTE AND AMBULATORY CARE, THE CHIEF OPERATING OFFICER OR 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 RE LATIONSHIP DISCLOSURES TO THE APPLICABLE PHS MARKETING/COMMUNICATIONS REPRESENTATIVE. THE PUBLIC DISCLOSURE WILL BE POSTED ON THE PHS WEBSITE (HTTPS://WWW.PROMEDICA.ORG/PAGES/ABOUT -US/INDUSTRY-RELATIONSHIPS.ASPX) DATABASE BY THE PHS MARKETING/COMMUNICATIONS REPRESENTATI VE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	PROMEDICA HEALTH SYSTEM, INC.'S TOP MANAGEMENT OFFICIAL AND OTHER OFFICERS ARE COMPENSATED BY PROMEDICA HEALTH SYSTEM, INC. (PHS), A RELATED TAX-EXEMPT ORGANIZATION. COMPENSATION DETERMINATIONS OF PROMEDICA FOUNDATION'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
PART VI, SECTION B, LINE 16B:	JOINT VENTURE OPERATING AGREEMENTS INVOLVING PROMEDICA HEALTH SYSTEM, INC. OR ITS SUBSIDIARIES (COLLECTIVELY, PHS) INCLUDE PROVISIONS TO PROTECT PHS'S TAX-EXEMPT STATUS. EACH AGREEMENT CONTAINS SPECIFIC LANGUAGE RELATED TO THE PROVISION OF HEALTH CARE SERVICES WITH FOCUS ON COMMUNITY HEALTH BENEFIT AND MUST FOLLOW A FORMAL REVIEW PROCESS PRIOR TO CONTRACT EXECUTION. PHS CONTINUALLY ENSURES THAT ITS TAX-EXEMPT STATUS IS PROTECTED BY ACTIVELY PARTICIPATING IN THE GOVERNANCE OF ALL PHS JOINT VENTURES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	PENSION/POST-RETIREMENT EXPENSE ADJUSTMENT 20,586,707. BENEFICIAL INTEREST IN FOUNDATION 466,105. TRANSFERS BETWEEN RELATED ENTITIES -23,754,752.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PROMEDICA HEALTH SYSTEM INC

Employer identification number
34-1517671

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

See Additional Data Table

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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	(i) Section 512(b)(13) controlled entity? No

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

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

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

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

See Additional Data Table

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

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
MIDWEST CARDIOVASCULAR CONSULTANTS LLC 100 MADISON AVE TOLEDO, OH 43604 61-1448753	EMPLOYS PHYSICIANS	OH	0	736,336	PROMEDICA PHYSICIAN GROUP INC
IST THEATRE LLC 100 MADISON AVE TOLEDO, OH 43604	COMMUNITY ARTS FACILITY	OH	0	3,554,701	PROMEDICA HEALTH SYSTEM INC
PROMEDICA HICKMAN CANCER CENTER PHARMACY LLC 100 MADISON AVE TOLEDO, OH 43604	PHARMACY	OH	104,465,623	0	THE TOLEDO HOSPITAL
PROMEDICA PHARMACY GROUP LLC 100 MADISON AVE TOLEDO, OH 43604 36-4949156	PHARMACY	OH	0	0	PROMEDICA CONTINUUM SERVICES
FORT INDUSTRY JV PARTNER LLC 100 MADISON AVE TOLEDO, OH 43604 84-4675266	HOLDS INVESTMENTS	OH	0	8,540,000	PROMEDICA HEALTH SYSTEM INC
HCRMC-PROMEDICA LLC 333 N SUMMIT ST TOLEDO, OH 43604 46-1343453	NURSING AND REHAB SERVICES	DE	-2,185,288	12,184,508	MANOR CARE HEALTH SERVICES OF TOLEDO OH LLC
PROMEDICA CENTRAL PHYSICIANS LLC 100 MADISON AVE TOLEDO, OH 43604 34-1881137	EMPLOYS PHYSICIANS	OH	387,466,023	296,438,519	PROMEDICA PHYSICIAN GROUP INC
PROMEDICA NORTHWEST OHIO CARDIOLOGY CONSULTANTS LLC 100 MADISON AVE TOLEDO, OH 43604 26-3888045	EMPLOYS PHYSICIANS	OH	18,301,472	-105,269,559	PROMEDICA PHYSICIAN GROUP INC
THE PHARMACY COUNTER LLC 100 MADISON AVE TOLEDO, OH 43604 27-1325141	MEDICAL EQUIPMENT & PHARMACY	OH	65,105,182	99,954,514	PROMEDICA PHYSICIAN GROUP INC
WOLF CREEK ASSOCIATES LLC 901 KIMOLE LN ADRIAN, MI 49221 38-3164818	FACILITY LEASING	MI	119,263	1,724,405	EMMA L BIXBY MEDICAL CENTER
PROMEDICA MONROE CARDIOLOGY PLLC 100 MADISON AVE TOLEDO, OH 43604 27-2920342	EMPLOYS PHYSICIANS	MI	889,668	-6,438,944	PROMEDICA PHYSICIAN GROUP INC
ERIE WEST HOSPICE & PALLIATIVE CARE LTD 100 MADISON AVE TOLEDO, OH 43604 20-5752995	PROVIDES HOSPICE CARE	OH	5,497,909	7,841,474	PROMEDICA CONTINUUM SERVICES
PROMEDICA PHYSICIANS MANAGEMENT SERVICES LLC 100 MADISON AVE TOLEDO, OH 43604 45-3230331	PRACTICE MANAGEMENT	OH	0	-3,618,834	PROMEDICA PHYSICIAN GROUP INC
PROMEDICA SURGICAL SERVICES LLC 100 MADISON AVE TOLEDO, OH 43604	EMPLOYS PHYSICIANS	OH	0	0	PROMEDICA PHYSICIAN GROUP INC
MISSION POINTE GOLF COURSE LLC 2142 NORTH COVE TOLEDO, OH 43606	GOLF COURSE	MI	0	0	PROMEDICA FOUNDATION
PROMEDICA INNOVATIONS LLC 100 MADISON AVE TOLEDO, OH 43604 30-1221601	INVESTMENT COMPANY	OH	0	0	PROMEDICA HEALTH SYSTEM INC
PROMEDICA GENITO-URINARY SURGEONS LLC 100 MADISON AVE TOLEDO, OH 43604 46-1120436	EMPLOYS PHYSICIANS	OH	5,873,200	-23,434,097	PROMEDICA PHYSICIAN GROUP INC
PROMEDICA MONROE PHYSICIANS PLLC 100 MADISON AVE TOLEDO, OH 43604 46-1111822	EMPLOYS PHYSICIANS	MI	11,895,015	-23,671,344	PROMEDICA PHYSICIAN GROUP INC
PROMEDICA MULTI-SPECIALTY PHYSICIANS LLC 100 MADISON AVE TOLEDO, OH 43604 45-4976786	EMPLOYS PHYSICIANS	OH	0	154,765	PROMEDICA PHYSICIAN GROUP INC
PROMEDICA HOSPITALISTS LLC 100 MADISON AVE TOLEDO, OH 43604	EMPLOYS PHYSICIANS	OH	0	0	PROMEDICA PHYSICIAN GROUP 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
PROMEDICA HOSPITALISTS PLLC 100 MADISON AVE TOLEDO, OH 43604	EMPLOYS PHYSICIANS	MI	0	0	PROMEDICA PHYSICIAN GROUP INC
MEMORIAL ANESTHESIA LTD 715 SOUTH TAFT AVE FREMONT, OH 43420 20-5763680	EMPLOYS PHYSICIANS	OH	0	0	PROMEDICA PHYSICIAN GROUP INC
MEMORIAL PROFESSIONAL SERVICES LTD 715 SOUTH TAFT AVE FREMONT, OH 43420 27-3763993	EMPLOYS PHYSICIANS	OH	13,381,935	-24,321,708	PROMEDICA PHYSICIAN GROUP INC
PHS VENTURES LLC 100 MADISON AVE TOLEDO, OH 43604 34-1880473	HEALTH CARE MANAGEMENT SERVICES	DE	0	0	PROMEDICA HEALTH SYSTEM INC
300 MADISON BUILDING LLC 100 MADISON AVE TOLEDO, OH 43604 82-2062486	REAL ESTATE	OH	2,185,490	17,703,607	PROMEDICA HEALTH SYSTEM INC
MARINA DISTRICT DEVELOPMENT LLC 100 MADISON AVE TOLEDO, OH 43604	REAL ESTATE	OH	0	6,885	PROMEDICA HEALTH SYSTEM INC
PHS INVESTMENTS LLC 100 MADISON AVE TOLEDO, OH 43604	INVESTMENT COMPANY	OH	2,564,760	22,447,708	THE TOLEDO HOSPITAL
PROMEDICA INTERNATIONAL LLC 100 MADISON AVE TOLEDO, OH 43604 83-2427163	CONSULTING SERVICES	OH	144,100	0	PROMEDICA HEALTH SYSTEM INC
PROMEDICA ACTIVE MOBILITY LLC 100 MADISON AVE TOLEDO, OH 43604 81-5178173	DURABLE MEDICAL EQUIPMENT	OH	159,929	194,981	PROMEDICA HEALTH SYSTEM INC
1611 MONROE INVESTORS LLC 100 MADISON AVE TOLEDO, OH 43604	REAL ESTATE	OH	0	308,507	PROMEDICA HEALTH SYSTEM INC
BALL PARK PROPERTIES LLC 100 MADISON AVE TOLEDO, OH 43604 82-3954332	REAL ESTATE	OH	0	1,118,158	PROMEDICA HEALTH SYSTEM INC
PROMEDICA PRIMARY CARE PROVIDERS LLC 100 MADISON AVE TOLEDO, OH 43604 83-1731861	EMPLOYS PHYSICIANS	OH	0	0	PROMEDICA PHYSICIAN GROUP INC
KAPIOS LLC 2865 N REYNOLDS RD TOLEDO, OH 43615 81-2624635	SOFTWARE DEVELOPMENT	OH	90,319	0	PROMEDICA HEALTH SYSTEM INC
PROMEDICA NATURAL WELLNESS LLC 100 MADISON AVE TOLEDO, OH 43604 82-1587026	NATURAL WELLNESS PRODUCTS	OH	0	16,500	PROMEDICA HEALTH SYSTEM INC
ANCILLARY SERVICES MANAGEMENT LLC 333 N SUMMIT ST TOLEDO, OH 43604 34-1636874	MEDICAL SUPPLIES	OH	0	0	HCR HEALTHCARE LLC
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
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
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
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
HCR CANTERBURY VILLAGE LLC 333 N SUMMIT ST TOLEDO, OH 43604 38-2032536	SKILLED NURSING FACILITY	DE	0	0	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
HCR HEALTHCARE LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624435	HOLDING COMPANY	DE	0	0	HCR MANORCARE INC
HCR II HEALTHCARE LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-1250342	HOLDING COMPANY	DE	0	0	HCR HEALTHCARE LLC
HCR III HEALTHCARE LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624411	HOLDING COMPANY	DE	0	0	HCR II HEALTHCARE LLC
HCR IV HEALTHCARE LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-1283803	HOLDING COMPANY	DE	0	0	HCR III HEALTHCARE LLC
HEARTLAND CARE LLC 333 N SUMMIT ST TOLEDO, OH 43604 32-0091717	HOLDING COMPANY	OH	0	0	HCR MANOR CARE SERVICES LLC
HEARTLAND EMPLOYMENT SERVICES LLC 333 N SUMMIT ST TOLEDO, OH 43604 34-1903270	EMPLOYMENT SERVICES	OH	0	0	HCR HEALTHCARE LLC
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
MANOR CARE AVIATION LLC 333 N SUMMIT ST TOLEDO, OH 43604 52-1462072	AVIATION	DE	0	0	HCR HEALTHCARE LLC
MANOR CARE OF DELAWARE COUNTY LLC 333 N SUMMIT ST TOLEDO, OH 43604 52-1916053	HOLDING COMPANY	DE	0	0	HCR HEALTHCARE LLC
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
MANOR CARE OF WINTER PARK FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 36-2899194	SKILLED NURSING FACILITY	DE	30,065	52,974	WINTER PARK NURSING CENTER LLC
MANOR CARE SUPPLY LLC 333 N SUMMIT ST TOLEDO, OH 43604 52-2055097	PURCHASING COMPANY	DE	0	0	HCR HEALTHCARE LLC
MANORCARE HEALTH SERVICES OF OKLAHOMA LLC 333 N SUMMIT ST TOLEDO, OH 43604 52-2055078	HOLDING COMPANY	DE	0	0	HCR HEALTHCARE LLC
MANORCARE HEALTH SERVICES OF TOLEDO OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 90-0904333	HOLDING COMPANY	DE	0	0	HCR HEALTHCARE LLC
PROMEDICA OF ADRIAN MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 38-3985660	SKILLED NURSING FACILITY	DE	0	174,888	MANORCARE HEALTH SERVICES OF TOLEDO OH LLC
PROMEDICA OF SYLVANIA OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 61-1771805	SKILLED NURSING FACILITY	DE	2,398,322	2,980,176	MANORCARE HEALTH SERVICES OF TOLEDO OH LLC
REHABILITATION ADMINISTRATION LLC 333 N SUMMIT ST TOLEDO, OH 43604 61-1295825	REHABILITATION SERVICES	DE	0	0	HEARTLAND REHABILITATION SERVICES LLC
SPRINGHOUSE OF BETHESDA MD LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622235	ASSISTED LIVING FACILITY	DE	0	0	HCR III HEALTHCARE LLC
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
WINTER PARK NURSING CENTER LLC 333 N SUMMIT ST TOLEDO, OH 43604 37-1019107	HOLDING COMPANY	DE	0	0	MANORCARE HEALTH 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
AMERICAN REHABILITATION GROUP LLC 333 N SUMMIT ST TOLEDO, OH 43604 61-1284533	OUTPATIENT REHABILITATION	DE	839,878	68,000	REHABILITATION ADMINISTRATION LLC
HCR HOME HEALTH CARE AND HOSPICE LLC 333 N SUMMIT ST TOLEDO, OH 43604 34-1787978	HOLDING COMPANY	OH	0	0	HCR HEALTHCARE LLC
HCR MANOR CARE SERVICES OF FLORIDA III LLC 333 N SUMMIT ST TOLEDO, OH 43604 45-2507279	HOSPICE SERVICE	FL	15,832,514	0	HCR HOME HEALTH CARE AND HOSPICE LLC
HCR MANOR CARE SERVICES OF FLORIDA LLC 333 N SUMMIT ST TOLEDO, OH 43604 74-3193136	HOSPICE SERVICE	FL	6,785,299	621,242	HCR HOME HEALTH CARE AND HOSPICE LLC
HCR MANOR CARE SERVICES LLC 333 N SUMMIT ST TOLEDO, OH 43604 34-1838217	ADMINISTRATIVE SERVICES	OH	1,572,282	201,035,602	HCR HEALTHCARE LLC
HCR MANORCARE MEDICAL SERVICES OF FLORIDA LLC 333 N SUMMIT ST TOLEDO, OH 43604 65-0666550	OUTPATIENT REHABILITATION	FL	19,614,832	2,014,379	HEARTLAND REHABILITATION SERVICES LLC
HEALTH CARE AND RETIREMENT CORPORATION OF AMERICA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-1305723	SKILLED NURSING FACILITY	DE	27,125,758	11,632,269	HCR HEALTHCARE LLC
HEARTLAND HOME CARE LLC 333 N SUMMIT ST TOLEDO, OH 43604 34-1787895	HOME HEALTH CARE SERVICE	OH	29,609,446	4,669,269	HEARTLAND REHABILITATION SERVICES LLC
HEARTLAND HOME HEALTH CARE SERVICES LLC 333 N SUMMIT ST TOLEDO, OH 43604 34-1787967	HOME HEALTH CARE SERVICE	OH	2,431,094	536,691	HCR HOME HEALTH CARE AND HOSPICE LLC
HEARTLAND HOSPICE SERVICES LLC 333 N SUMMIT ST TOLEDO, OH 43604 34-1788398	HOSPICE SERVICE	OH	355,102,905	65,663,113	HCR HOME HEALTH CARE AND HOSPICE LLC
HEARTLAND REHABILITATION EXTENSION SERVICES LLC 333 N SUMMIT ST TOLEDO, OH 43604 81-2116419	OUTPATIENT REHABILITATION	DE	2,721,752	570,500	HEARTLAND REHABILITATION SERVICES LLC
HEARTLAND REHABILITATION SERVICES OF FLORIDA LLC 333 N SUMMIT ST TOLEDO, OH 43604 59-2504386	OUTPATIENT REHABILITATION	FL	0	0	HEARTLAND REHABILITATION SERVICES LLC
HEARTLAND REHABILITATION SERVICES OF KENTUCKY LLC 333 N SUMMIT ST TOLEDO, OH 43604 61-1301414	OUTPATIENT REHABILITATION	DE	5,214,772	429,919	REHABILITATION ADMINISTRATION LLC
HEARTLAND REHABILITATION SERVICES OF MICHIGAN LLC 333 N SUMMIT ST TOLEDO, OH 43604 30-0535129	OUTPATIENT REHABILITATION	DE	185,831	15,692	HEARTLAND REHABILITATION SERVICES LLC
HEARTLAND REHABILITATION SERVICES OF NEW JERSEY LLC 333 N SUMMIT ST TOLEDO, OH 43604 22-2137595	OUTPATIENT REHABILITATION	DE	1,965,100	257,774	HEARTLAND REHABILITATION SERVICES LLC
HEARTLAND REHABILITATION SERVICES OF OHIO LLC 333 N SUMMIT ST TOLEDO, OH 43604 34-1479648	OUTPATIENT REHABILITATION	OH	2,096,295	181,802	HEARTLAND REHABILITATION SERVICES LLC
HEARTLAND REHABILITATION SERVICES OF VIRGINIA LLC 333 N SUMMIT ST TOLEDO, OH 43604 54-1508699	OUTPATIENT REHABILITATION	DE	13,680,736	1,598,193	HEARTLAND REHABILITATION SERVICES LLC
HEARTLAND REHABILITATION SERVICES LLC 333 N SUMMIT ST TOLEDO, OH 43604 34-1280619	OUTPATIENT REHABILITATION	OH	2,374,070	362,463	HCR HEALTHCARE LLC
HEARTLAND SERVICES LLC 333 N SUMMIT ST TOLEDO, OH 43604 34-1760503	HOLDING COMPANY	OH	0	28,847,119	HCR HEALTHCARE LLC
HEARTLAND THERAPY PROVIDER NETWORK LLC 333 N SUMMIT ST TOLEDO, OH 43604 37-1027432	OUTPATIENT REHABILITATION	DE	377,794	75,846	HCR HEALTHCARE LLC

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IN HOME HEALTH LLC 333 N SUMMIT ST TOLEDO, OH 43604 41-1458213	HOME HEALTH CARE SERVICE	MN	221,483,544	22,798,793	MANORCARE HEALTH SERVICES LLC
INDUSTRIAL WASTES LLC 333 N SUMMIT ST TOLEDO, OH 43604 25-1457630	REAL ESTATE	DE	0	477,790	HCR HEALTHCARE LLC
MANOR CARE OF LACEY WA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624391	SKILLED NURSING FACILITY	DE	9,884,874	2,627,300	MANORCARE HEALTH SERVICES LLC
MANOR CARE OF SALMON CREEK WA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624375	SKILLED NURSING FACILITY	DE	12,619,842	2,686,332	MANORCARE HEALTH SERVICES LLC
MANORCARE HEALTH SERVICES LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-1305666	SKILLED NURSING FACILITY	DE	67,059,139	30,895,335	HCR HEALTHCARE LLC
MILESTONE HEALTHCARE LLC 333 N SUMMIT ST TOLEDO, OH 43604 75-2592398	MEDICAL STAFFING	DE	23,135,833	3,997,062	HEARTLAND REHABILITATION SERVICES LLC
PORTFOLIO ONE LLC 333 N SUMMIT ST TOLEDO, OH 43604 22-1604502	SKILLED NURSING FACILITY	OH	14,118,573	1,956,181	HCR HEALTHCARE LLC
ARDEN COURTS OF AKRON OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623857	ASSISTED LIVING FACILITY	DE	2,113,027	361,591	HCR IV HEALTHCARE LLC
ARDEN COURTS OF ALLENTOWN PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623965	ASSISTED LIVING FACILITY	DE	3,667,410	281,390	HCR III HEALTHCARE LLC
ARDEN COURTS OF ANNANDALE VA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624314	ASSISTED LIVING FACILITY	DE	4,748,932	278,762	HCR IV HEALTHCARE LLC
ARDEN COURTS OF AUSTIN TX LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624145	ASSISTED LIVING FACILITY	DE	2,717,343	91,462	HCR IV HEALTHCARE LLC
ARDEN COURTS OF AVON CT LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625113	ASSISTED LIVING FACILITY	DE	2,383,088	329,371	HCR III HEALTHCARE LLC
ARDEN COURTS OF BINGHAM FARMS MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622828	ASSISTED LIVING FACILITY	DE	2,919,042	196,624	HCR IV HEALTHCARE LLC
ARDEN COURTS OF CHERRY HILL NJ LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623009	ASSISTED LIVING FACILITY	DE	3,879,658	338,171	HCR III HEALTHCARE LLC
ARDEN COURTS OF DELRAY BEACH FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625237	ASSISTED LIVING FACILITY	DE	3,995,276	457,193	HCR III HEALTHCARE LLC
ARDEN COURTS OF ELK GROVE VILLAGE IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625405	ASSISTED LIVING FACILITY	DE	3,043,600	166,574	HCR IV HEALTHCARE LLC
ARDEN COURTS OF FARMINGTON CT LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625092	ASSISTED LIVING FACILITY	DE	4,542,685	237,268	HCR III HEALTHCARE LLC
ARDEN COURTS OF FT MYERS FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625314	ASSISTED LIVING FACILITY	DE	3,040,654	518,258	HCR III HEALTHCARE LLC
ARDEN COURTS OF GENEVA IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625428	ASSISTED LIVING FACILITY	DE	4,229,289	222,812	HCR IV HEALTHCARE LLC
ARDEN COURTS OF GLEN ELLYN IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625418	ASSISTED LIVING FACILITY	DE	1,797,438	317,967	HCR IV HEALTHCARE LLC

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ARDEN COURTS OF JEFFERSON HILLS PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624075	ASSISTED LIVING FACILITY	DE	4,068,113	321,284	HCR III HEALTHCARE LLC
ARDEN COURTS OF KENSINGTON MD LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622568	ASSISTED LIVING FACILITY	DE	5,744,260	347,352	HCR III HEALTHCARE LLC
ARDEN COURTS OF KENWOOD OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623245	ASSISTED LIVING FACILITY	DE	2,752,330	289,455	HCR IV HEALTHCARE LLC
ARDEN COURTS OF KING OF PRUSSIA PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624032	ASSISTED LIVING FACILITY	DE	3,968,944	396,047	HCR III HEALTHCARE LLC
ARDEN COURTS OF LARGO FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625141	ASSISTED LIVING FACILITY	DE	3,570,405	493,177	HCR III HEALTHCARE LLC
ARDEN COURTS OF LIVONIA MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622866	ASSISTED LIVING FACILITY	DE	3,793,905	252,415	HCR IV HEALTHCARE LLC
ARDEN COURTS OF MONROEVILLE PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623898	ASSISTED LIVING FACILITY	DE	3,986,225	297,560	HCR III HEALTHCARE LLC
ARDEN COURTS OF NORTHBROOK IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625378	ASSISTED LIVING FACILITY	DE	4,074,284	90,998	HCR IV HEALTHCARE LLC
ARDEN COURTS OF PALM HARBOR FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625222	ASSISTED LIVING FACILITY	DE	4,233,976	429,556	HCR III HEALTHCARE LLC
ARDEN COURTS OF PALOS HEIGHTS IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625390	ASSISTED LIVING FACILITY	DE	3,975,584	323,892	HCR IV HEALTHCARE LLC
ARDEN COURTS OF PARMA OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623801	ASSISTED LIVING FACILITY	DE	3,985,002	212,366	HCR IV HEALTHCARE LLC
ARDEN COURTS OF PIKESVILLE MD LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622121	ASSISTED LIVING FACILITY	DE	4,392,566	308,182	HCR III HEALTHCARE LLC
ARDEN COURTS OF POTOMAC MD LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622198	ASSISTED LIVING FACILITY	DE	3,578,434	529,765	HCR III HEALTHCARE LLC
ARDEN COURTS OF RICHARDSON TX LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624214	ASSISTED LIVING FACILITY	DE	3,959,768	252,306	HCR IV HEALTHCARE LLC
ARDEN COURTS OF SAN ANTONIO TX LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624189	ASSISTED LIVING FACILITY	DE	3,448,046	254,006	HCR IV HEALTHCARE LLC
ARDEN COURTS OF SARASOTA FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625246	ASSISTED LIVING FACILITY	DE	2,913,686	341,999	HCR III HEALTHCARE LLC
ARDEN COURTS OF SEMINOLE FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625266	ASSISTED LIVING FACILITY	DE	3,734,618	546,008	HCR III HEALTHCARE LLC
ARDEN COURTS OF SILVER SPRING MD LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622164	ASSISTED LIVING FACILITY	DE	4,566,743	221,892	HCR III HEALTHCARE LLC
ARDEN COURTS OF SOUTH HOLLAND IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622045	ASSISTED LIVING FACILITY	DE	3,018,882	115,258	HCR IV HEALTHCARE LLC
ARDEN COURTS OF STERLING HEIGHTS MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622772	ASSISTED LIVING FACILITY	DE	2,755,822	177,315	HCR IV HEALTHCARE LLC

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ARDEN COURTS OF TAMPA FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625330	ASSISTED LIVING FACILITY	DE	3,686,680	438,736	HCR III HEALTHCARE LLC
ARDEN COURTS OF TOWSON MD LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622661	ASSISTED LIVING FACILITY	DE	3,577,536	352,337	HCR III HEALTHCARE LLC
ARDEN COURTS OF W ORANGE NJ LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622938	ASSISTED LIVING FACILITY	DE	5,660,548	280,085	HCR III HEALTHCARE LLC
ARDEN COURTS OF W PALM BEACH FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625258	ASSISTED LIVING FACILITY	DE	3,609,989	586,494	HCR III HEALTHCARE LLC
ARDEN COURTS OF WAYNE NJ LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622912	ASSISTED LIVING FACILITY	DE	4,621,330	377,228	HCR III HEALTHCARE LLC
ARDEN COURTS OF WESTLAKE OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623289	ASSISTED LIVING FACILITY	DE	4,663,905	247,315	HCR IV HEALTHCARE LLC
ARDEN COURTS OF WILMINGTON DE LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625127	ASSISTED LIVING FACILITY	DE	4,726,495	393,877	HCR III HEALTHCARE LLC
ARDEN COURTS OF WINTER SPRINGS FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625340	ASSISTED LIVING FACILITY	DE	4,331,958	525,670	HCR III HEALTHCARE LLC
ARDEN COURTS OF YARDLEY PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623944	ASSISTED LIVING FACILITY	DE	5,274,145	367,262	HCR III HEALTHCARE LLC
ARDEN COURTS-ANDERSON OF CINCINNATI OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623677	ASSISTED LIVING FACILITY	DE	3,808,990	365,003	HCR IV HEALTHCARE LLC
ARDEN COURTS-BAINBRIDGE OF CHAGRIN FALLS OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623202	ASSISTED LIVING FACILITY	DE	5,242,728	251,147	HCR IV HEALTHCARE LLC
ARDEN COURTS-FAIR OAKS OF FAIRFAX VA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624353	ASSISTED LIVING FACILITY	DE	4,901,722	115,266	HCR IV HEALTHCARE LLC
ARDEN COURTS-LELY PALMS OF NAPLES FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625279	ASSISTED LIVING FACILITY	DE	3,135,725	501,365	HCR III HEALTHCARE LLC
ARDEN COURTS-NORTH HILLS OF PITTSBURGH PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623920	ASSISTED LIVING FACILITY	DE	3,750,857	272,383	HCR III HEALTHCARE LLC
ARDEN COURTS-SUSQUEHANNA OF HARRISBURG PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624065	ASSISTED LIVING FACILITY	DE	4,134,524	355,633	HCR III HEALTHCARE LLC
ARDEN COURTS-WARMINSTER OF HATBORO PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623869	ASSISTED LIVING FACILITY	DE	3,648,518	242,311	HCR III HEALTHCARE LLC
ARDEN COURTS OF WHIPPANY NJ LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623155	ASSISTED LIVING FACILITY	DE	3,767,702	517,701	HCR III HEALTHCARE LLC
CHRISTOPHER EAST HEALTH CARE CENTER OF LOUISVILLE KY LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0619900	SKILLED NURSING FACILITY	DE	-6,097	0	HCR IV HEALTHCARE LLC
COLUMBIA REHABILITATION AND NURSING CENTER-COLUMBIA SC LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623408	OUTPATIENT REHABILITATION	DE	9,757,653	2,006,730	HCR III HEALTHCARE LLC
DEVON MANOR-DEVON PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622826	SKILLED NURSING FACILITY	DE	-45,972	0	HCR III HEALTHCARE LLC

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DONAHOE MANOR-BEDFORD PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623108	SKILLED NURSING FACILITY	DE	6,269,264	790,799	HCR III HEALTHCARE LLC
FOSTRIAN COURTS ASSISTED LIVING-FLUSHING MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622894	SKILLED NURSING FACILITY	DE	1,271,278	91,564	HCR IV HEALTHCARE LLC
HAMPTON HOUSE-WILKES-BARRE PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0610244	SKILLED NURSING FACILITY	DE	8,094,538	1,577,029	HCR III HEALTHCARE LLC
HEARTLAND OF BOYNTON BEACH FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623523	SKILLED NURSING FACILITY	DE	10,695,010	1,407,882	HCR III HEALTHCARE LLC
HEARTLAND OF ADELPHI MD LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0620015	SKILLED NURSING FACILITY	DE	13,709,635	2,641,097	HCR III HEALTHCARE LLC
HEARTLAND OF ALLEN PARK MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0611286	SKILLED NURSING FACILITY	DE	15,447,064	2,641,572	HCR IV HEALTHCARE LLC
HEARTLAND OF ANN ARBOR MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0612384	SKILLED NURSING FACILITY	DE	17,770,633	2,836,128	HCR IV HEALTHCARE LLC
HEARTLAND OF AUSTIN TX LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624533	SKILLED NURSING FACILITY	DE	-32,639	61,022	HCR IV HEALTHCARE LLC
HEARTLAND OF BATTLE CREEK MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0612206	SKILLED NURSING FACILITY	DE	5,697,388	989,172	HCR IV HEALTHCARE LLC
HEARTLAND OF BECKLEY WV LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625053	SKILLED NURSING FACILITY	DE	118,456	0	HCR IV HEALTHCARE LLC
HEARTLAND OF BEDFORD TX LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624511	SKILLED NURSING FACILITY	DE	2,529	0	HCR IV HEALTHCARE LLC
HEARTLAND OF BELLEFONTAINE OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609497	SKILLED NURSING FACILITY	DE	-11,307	188,301	HCR IV HEALTHCARE LLC
HEARTLAND OF BOCA RATON FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623949	SKILLED NURSING FACILITY	DE	11,996,079	1,906,578	HCR III HEALTHCARE LLC
HEARTLAND OF BROOKSVILLE FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623416	SKILLED NURSING FACILITY	DE	48,498	0	HCR III HEALTHCARE LLC
HEARTLAND OF BUCYRUS OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0614610	SKILLED NURSING FACILITY	DE	5,922,615	755,745	HCR IV HEALTHCARE LLC
HEARTLAND OF CANTON IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0604153	SKILLED NURSING FACILITY	DE	-17,700	0	HCR IV HEALTHCARE LLC
HEARTLAND OF CANTON MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0620527	SKILLED NURSING FACILITY	DE	18,802,025	2,622,394	HCR IV HEALTHCARE LLC
HEARTLAND OF CENTERBURG OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0614447	SKILLED NURSING FACILITY	DE	7,857	0	HCR IV HEALTHCARE LLC
HEARTLAND OF CENTERVILLE OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609683	SKILLED NURSING FACILITY	DE	8,536,549	1,452,701	HCR IV HEALTHCARE LLC
HEARTLAND OF CHAMPAIGN IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0615806	SKILLED NURSING FACILITY	DE	10,810	0	HCR IV HEALTHCARE LLC

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HEARTLAND OF CHILLICOTHE OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609311	SKILLED NURSING FACILITY	DE	8,583,778	1,206,966	HCR IV HEALTHCARE LLC
HEARTLAND OF CLARKSBURG WV LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625029	SKILLED NURSING FACILITY	DE	120,062	0	HCR IV HEALTHCARE LLC
HEARTLAND OF DEARBORN HEIGHTS MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0611231	SKILLED NURSING FACILITY	DE	13,677,339	1,617,969	HCR IV HEALTHCARE LLC
HEARTLAND OF DECATUR IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0615541	SKILLED NURSING FACILITY	DE	-5,854	0	HCR IV HEALTHCARE LLC
HEARTLAND OF EATON OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609364	SKILLED NURSING FACILITY	DE	-1,000	0	HCR IV HEALTHCARE LLC
HEARTLAND OF FORT MYERS FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623726	SKILLED NURSING FACILITY	DE	12,721,275	1,304,802	HCR III HEALTHCARE LLC
HEARTLAND OF GALESBURG IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624455	SKILLED NURSING FACILITY	DE	6,210,367	657,107	HCR IV HEALTHCARE LLC
HEARTLAND OF GRAND RAPIDS MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0611403	SKILLED NURSING FACILITY	DE	-3,791	189,804	HCR IV HEALTHCARE LLC
HEARTLAND OF GREENVILLE OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0614250	SKILLED NURSING FACILITY	DE	12,525	16,206	HCR IV HEALTHCARE LLC
HEARTLAND OF HENRY IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0614845	SKILLED NURSING FACILITY	DE	5,973,172	788,083	HCR IV HEALTHCARE LLC
HEARTLAND OF HILLSBORO OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609351	SKILLED NURSING FACILITY	DE	7,580,309	1,075,801	HCR IV HEALTHCARE LLC
HEARTLAND OF HOLLAND MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0611679	SKILLED NURSING FACILITY	DE	-13,554	9,486	HCR IV HEALTHCARE LLC
HEARTLAND OF HYATTSVILLE MD LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0619980	SKILLED NURSING FACILITY	DE	13,108,975	2,167,005	HCR III HEALTHCARE LLC
HEARTLAND OF IONIA MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0611974	SKILLED NURSING FACILITY	DE	-11,467	143,186	HCR IV HEALTHCARE LLC
HEARTLAND OF JACKSON MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0611756	SKILLED NURSING FACILITY	DE	-17,543	0	HCR IV HEALTHCARE LLC
HEARTLAND OF JACKSON OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0614303	SKILLED NURSING FACILITY	DE	-34,816	39,736	HCR IV HEALTHCARE LLC
HEARTLAND OF JACKSONVILLE FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623590	SKILLED NURSING FACILITY	DE	10,323,308	2,095,666	HCR III HEALTHCARE LLC
HEARTLAND OF KALAMAZOO MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0612121	SKILLED NURSING FACILITY	DE	-18,820	0	HCR IV HEALTHCARE LLC
HEARTLAND OF KENDALL FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623392	SKILLED NURSING FACILITY	DE	8,527	60,793	HCR III HEALTHCARE LLC
HEARTLAND OF KETTERING OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609231	SKILLED NURSING FACILITY	DE	8,990,299	1,163,490	HCR IV HEALTHCARE LLC

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HEARTLAND OF KEYSER WV LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624987	SKILLED NURSING FACILITY	DE	123,233	0	HCR IV HEALTHCARE LLC
HEARTLAND OF LAUDERHILL FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623998	SKILLED NURSING FACILITY	DE	-141	63,888	HCR III HEALTHCARE LLC
HEARTLAND OF MACOMB IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624476	SKILLED NURSING FACILITY	DE	5,621,754	843,565	HCR IV HEALTHCARE LLC
HEARTLAND OF MADEIRA OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609604	SKILLED NURSING FACILITY	DE	-10,238	0	HCR IV HEALTHCARE LLC
HEARTLAND OF MARIETTA OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609259	SKILLED NURSING FACILITY	DE	6,990,028	1,078,593	HCR IV HEALTHCARE LLC
HEARTLAND OF MARION OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0613105	SKILLED NURSING FACILITY	DE	11,835,994	1,269,108	HCR IV HEALTHCARE LLC
HEARTLAND OF MARTINSBURG WV LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625081	SKILLED NURSING FACILITY	DE	220,614	0	HCR IV HEALTHCARE LLC
HEARTLAND OF MARYSVILLE OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609393	SKILLED NURSING FACILITY	DE	-17,681	0	HCR IV HEALTHCARE LLC
HEARTLAND OF MENTOR OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0610122	SKILLED NURSING FACILITY	DE	10,904,511	1,932,624	HCR IV HEALTHCARE LLC
HEARTLAND OF MIAMISBURG OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0794075	SKILLED NURSING FACILITY	DE	8,341,817	1,600,311	HCR IV HEALTHCARE LLC
HEARTLAND OF MOLINE IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624491	SKILLED NURSING FACILITY	DE	11,412,256	1,345,365	HCR IV HEALTHCARE LLC
HEARTLAND OF NORMAL IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0615386	SKILLED NURSING FACILITY	DE	33,202	0	HCR IV HEALTHCARE LLC
HEARTLAND OF ORANGE PARK FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623613	SKILLED NURSING FACILITY	DE	11,423,803	1,864,388	HCR III HEALTHCARE LLC
HEARTLAND OF OREGON OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609590	SKILLED NURSING FACILITY	DE	-65,791	114,662	HCR IV HEALTHCARE LLC
HEARTLAND OF PAXTON IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0614884	SKILLED NURSING FACILITY	DE	28,857	0	HCR IV HEALTHCARE LLC
HEARTLAND OF PEORIA IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0615478	SKILLED NURSING FACILITY	DE	10,931	0	HCR IV HEALTHCARE LLC
HEARTLAND OF PERRYSBURG OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609189	SKILLED NURSING FACILITY	DE	10,392,751	1,645,063	HCR IV HEALTHCARE LLC
HEARTLAND OF PIQUA OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609466	SKILLED NURSING FACILITY	DE	-16,194	3,564	HCR IV HEALTHCARE LLC
HEARTLAND OF PITTSBURGH PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0610260	SKILLED NURSING FACILITY	DE	15,031,984	2,582,481	HCR III HEALTHCARE LLC
HEARTLAND OF PLATTEVILLE WI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624818	SKILLED NURSING FACILITY	DE	27,923	0	HCR III HEALTHCARE LLC

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HEARTLAND OF PORTSMOUTH OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609290	SKILLED NURSING FACILITY	DE	-5,833	21,537	HCR IV HEALTHCARE LLC
HEARTLAND OF RAINELLE WV LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625009	SKILLED NURSING FACILITY	DE	83,656	0	HCR IV HEALTHCARE LLC
HEARTLAND OF SAGINAW MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0612275	SKILLED NURSING FACILITY	DE	-7,539	0	HCR IV HEALTHCARE LLC
HEARTLAND OF SAN ANTONIO TX LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623701	SKILLED NURSING FACILITY	DE	2,787	8,228	HCR IV HEALTHCARE LLC
HEARTLAND OF SARASOTA FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623968	SKILLED NURSING FACILITY	DE	13,523,040	2,001,772	HCR III HEALTHCARE LLC
HEARTLAND OF SPRINGFIELD OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609416	SKILLED NURSING FACILITY	DE	30,909	0	HCR IV HEALTHCARE LLC
HEARTLAND OF TAMARAC FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623500	SKILLED NURSING FACILITY	DE	-6,631	83,229	HCR III HEALTHCARE LLC
HEARTLAND OF THREE RIVERS MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0612325	SKILLED NURSING FACILITY	DE	7,685,198	898,843	HCR IV HEALTHCARE LLC
HEARTLAND OF URBANA OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0614353	SKILLED NURSING FACILITY	DE	-14,888	0	HCR IV HEALTHCARE LLC
HEARTLAND OF WEST BLOOMFIELD MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0611547	SKILLED NURSING FACILITY	DE	-11,585	202,831	HCR IV HEALTHCARE LLC
HEARTLAND OF WATERVILLE OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609511	SKILLED NURSING FACILITY	DE	-25,116	0	HCR IV HEALTHCARE LLC
HEARTLAND OF WAUSEON OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0614568	SKILLED NURSING FACILITY	DE	-30,037	21,809	HCR IV HEALTHCARE LLC
HEARTLAND OF WEST HOUSTON TX LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623684	SKILLED NURSING FACILITY	DE	-18,779	0	HCR IV HEALTHCARE LLC
HEARTLAND OF WHITEHALL MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0612438	SKILLED NURSING FACILITY	DE	-4,160	0	HCR IV HEALTHCARE LLC
HEARTLAND OF ZEPHYRHILLS FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623476	SKILLED NURSING FACILITY	DE	10,716,076	1,447,936	HCR III HEALTHCARE LLC
HEARTLAND VILLAGE OF WESTERVILLE OH (NC) LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609323	SKILLED NURSING FACILITY	DE	11,376,510	1,729,776	HCR IV HEALTHCARE LLC
HEARTLAND VILLAGE OF WESTERVILLE OH (RC) LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609337	SKILLED NURSING FACILITY	DE	3,837,889	355,292	HCR IV HEALTHCARE LLC
HEARTLAND-BEAVERCREEK OF DAYTON OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609445	SKILLED NURSING FACILITY	DE	9,023,514	1,544,690	HCR IV HEALTHCARE LLC
HEARTLAND-BRIARWOOD MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0611711	SKILLED NURSING FACILITY	DE	12,248,269	2,268,699	HCR IV HEALTHCARE LLC
HEARTLAND-CHARLESTON OF HANAHAN SC LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623167	SKILLED NURSING FACILITY	DE	10,552,237	4,205,348	HCR III HEALTHCARE LLC

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HEARTLAND-CRESTVIEW MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0611487	SKILLED NURSING FACILITY	DE	-13,044	0	HCR IV HEALTHCARE LLC
HEARTLAND-DORVIN OF LIVONIA MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0611095	SKILLED NURSING FACILITY	DE	49,167	138,696	HCR IV HEALTHCARE LLC
HEARTLAND-FAIRFIELD OF PLEASANTVILLE OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0613145	SKILLED NURSING FACILITY	DE	16,084	0	HCR IV HEALTHCARE LLC
HEARTLAND-FOSTRIAN OF FLUSHING MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0611818	SKILLED NURSING FACILITY	DE	11,688,819	1,553,631	HCR IV HEALTHCARE LLC
HEARTLAND-GEORGIAN BLOOMFIELD OF BLOOMFIELD HILLS MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0611630	SKILLED NURSING FACILITY	DE	-30,428	0	HCR IV HEALTHCARE LLC
HEARTLAND-GEORGIAN EAST OF GROSSE POINTE MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0611334	SKILLED NURSING FACILITY	DE	10,490,002	1,813,169	HCR IV HEALTHCARE LLC
HEARTLAND-GREENVIEW MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0611920	SKILLED NURSING FACILITY	DE	-31,937	200,852	HCR IV HEALTHCARE LLC
HEARTLAND-HAMPTON OF BAY CITY MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0611865	SKILLED NURSING FACILITY	DE	5,630,888	696,126	HCR IV HEALTHCARE LLC
HEARTLAND-HOLLY GLEN OF TOLEDO OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0614404	SKILLED NURSING FACILITY	DE	-18,232	0	HCR IV HEALTHCARE LLC
HEARTLAND-INDIAN LAKE OF LAKEVIEW OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0614489	SKILLED NURSING FACILITY	DE	-17,359	0	HCR IV HEALTHCARE LLC
HEARTLAND-KNOLLVIEW MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0612021	SKILLED NURSING FACILITY	DE	-9,417	73,366	HCR IV HEALTHCARE LLC
HEARTLAND-LANSING OF BRIDGEPORT OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609376	SKILLED NURSING FACILITY	DE	10,997	0	HCR IV HEALTHCARE LLC
HEARTLAND-MIAMI LAKES OF HIALEAH FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623652	SKILLED NURSING FACILITY	DE	-6,347	78,524	HCR III HEALTHCARE LLC
HEARTLAND-MT AIRY OF CINCINNATI OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0610060	SKILLED NURSING FACILITY	DE	119,560	0	HCR IV HEALTHCARE LLC
HEARTLAND-OAKLAND MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0620480	SKILLED NURSING FACILITY	DE	20,107,372	3,016,102	HCR IV HEALTHCARE LLC
HEARTLAND-PEWAUKEE OF WAUKESHA WI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624873	SKILLED NURSING FACILITY	DE	-3,928	0	HCR III HEALTHCARE LLC
HEARTLAND-PLYMOUTH COURT MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0610995	SKILLED NURSING FACILITY	DE	-24,092	355,371	HCR IV HEALTHCARE LLC
HEARTLAND-PRESTON COUNTY OF KINGWOOD WV LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625067	SKILLED NURSING FACILITY	DE	118,798	0	HCR IV HEALTHCARE LLC
HEARTLAND-PRESTWICK IN LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0619176	SKILLED NURSING FACILITY	DE	1,022	0	HCR IV HEALTHCARE LLC
HEARTLAND-PROSPERITY OAKS OF PALM BEACH GARDENS FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623909	SKILLED NURSING FACILITY	DE	11,528,091	1,545,349	HCR III HEALTHCARE LLC

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HEARTLAND-RIVERVIEW OF EAST PEORIA IL (SNF) LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0619009	ASSISTED LIVING FACILITY	DE	-38,572	0	HCR IV HEALTHCARE LLC
HEARTLAND-RIVERVIEW OF SOUTH POINT OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609484	SKILLED NURSING FACILITY	DE	9,049,419	1,076,416	HCR IV HEALTHCARE LLC
HEARTLAND-SOUTH JACKSONVILLE OF JACKSONVILLE FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623559	SKILLED NURSING FACILITY	DE	10,647,447	1,946,831	HCR III HEALTHCARE LLC
HEARTLAND-UNIVERSITY OF LIVONIA MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0611184	SKILLED NURSING FACILITY	DE	10,651,153	1,341,459	HCR IV HEALTHCARE LLC
HEARTLAND-VICTORIAN VILLAGE OF COLUMBUS OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609432	SKILLED NURSING FACILITY	DE	199,492	0	HCR IV HEALTHCARE LLC
HEARTLAND-WASHINGTON MANOR OF KENOSHA WI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624859	SKILLED NURSING FACILITY	DE	-28,830	0	HCR III HEALTHCARE LLC
HEARTLAND-WILLOW LANE OF BUTLER MO LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0612474	SKILLED NURSING FACILITY	DE	-19,659	0	HCR III HEALTHCARE LLC
HEARTLAND-WILLOWBROOK OF HOUSTON TX LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624408	SKILLED NURSING FACILITY	DE	-67,256	0	HCR IV HEALTHCARE LLC
HEARTLAND-WOODRIDGE OF FAIRFIELD OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609646	SKILLED NURSING FACILITY	DE	96,853	0	HCR IV HEALTHCARE LLC
HOLIDAY NURSING CENTER-CENTER TX LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624488	SKILLED NURSING FACILITY	DE	-20,680	0	HCR IV HEALTHCARE LLC
KENSINGTON MANOR-SARASOTA FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623931	SKILLED NURSING FACILITY	DE	7,862,640	1,195,912	HCR III HEALTHCARE LLC
LEXINGTON REHABILITATION AND NURSING CENTER-LEXINGTON SC LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623428	OUTPATIENT REHABILITATION	DE	28,635	0	HCR III HEALTHCARE LLC
MANOR CARE OF FOUNTAIN VALLEY CA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622988	SKILLED NURSING FACILITY	DE	18,871,502	2,541,021	HCR IV HEALTHCARE LLC
MANOR CARE NURSING CENTER OF SARASOTA FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624159	SKILLED NURSING FACILITY	DE	15,615,163	1,622,118	HCR III HEALTHCARE LLC
MANOR CARE OF ABERDEEN SD LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623462	SKILLED NURSING FACILITY	DE	-3,654	0	HCR IV HEALTHCARE LLC
MANOR CARE OF AKRON OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0610034	SKILLED NURSING FACILITY	DE	-22,438	0	HCR IV HEALTHCARE LLC
MANOR CARE OF ALEXANDRIA VA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624590	SKILLED NURSING FACILITY	DE	9,394,445	1,935,437	HCR IV HEALTHCARE LLC
MANOR CARE OF ALLENTOWN PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0610673	SKILLED NURSING FACILITY	DE	13,409,754	2,413,335	HCR III HEALTHCARE LLC
MANOR CARE OF ANDERSON IN LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0619221	SKILLED NURSING FACILITY	DE	-15,276	0	HCR IV HEALTHCARE LLC
MANOR CARE OF ARLINGTON VA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624619	SKILLED NURSING FACILITY	DE	15,469,921	2,786,514	HCR IV HEALTHCARE LLC

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MANOR CARE OF BARBERTON OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609528	SKILLED NURSING FACILITY	DE	7,872,886	1,079,548	HCR IV HEALTHCARE LLC
MANOR CARE OF BETHEL PARK PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622002	SKILLED NURSING FACILITY	DE	12,881,152	1,624,316	HCR III HEALTHCARE LLC
MANOR CARE OF BETHESDA MD LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0620122	SKILLED NURSING FACILITY	DE	10,330,120	1,478,364	HCR III HEALTHCARE LLC
MANOR CARE OF BETHLEHEM PA (2021) LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0614878	SKILLED NURSING FACILITY	DE	17,584,815	3,096,341	HCR III HEALTHCARE LLC
MANOR CARE OF BETHLEHEM PA (2029) LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0621845	SKILLED NURSING FACILITY	DE	16,962,485	2,779,442	HCR III HEALTHCARE LLC
MANOR CARE OF BOCA RATON FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624217	SKILLED NURSING FACILITY	DE	16,452,200	1,951,627	HCR III HEALTHCARE LLC
MANOR CARE OF BOULDER CO LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623287	SKILLED NURSING FACILITY	DE	13,870,574	1,570,905	HCR IV HEALTHCARE LLC
MANOR CARE OF BOYNTON BEACH FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624241	SKILLED NURSING FACILITY	DE	17,193,982	2,724,196	HCR III HEALTHCARE LLC
MANOR CARE OF CAMP HILL PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623070	SKILLED NURSING FACILITY	DE	11,591,479	2,387,319	HCR III HEALTHCARE LLC
MANOR CARE OF CARLISLE PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0610623	SKILLED NURSING FACILITY	DE	12,327,406	2,175,215	HCR III HEALTHCARE LLC
MANOR CARE OF CEDAR RAPIDS IA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624378	SKILLED NURSING FACILITY	DE	8,275,998	1,108,304	HCR III HEALTHCARE LLC
MANOR CARE OF CHAMBERSBURG PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0614915	SKILLED NURSING FACILITY	DE	16,876,849	3,640,958	HCR III HEALTHCARE LLC
MANOR CARE OF CHERRY HILL NJ LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0612749	SKILLED NURSING FACILITY	DE	-54,214	0	HCR III HEALTHCARE LLC
MANOR CARE OF CHEVY CHASE MD LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0620158	SKILLED NURSING FACILITY	DE	14,602,023	1,913,664	HCR III HEALTHCARE LLC
MANOR CARE OF CITRUS HEIGHTS CA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622564	SKILLED NURSING FACILITY	DE	22,667,131	3,822,220	HCR IV HEALTHCARE LLC
MANOR CARE OF DALLAS TX LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623497	SKILLED NURSING FACILITY	DE	-46,365	0	HCR IV HEALTHCARE LLC
MANOR CARE OF DALLASTOWN PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0614534	SKILLED NURSING FACILITY	DE	16,829,723	2,739,652	HCR III HEALTHCARE LLC
MANOR CARE OF DAVENPORT IA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624394	SKILLED NURSING FACILITY	DE	6,629,094	1,000,907	HCR III HEALTHCARE LLC
MANOR CARE OF DELRAY BEACH FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624068	SKILLED NURSING FACILITY	DE	12,581,986	1,819,787	HCR III HEALTHCARE LLC
MANOR CARE OF DENVER CO LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623262	SKILLED NURSING FACILITY	DE	12,440,191	2,372,437	HCR IV HEALTHCARE LLC

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MANOR CARE OF DUBUQUE IA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624416	SKILLED NURSING FACILITY	DE	7,474,908	1,008,056	HCR III HEALTHCARE LLC
MANOR CARE OF DUNEDIN FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624190	SKILLED NURSING FACILITY	DE	13,495,689	1,540,936	HCR III HEALTHCARE LLC
MANOR CARE OF EASTON PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0621877	SKILLED NURSING FACILITY	DE	17,873,458	3,157,559	HCR III HEALTHCARE LLC
MANOR CARE OF ELGIN IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0615951	SKILLED NURSING FACILITY	DE	-4,121	0	HCR IV HEALTHCARE LLC
MANOR CARE OF ELIZABETHTOWN PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622774	SKILLED NURSING FACILITY	DE	-65,672	2,508	HCR III HEALTHCARE LLC
MANOR CARE OF ELK GROVE VILLAGE IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0618782	SKILLED NURSING FACILITY	DE	18,832,611	2,111,387	HCR IV HEALTHCARE LLC
MANOR CARE OF FARGO ND LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0612718	SKILLED NURSING FACILITY	DE	-12,026	0	HCR IV HEALTHCARE LLC
MANOR CARE OF FLORISSANT MO LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0612550	SKILLED NURSING FACILITY	DE	-454	0	HCR III HEALTHCARE LLC
MANOR CARE OF FOND DU LAC WI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624802	SKILLED NURSING FACILITY	DE	-13,264	680	HCR III HEALTHCARE LLC
MANOR CARE OF FORT WORTH TX (NRH) LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623538	SKILLED NURSING FACILITY	DE	-11,151	2,022	HCR IV HEALTHCARE LLC
MANOR CARE OF FORT WORTH TX (NW) LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623570	SKILLED NURSING FACILITY	DE	-29,662	26,214	HCR IV HEALTHCARE LLC
MANOR CARE OF FT MYERS FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624272	SKILLED NURSING FACILITY	DE	11,772,914	1,580,305	HCR III HEALTHCARE LLC
MANOR CARE OF GIG HARBOR WA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624719	SKILLED NURSING FACILITY	DE	6,002,034	1,321,571	HCR IV HEALTHCARE LLC
MANOR CARE OF GREEN BAY WI (EAST) LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624767	SKILLED NURSING FACILITY	DE	-2,606	0	HCR III HEALTHCARE LLC
MANOR CARE OF GREEN BAY WI (WEST) LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624786	SKILLED NURSING FACILITY	DE	-8,599	0	HCR III HEALTHCARE LLC
MANOR CARE OF HEMET CA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623107	SKILLED NURSING FACILITY	DE	18,428,739	3,676,624	HCR IV HEALTHCARE LLC
MANOR CARE OF HINSDALE IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0615984	SKILLED NURSING FACILITY	DE	21,677,003	4,083,716	HCR IV HEALTHCARE LLC
MANOR CARE OF HOMEWOOD IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0614920	SKILLED NURSING FACILITY	DE	13,737,797	2,238,645	HCR IV HEALTHCARE LLC
MANOR CARE OF HUNTINGDON VALLEY PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0610582	SKILLED NURSING FACILITY	DE	10,641,800	1,942,496	HCR III HEALTHCARE LLC
MANOR CARE OF INDY (SOUTH) IN LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0619623	SKILLED NURSING FACILITY	DE	9,717,744	1,567,276	HCR IV HEALTHCARE LLC

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
MANOR CARE OF JERSEY SHORE PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0614957	SKILLED NURSING FACILITY	DE	9,381,980	1,911,848	HCR III HEALTHCARE LLC
MANOR CARE OF KANKAKEE IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0615706	SKILLED NURSING FACILITY	DE	5,163	0	HCR IV HEALTHCARE LLC
MANOR CARE OF KING OF PRUSSIA PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0610645	SKILLED NURSING FACILITY	DE	14,571,983	2,121,235	HCR III HEALTHCARE LLC
MANOR CARE OF KINGSFORD MI LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0611592	SKILLED NURSING FACILITY	DE	9,779,302	1,212,621	HCR IV HEALTHCARE LLC
MANOR CARE OF KINGSTON PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0615323	SKILLED NURSING FACILITY	DE	12,666,434	1,969,241	HCR III HEALTHCARE LLC
MANOR CARE OF LANCASTER PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0621637	SKILLED NURSING FACILITY	DE	14,306,151	2,840,277	HCR III HEALTHCARE LLC
MANOR CARE OF LAURELDALE PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0615380	SKILLED NURSING FACILITY	DE	17,423,571	3,168,792	HCR III HEALTHCARE LLC
MANOR CARE OF LEBANON PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0615358	SKILLED NURSING FACILITY	DE	13,897,760	2,516,954	HCR III HEALTHCARE LLC
MANOR CARE OF LIBERTYVILLE IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0615859	SKILLED NURSING FACILITY	DE	14,016,285	1,870,846	HCR IV HEALTHCARE LLC
MANOR CARE OF LYNNWOOD WA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624675	SKILLED NURSING FACILITY	DE	9,101,466	1,881,590	HCR IV HEALTHCARE LLC
MANOR CARE OF MARIETTA GA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624336	SKILLED NURSING FACILITY	DE	14,709,218	2,120,754	HCR III HEALTHCARE LLC
MANOR CARE OF MAYFIELD HEIGHTS OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609565	SKILLED NURSING FACILITY	DE	-72,397	0	HCR IV HEALTHCARE LLC
MANOR CARE OF MCMURRAY PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0614341	SKILLED NURSING FACILITY	DE	10,877,516	1,377,221	HCR III HEALTHCARE LLC
MANOR CARE OF MIDWEST CITY OK LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0610183	SKILLED NURSING FACILITY	DE	-73,592	0	HCR III HEALTHCARE LLC
MANOR CARE OF MINOT ND LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0612693	SKILLED NURSING FACILITY	DE	-2,408	0	HCR IV HEALTHCARE LLC
MANOR CARE OF MONROEVILLE PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0614497	SKILLED NURSING FACILITY	DE	12,125,555	1,824,138	HCR III HEALTHCARE LLC
MANOR CARE OF MOUNTAINSIDE NJ LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0612791	SKILLED NURSING FACILITY	DE	13,234,450	2,255,610	HCR III HEALTHCARE LLC
MANOR CARE OF NAPERVILLE IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0615638	SKILLED NURSING FACILITY	DE	45,200	65,408	HCR IV HEALTHCARE LLC
MANOR CARE OF NAPLES FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624049	SKILLED NURSING FACILITY	DE	11,404,133	1,456,956	HCR III HEALTHCARE LLC
MANOR CARE OF NEW PROVIDENCE NJ LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0612827	SKILLED NURSING FACILITY	DE	8,556	947	HCR III HEALTHCARE LLC

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MANOR CARE OF NORTH OLMSTED OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0610082	SKILLED NURSING FACILITY	DE	106,999	61,648	HCR IV HEALTHCARE LLC
MANOR CARE OF NORTHBROOK IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0618960	SKILLED NURSING FACILITY	DE	299,714	7,186	HCR IV HEALTHCARE LLC
MANOR CARE OF OAK LAWN (EAST) IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0615929	SKILLED NURSING FACILITY	DE	14,735,039	2,422,407	HCR IV HEALTHCARE LLC
MANOR CARE OF OAK LAWN (WEST) IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0616038	SKILLED NURSING FACILITY	DE	16,616,784	3,096,362	HCR IV HEALTHCARE LLC
MANOR CARE OF OKLAHOMA CITY (SOUTHWEST) LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0610197	SKILLED NURSING FACILITY	DE	-69,124	0	HCR III HEALTHCARE LLC
MANOR CARE OF PALM DESERT CA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623221	SKILLED NURSING FACILITY	DE	19,330,871	3,484,211	HCR IV HEALTHCARE LLC
MANOR CARE OF PALM HARBOR FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624018	SKILLED NURSING FACILITY	DE	19,571,781	2,316,608	HCR III HEALTHCARE LLC
MANOR CARE OF PALOS HEIGHTS (WEST) IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0618879	SKILLED NURSING FACILITY	DE	13,294,758	1,051,299	HCR IV HEALTHCARE LLC
MANOR CARE OF PALOS HEIGHTS IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0615889	SKILLED NURSING FACILITY	DE	19,551,786	3,524,276	HCR IV HEALTHCARE LLC
MANOR CARE OF PARMA OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609661	SKILLED NURSING FACILITY	DE	11,061,792	1,547,388	HCR IV HEALTHCARE LLC
MANOR CARE OF PINEHURST NC LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0612589	SKILLED NURSING FACILITY	DE	3,596	19,871	HCR III HEALTHCARE LLC
MANOR CARE OF PLANTATION FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624255	SKILLED NURSING FACILITY	DE	-3,772	70,137	HCR III HEALTHCARE LLC
MANOR CARE OF POTOMAC MD LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0620187	SKILLED NURSING FACILITY	DE	20,144,229	2,976,525	HCR III HEALTHCARE LLC
MANOR CARE OF POTTSTOWN PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0615421	SKILLED NURSING FACILITY	DE	10,677,192	1,468,868	HCR III HEALTHCARE LLC
MANOR CARE OF POTTSVILLE PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0615453	SKILLED NURSING FACILITY	DE	9,199,555	2,001,173	HCR III HEALTHCARE LLC
MANOR CARE OF RENO NV LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0613035	SKILLED NURSING FACILITY	DE	7,674	16,664	HCR IV HEALTHCARE LLC
MANOR CARE OF ROLLING MEADOWS IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0619150	SKILLED NURSING FACILITY	DE	-585	57,590	HCR IV HEALTHCARE LLC
MANOR CARE OF SAN ANTONIO (NORTH) TX LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623600	SKILLED NURSING FACILITY	DE	4,350	0	HCR IV HEALTHCARE LLC
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
MANOR CARE OF SILVER SPRING MD LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0620058	SKILLED NURSING FACILITY	DE	14,542,364	2,231,590	HCR III HEALTHCARE LLC

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

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MANOR CARE OF SINKING SPRING PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0621908	SKILLED NURSING FACILITY	DE	18,125,439	3,341,174	HCR III HEALTHCARE LLC
MANOR CARE OF SOUTH HOLLAND IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0615010	SKILLED NURSING FACILITY	DE	23,190	173,235	HCR IV HEALTHCARE LLC
MANOR CARE OF SOUTH OGDEN UT LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624547	SKILLED NURSING FACILITY	DE	-426	0	HCR IV HEALTHCARE LLC
MANOR CARE OF SPOKANE WA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624687	SKILLED NURSING FACILITY	DE	7,636,164	1,459,711	HCR IV HEALTHCARE LLC
MANOR CARE OF SPRINGFIELD MO LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0612506	SKILLED NURSING FACILITY	DE	-706	0	HCR III HEALTHCARE LLC
MANOR CARE OF SUNBURY PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0615499	SKILLED NURSING FACILITY	DE	9,971,029	1,730,841	HCR III HEALTHCARE LLC
MANOR CARE OF SUNNYVALE CA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623034	SKILLED NURSING FACILITY	DE	19,197,376	2,896,500	HCR IV HEALTHCARE LLC
MANOR CARE OF TACOMA WA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624696	SKILLED NURSING FACILITY	DE	8,893,506	1,235,019	HCR IV HEALTHCARE LLC
MANOR CARE OF TOPEKA KS LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0619810	SKILLED NURSING FACILITY	DE	79,393	0	HCR IV HEALTHCARE LLC
MANOR CARE OF TOWSON LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0620456	SKILLED NURSING FACILITY	DE	13,617,049	1,761,874	HCR III HEALTHCARE LLC
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
MANOR CARE OF TULSA OK LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0610215	SKILLED NURSING FACILITY	DE	-81,955	0	HCR III HEALTHCARE LLC
MANOR CARE OF VENICE FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624092	SKILLED NURSING FACILITY	DE	12,670,800	1,764,124	HCR III HEALTHCARE LLC
MANOR CARE OF VOORHEES NJ LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0612955	SKILLED NURSING FACILITY	DE	11,491,163	1,546,547	HCR III HEALTHCARE LLC
MANOR CARE OF W PALM BEACH FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624142	SKILLED NURSING FACILITY	DE	10,946,789	1,517,440	HCR III HEALTHCARE LLC
MANOR CARE OF WALNUT CREEK CA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623196	SKILLED NURSING FACILITY	DE	23,929,269	3,079,498	HCR IV HEALTHCARE LLC
MANOR CARE OF WATERLOO IA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624363	SKILLED NURSING FACILITY	DE	7,437,848	1,140,315	HCR III HEALTHCARE LLC
MANOR CARE OF WEBSTER TX LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623637	SKILLED NURSING FACILITY	DE	-47,048	0	HCR IV HEALTHCARE LLC
MANOR CARE OF WEST DES MOINES IA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624438	SKILLED NURSING FACILITY	DE	7,307,729	1,133,709	HCR III HEALTHCARE LLC
MANOR CARE OF WEST READING PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0615529	SKILLED NURSING FACILITY	DE	14,073,071	2,780,675	HCR III HEALTHCARE LLC

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MANOR CARE OF WESTERVILLE OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609626	SKILLED NURSING FACILITY	DE	30,971	0	HCR IV HEALTHCARE LLC
MANOR CARE OF WESTMONT IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0619027	SKILLED NURSING FACILITY	DE	124,833	28,996	HCR IV HEALTHCARE LLC
MANOR CARE OF WHEATON MD LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0620376	SKILLED NURSING FACILITY	DE	10,375,126	1,677,921	HCR III HEALTHCARE LLC
MANOR CARE OF WICHITA KS LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0619870	SKILLED NURSING FACILITY	DE	2,447	0	HCR IV HEALTHCARE LLC
MANOR CARE OF WILLIAMSPORT PA (NORTH) LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0621747	SKILLED NURSING FACILITY	DE	10,108,269	2,121,244	HCR III HEALTHCARE LLC
MANOR CARE OF WILLIAMSPORT PA (SOUTH) LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0621778	SKILLED NURSING FACILITY	DE	7,874,261	1,820,683	HCR III HEALTHCARE LLC
MANOR CARE OF WILLOUGHBY OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0610097	SKILLED NURSING FACILITY	DE	11,982,731	1,601,851	HCR IV HEALTHCARE LLC
MANOR CARE OF WILMETTE IL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0615773	SKILLED NURSING FACILITY	DE	0	0	HCR IV HEALTHCARE LLC
MANOR CARE OF WILMINGTON DE LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623367	SKILLED NURSING FACILITY	DE	15,767,121	2,091,313	HCR III HEALTHCARE LLC
MANOR CARE OF YARDLEY PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0614171	SKILLED NURSING FACILITY	DE	17,220,894	2,968,430	HCR III HEALTHCARE LLC
MANOR CARE OF YEADON PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0621815	SKILLED NURSING FACILITY	DE	16,991,638	2,476,006	HCR III HEALTHCARE LLC
MANOR CARE OF YORK PA (NORTH) LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622887	SKILLED NURSING FACILITY	DE	14,696,493	2,674,061	HCR III HEALTHCARE LLC
MANOR CARE OF YORK PA (SOUTH) LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622947	SKILLED NURSING FACILITY	DE	14,428,438	2,733,402	HCR III HEALTHCARE LLC
MANOR CARE REHABILITATION CENTER OF DECATUR GA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624293	OUTPATIENT REHABILITATION	DE	14,192,825	1,786,235	HCR III HEALTHCARE LLC
MANOR CARE-BELDEN VILLAGE OF CANTON OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0613074	SKILLED NURSING FACILITY	DE	-18,370	0	HCR IV HEALTHCARE LLC
MANOR CARE-CARROLLWOOD OF TAMPA FL LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624118	SKILLED NURSING FACILITY	DE	-4,234	0	HCR III HEALTHCARE LLC
MANOR CARE-DULANEY MD LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0619923	SKILLED NURSING FACILITY	DE	5,932	64,527	HCR III HEALTHCARE LLC
MANOR CARE-EUCLID BEACH OF CLEVELAND OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0609550	SKILLED NURSING FACILITY	DE	85,584	0	HCR IV HEALTHCARE LLC
MANOR CARE-FAIR OAKS OF FAIRFAX VA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624605	SKILLED NURSING FACILITY	DE	15,547,420	2,203,327	HCR IV HEALTHCARE LLC
MANOR CARE-GREENTREE OF PITTSBURGH PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622713	SKILLED NURSING FACILITY	DE	16,403,219	2,753,898	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
MANOR CARE-IMPERIAL OF RICHMOND VA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624643	SKILLED NURSING FACILITY	DE	10,819,138	1,825,696	HCR IV HEALTHCARE LLC
MANOR CARE-KINGSTON COURT OF YORK PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0610561	SKILLED NURSING FACILITY	DE	13,975,929	2,281,662	HCR III HEALTHCARE LLC
MANOR CARE-LANSDALE OF MONTGOMERYVILLE PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0614451	SKILLED NURSING FACILITY	DE	13,689,052	2,143,410	HCR III HEALTHCARE LLC
MANOR CARE-LARGO MD LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0620266	SKILLED NURSING FACILITY	DE	12,962,459	2,179,699	HCR III HEALTHCARE LLC
MANOR CARE- LELY PALMS OF NAPLES FL (SH) LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0625295	ASSISTED LIVING FACILITY	DE	6,454,270	1,974,964	HCR III HEALTHCARE LLC
MANOR CARE-LINDEN VILLAGE OF LEBANON PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0621960	SKILLED NURSING FACILITY	DE	3,090,597	317,926	HCR III HEALTHCARE LLC
MANOR CARE-NORTH HILLS OF PITTSBURGH PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0610604	SKILLED NURSING FACILITY	DE	17,337,526	3,091,828	HCR III HEALTHCARE LLC
MANOR CARE-PIKE CREEK OF WILMINGTON DE LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623346	SKILLED NURSING FACILITY	DE	21,549,669	3,224,542	HCR III HEALTHCARE LLC
MANOR CARE-ROCKY RIVER OF CLEVELAND OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0610139	SKILLED NURSING FACILITY	DE	41,593	0	HCR IV HEALTHCARE LLC
MANOR CARE-ROLAND PARK MD LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0620341	SKILLED NURSING FACILITY	DE	11,414,955	2,022,318	HCR III HEALTHCARE LLC
MANOR CARE-ROSSVILLE MD LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0620310	SKILLED NURSING FACILITY	DE	16,243,417	2,743,821	HCR III HEALTHCARE LLC
MANOR CARE-RUXTON MD LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0620431	SKILLED NURSING FACILITY	DE	18,668,883	3,378,734	HCR III HEALTHCARE LLC
MANOR CARE-SHARPVIEW OF HOUSTON TX LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623656	SKILLED NURSING FACILITY	DE	33,716	0	HCR IV HEALTHCARE LLC
MANOR CARE-STRATFORD HALL OF RICHMOND VA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624664	SKILLED NURSING FACILITY	DE	14,857,311	2,056,424	HCR IV HEALTHCARE LLC
MANOR CARE-SUMMER TRACE OF CARMEL IN LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0619716	SKILLED NURSING FACILITY	DE	8,242,823	1,200,110	HCR IV HEALTHCARE LLC
MANOR CARE-TICE VALLEY CA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622591	SKILLED NURSING FACILITY	DE	18,669,586	2,764,247	HCR IV HEALTHCARE LLC
MANOR CARE-WEST DEPTFORD OF PAULSBORO NJ LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0612993	SKILLED NURSING FACILITY	DE	14,478,849	1,864,039	HCR III HEALTHCARE LLC
MANOR CARE-WOODBRIDGE VALLEY MD LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0620223	SKILLED NURSING FACILITY	DE	-13,915	90,616	HCR III HEALTHCARE LLC
MANOR CARE OF OVERLAND PARK KS LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0619843	SKILLED NURSING FACILITY	DE	-30,476	0	HCR IV HEALTHCARE LLC
MEDICAL CARE CENTER-LYNCHBURG VA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0624567	SKILLED NURSING FACILITY	DE	9,761,761	1,441,294	HCR IV HEALTHCARE LLC

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OAKMONT EAST-GREENVILLE SC LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623316	SKILLED NURSING FACILITY	DE	9,561,313	1,540,579	HCR III HEALTHCARE LLC
OAKMONT OF UNION SC LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623208	SKILLED NURSING FACILITY	DE	7,837,626	1,203,226	HCR III HEALTHCARE LLC
OAKMONT WEST-GREENVILLE SC LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623335	SKILLED NURSING FACILITY	DE	10,456,661	1,373,467	HCR III HEALTHCARE LLC
OLD ORCHARD HEALTH CARE CENTER-EASTON PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623007	SKILLED NURSING FACILITY	DE	18,771,066	3,601,035	HCR III HEALTHCARE LLC
PERRYSBURG COMMONS SENIOR HOUSING-PERRYSBURG OH LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623264	ASSISTED LIVING FACILITY	DE	2,532,476	246,432	HCR IV HEALTHCARE LLC
SHADYSIDE NURSING AND REHABILITATION CENTER-PITTSBURGH PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0610325	SKILLED NURSING FACILITY	DE	11,482,067	1,441,966	HCR III HEALTHCARE LLC
SKY VUE TERRACE-PITTSBURGH PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0610347	SKILLED NURSING FACILITY	DE	7,535,887	1,179,990	HCR III HEALTHCARE LLC
SPRINGHOUSE OF PIKESVILLE MD LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0620079	SKILLED NURSING FACILITY	DE	4,114,911	381,433	HCR III HEALTHCARE LLC
TWINBROOK MEDICAL CENTER-ERIE PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0610373	SKILLED NURSING FACILITY	DE	55,824	0	HCR III HEALTHCARE LLC
WALLINGFORD NURSING AND REHABILITATION CENTER-WALLINGFORD PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0610542	SKILLED NURSING FACILITY	DE	17,669,548	2,345,012	HCR III HEALTHCARE LLC
WEST ASHLEY REHABILITATION AND NURSING CENTER-CHARLESTON SC LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0623364	SKILLED NURSING FACILITY	DE	9,232,596	1,772,132	HCR III HEALTHCARE LLC
WHITEHALL BOROUGH-PITTSBURGH PA LLC 333 N SUMMIT ST TOLEDO, OH 43604 26-0622805	SKILLED NURSING FACILITY	DE	17,423,123	2,559,799	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
100 MADISON AVE TOLEDO, OH 43604 34-1883132	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
100 MADISON AVE TOLEDO, OH 43604 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	
100 MADISON AVE TOLEDO, OH 43604 34-4446484	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
100 MADISON AVE TOLEDO, OH 43604 38-2796005	HOSPITAL	MI	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
818 RIVERSIDE AVE ADRIAN, MI 43604 38-2149602	HOSPITAL / FOUNDATION SUPPORT	MI	501(C)(3)	12B, II	EMMA L BIXBY MEDICAL CENTER	Yes	
100 MADISON AVE TOLEDO, OH 43604 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 43699 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	
100 MADISON AVE TOLEDO, OH 43604 38-3049015	HOSPITAL	MI	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
100 MADISON AVE TOLEDO, OH 43604 45-4781053	RESPITE CARE	OH	501(C)(3)	10	DEFIANCE HOSPITAL INC	Yes	
PO BOX 10086 ATTN TAX-5 TOLEDO, OH 43699 38-2879330	LONG TERM CARE	MI	501(C)(3)	10	HCR MANORCARE INC	Yes	
100 MADISON AVE TOLEDO, OH 43604 34-4430849	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
100 MADISON AVE TOLEDO, OH 43604 38-1984289	HOSPITAL	MI	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
PO BOX 10086 ATTN TAX-5 TOLEDO, OH 43699 38-2934134	LONG TERM CARE	MI	501(C)(3)	10	HCR MANORCARE INC	Yes	
1901 INDIAN WOOD CIR MAUMEE, OH 43537 20-3376102	HEALTH INSURANCE	OH	501(C)(3)	10	PROMEDICA INSURANCE CORP INC AND SUBSIDIARIES	Yes	
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	
100 MADISON AVE TOLEDO, OH 43604 26-0324790	COURIER SERVICE	OH	501(C)(3)	12B, II	PROMEDICA CONTINUUM SERVICES	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
PO BOX 10086 ATTN TAX-5 TOLEDO, OH 43699 26-0624675	SKILLED NURSING FACILITY	DE	501(C)(3)	10	HCR MANORCARE INC	Yes	
PO BOX 10086 ATTN TAX-5 TOLEDO, OH 43699 26-0624687	SKILLED NURSING FACILITY	DE	501(C)(3)	10	HCR MANORCARE INC	Yes	
PO BOX 10086 ATTN TAX-5 TOLEDO, OH 43699 26-0624696	SKILLED NURSING FACILITY	DE	501(C)(3)	10	HCR MANORCARE INC	Yes	
PO BOX 10086 ATTN TAX-5 TOLEDO, OH 43699 26-0624719	SKILLED NURSING FACILITY	DE	501(C)(3)	10	HCR MANORCARE INC	Yes	
PO BOX 10086 ATTN TAX-5 TOLEDO, OH 43699 26-0624391	SKILLED NURSING FACILITY	DE	501(C)(3)	10	HCR MANORCARE INC	Yes	
PO BOX 10086 ATTN TAX-5 TOLEDO, OH 43699 26-0624375	SKILLED NURSING FACILITY	DE	501(C)(3)	10	HCR MANORCARE INC	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	
100 MADISON AVE TOLEDO, OH 43604 34-4428256	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
100 MADISON AVE TOLEDO, OH 43604 34-1831624	HOSPICE HOME CARE	OH	501(C)(3)	10	PROMEDICA CONTINUUM SERVICES	Yes	
444 N SUMMIT ST TOLEDO, OH 43604 52-2031975	FOUNDATION	OH	501(C)(3)	12B, II	PROMEDICA FOUNDATION	Yes	
444 N SUMMIT ST TOLEDO, OH 43604 27-0497199	FOUNDATION	OH	501(C)(3)	12B, II	PROMEDICA FOUNDATION	Yes	
444 N SUMMIT ST TOLEDO, OH 43604 20-2272848	FOUNDATION	OH	501(C)(3)	12B, II	PROMEDICA FOUNDATION	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
REYNOLDS ROAD SURGICAL CENTER LTD 2865 N REYNOLDS RD TOLEDO, OH 43615 31-1569454	FREESTANDING AMBULATORY SURGICAL CENTER	OH	THE TOLEDO HOSPITAL	RELATED	511,620	1,729,260		No			No	63.000 %
NORTHWEST OHIO DEDICATED BREAST MRI LLC 100 MADISON AVE TOLEDO, OH 43604 26-0679898	MEDICAL DIAGNOSTICS	OH	THE TOLEDO HOSPITAL	RELATED	-613,661	1,253,948		No			No	50.000 %
WEST CENTRAL SURGICAL CENTER LLC 7055 W CENTRAL TOLEDO, OH 43617 20-0088459	AMBULATORY SURGICAL CENTER	OH	THE TOLEDO HOSPITAL	RELATED	654,618	3,442,936		No		Yes		50.000 %
PROMEDICA SURGICAL SERVICES CO-MANAGEMENT CO LLC 100 MADISON AVE TOLEDO, OH 43604 46-1989695	PHYSICIAN MANAGEMENT SERVICES	OH	PROMEDICA HEALTH SYSTEM INC	RELATED	473,243	670,061		No			No	50.900 %
EAST-WEST HOLDINGS LTD 715 SOUTH TAFT AVE FREMONT, OH 43420 20-4066818	REAL ESTATE	OH	MEMORIAL HOSPITAL	RELATED	-176	278,049		No			No	50.000 %
THE SURGICAL INSTITUTE OF MONROE AMBULATORY SURGERY CENTER LLC 1051 S TELEGRAPH RD MONROE, MI 48161 27-0843485	AMBULATORY SURGICAL CENTER	MI	PROMEDICA CONTINUUM SERVICES	RELATED	-118,408	3,404,667		No			No	55.900 %
PROMEDICA MASTER TENANT LLC 100 MADISON AVE TOLEDO, OH 43604 47-5288490	REAL ESTATE	OH	PROMEDICA MANAGER MEMBER LLC	RELATED	-5,362	225,028		No		Yes		1.000 %
PROMEDICA DOWNTOWN CAMPUS LANDLORD LLC 100 MADISON AVE TOLEDO, OH 43604 47-3163945	REAL ESTATE	OH	PROMEDICA MANAGER MEMBER LLC	RELATED	-353,705	41,521,692		No		Yes		90.000 %
ROCKET VENTURE FUND II LLC 2865 N REYNOLDS RD STE 220 TOLEDO, OH 43615 47-5603627	INVESTMENT FUND	OH	PROMEDICA HEALTH SYSTEM INC	RELATED	-17,026	1,383,770		No			No	66.660 %
HCRMC-PROMEDICA JV LLC PO BOX 10086 ATTN TAX-5 TOLEDO, OH 43604 46-1343453	NURSING AND REHAB SERVICES	DE	MANOR CARE HEALTH SERVICES OF TOLEDO OH LLC	RELATED	-199,789	9,548,146		No		Yes		100.000 %
MERCYMANOR PARTNERSHIP PO BOX 10086 ATTN TAX-5 TOLEDO, PA 43604 52-1931012	SKILLED NURSING	PA	MANOR CARE OF DELAWARE COUNTY LLC	RELATED	-13,406	110,778		No		Yes		50.000 %
NORMAN SPECIALTY HOSPITAL LLC PO BOX 10086 ATTN TAX-5 TOLEDO, DE 43604 42-1627672	HEALTH CARE	DE	MANOR CARE HEALTH SERVICES OF OKLAHOMA LLC	RELATED	-391,047			No		Yes		60.500 %
PROMEDICA PATHOLOGY LABORATORIES LLC 2130 W CENTRAL AVE STE 300 TOLEDO, OH 43606 83-1022842	CLINICAL LABORATORY	DE	THE TOLEDO HOSPITAL	RELATED	1,922,359	72,435,344		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
HERRICK MEMORIAL DEVELOPMENT CORP 500 E POTTAWATAMIE TR ADRIAN, MI 49221 38-3146907	FACILITY LEASING	MI	EMMA L BIXBY MEDICAL CENTER	C	74,545	1,120,556	100.000 %		No
PROMEDICA CENTRAL CORPORATION OF MICHIGAN 100 MADISON AVE TOLEDO, OH 43604 38-3322278	PHYSICIAN HEALTH CARE SERVICES	OH	PROMEDICA PHYSICIAN GROUP INC	C	-7,383,080	7,408,642	100.000 %		No
PROMEDICA INSURANCE CORP INC AND SUBSIDIARIES 1901 INDIAN WOOD CIR MAUMEE, OH 43537 34-1570675	HEALTH CARE INSURANCE	OH	PROMEDICA HEALTH SYSTEM INC	C	527,769,598	349,588,322	100.000 %		No
PROMEDICA NORTH PHYSICIAN CORPORATION 100 MADISON AVE TOLEDO, OH 43604 38-3482148	PHYSICIAN HEALTH CARE SERVICES	OH	PROMEDICA PHYSICIAN GROUP INC	C		149,134	100.000 %		No
PROMEDICA RETAIL GROUP INC 3890 MONROE ST TOLEDO, OH 43606 34-1159928	FLORIST	OH	PROMEDICA CONTINUUM SERVICES	C			100.000 %		No
HERRICK MEMORIAL OFFICE PLAZA CONDOMINIUM ASSOCIATION 818 RIVERSIDE AVE ADRIAN, MI 49221 38-3639616	FACILITY MANAGEMENT	MI	HERRICK MEMORIAL DEVELOPMENT CORP	C	36	41,818	71.800 %		No
PROMEDICA HEALTH NETWORK INC 100 MADISON AVE TOLEDO, OH 43604 47-4006496	PHYSICIAN MANAGEMENT SERVICES	OH	PROMEDICA HEALTH SYSTEM INC	C	438,847	2,444,310	100.000 %		No
MONROE HEALTH VENTURES INC 718 N MACOMB MONROE, MI 48164 38-2704426	PHARMACY	MI	MERCY MEMORIAL HOSPITAL CORPORATION	C			100.000 %		No
PROMEDICA MANAGER MEMBER LLC 100 MADISON AVE TOLEDO, OH 43604 47-5168737	REAL ESTATE	OH	PROMEDICA HEALTH SYSTEM INC	C	-4,241	30,990,896	100.000 %		No
MANOR CARE INSURANCE INC PO BOX 10086 ATTN TAX-5 TOLEDO, OH 43604 98-0428947	INSURANCE	UT	HCR HEALTHCARE LLC	C	-42,847		100.000 %		No

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
PROMEDICA FOUNDATION	B	3,139,163	FMV
PROMEDICA FOUNDATION	C	3,923,574	FMV
THE TOLEDO HOSPITAL	K	1,736,423	FMV
PROMEDICA MASTER TENANT	K	1,739,147	FMV
MERCY MEMORIAL HOSPITAL CORPORATION	O	232,034	FMV
PROMEDICA INDEMNITY CORPORATION	O	181,649	FMV
THE TOLEDO HOSPITAL	O	55,435	FMV
PROMEDICA COURIER SERVICES INC	P	121,018	FMV
PROMEDICA INDEMNITY CORPORATION	P	11,375,999	FMV
PROMEDICA INSURANCE CORP INC & SUBSIDIARIES	P	919,018	FMV
PROMEDICA PHYSICIAN GROUP	P	479,909	FMV
THE TOLEDO HOSPITAL	P	2,732,159	FMV
BAY PARK COMMUNITY HOSPITAL	Q	12,920,419	FMV
COMMUNITY HEALTH CENTER OF BRANCH COUNTY	Q	1,206,607	FMV
DEFIANCE HOSPITAL INC	Q	9,547,551	FMV
EMMA L BIXBY MEDICAL CENTER	Q	12,618,053	FMV
FOSTORIA HOSPITAL ASSOCIATION	Q	5,717,341	FMV
HCR MANORCARE	Q	700,027	FMV
HERRICK MEMORIAL HOSPITAL INC	Q	6,651,948	FMV
LENAWEE CLINICAL PARTNERS	Q	100,000	FMV
MEMORIAL HOSPITAL	Q	7,738,841	FMV
MERCY MEMORIAL HOSPITAL CORPORATION	Q	19,649,689	FMV
PROMEDICA CONTINUING CARE SERVICES CORPORATION	Q	7,928,129	FMV
PROMEDICA FOUNDATION	Q	4,542,582	FMV
PROMEDICA HEALTH NETWORK	Q	173,466	FMV

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
PROMEDICA INDEMNITY CORPORATION	Q	341,445	FMV
PROMEDICA INSURANCE CORP INC & SUBSIDIARIES	Q	28,496,780	FMV
PROMEDICA PHYSICIAN GROUP	Q	65,943,130	FMV
THE TOLEDO HOSPITAL	Q	185,778,503	FMV
MERCY MEMORIAL HOSPITAL CORPORATION	R	12,142,857	FMV
EMMA L BIXBY MEDICAL CENTER	R	6,750,000	FMV
PROMEDICA PHYSICIAN GROUP	R	23,000,000	FMV
DEFIANCE HOSPITAL INC	S	35,000,000	FMV
FOSTORIA HOSPITAL ASSOCIATION	S	22,500,000	FMV
MEMORIAL HOSPITAL	S	17,500,000	FMV
COMMUNITY HEALTH CENTER OF BRANCH COUNTY	S	10,000,000	FMV
BAY PARK COMMUNITY HOSPITAL	S	31,000,000	FMV
MERCY MEMORIAL HOSPITAL CORPORATION	S	22,500,000	FMV
EMMA L BIXBY MEDICAL CENTER	S	6,500,000	FMV
HERRICK MEMORIAL HOSPITAL INC	S	15,500,000	FMV
THE TOLEDO HOSPITAL	S	491,000,000	FMV
PROMEDICA CONTINUING CARE SERVICES CORPORATION	S	35,000,000	FMV
VISITING NURSE HOSPICE & HEALTH CARE	S	6,000,000	FMV
LENAWEE LONG TERM CARE	S	3,000,000	FMV
PROMEDICA PHYSICIAN GROUP	S	15,000,000	FMV