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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 FOUNDATION

Doing business as

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

Room/suite

444 N SUMMIT ST

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

TOLEDO, OH 43604

F Name and address of principal officer:

STEVEN M CAVANAUGH

100 MADISON AVE

TOLEDO, OH 43604

D Employer identification number

34-1517672

E Telephone number

(567) 585-3618

G Gross receipts \$ 288,461,100

I Tax-exempt status:

☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.PROMEDICA.ORG

K Form of organization:

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1986

M State of legal domicile: OH

Part I

Summary

Activities & Governance

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

THE PROMEDICA FOUNDATION'S MISSION IS TO GENERATE AND DIRECT THE UTILIZATION OF RESOURCES TO ENRICH EXISTING PROGRAMS AND FUND NEW SERVICES, INSPIRING EXCELLENT IN THE PROVISION OF HEALTH CARE AND ENHANCING QUALITY OF LIFE FOR THE PEOPLE OF OUR COMMUNITY.

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)

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

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

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

7b Net unrelated business taxable income from Form 990-T, line 39

Revenue

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

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

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

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

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

Expenses

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

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶5,914,369

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

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

19 Revenue less expenses. Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

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

Part II

Signature Block

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

Sign Here

Signature of officer

STEVEN M CAVANAUGH TREASURER

Type or print name and title

2020-11-12

Date

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

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

THE PROMEDICA FOUNDATION'S MISSION IS TO GENERATE AND DIRECT THE UTILIZATION OF RESOURCES TO ENRICH EXISTING PROGRAMS AND FUND NEW SERVICES, INSPIRING EXCELLENCE IN THE PROVISION OF HEALTH CARE AND ENHANCING QUALITY OF LIFE FOR THE PEOPLE OF OUR COMMUNITY.

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 \$ 12,471,779 including grants of \$ 12,471,779) (Revenue \$ 0)
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 ► 12,471,779

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0	
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 0			
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			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .	3a No			
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			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .	4a No			
b If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a No			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b No			
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a No			
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a Yes			
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b Yes			
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?				
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 No			
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	6	
	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	2	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	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	No
b	Other officers or key employees of the organization	15b	No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
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	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **FL , MI**

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

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 ☐

a 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.

Form **990** (2019)

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			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	10,117,034	1,356,075

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 ► 0

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 ► 0

Form 990 (2019)										Page 9			
Part VIII Statement of Revenue													
Check if Schedule O contains a response or note to any line in this Part VIII										☐			
										(A)	(B)	(C)	(D)
										Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .		1a	35,426									
	b Membership dues . . .		1b										
	c Fundraising events . . .		1c	597,529									
	d Related organizations		1d	5,596,321									
	e Government grants (contributions)		1e										
	f All other contributions, gifts, grants, and similar amounts not included above		1f	17,609,650									
	g Noncash contributions included in lines 1a - 1f:\$		1g	61,976									
	h Total. Add lines 1a-1f					23,838,926							
Program Service Revenue	2a		Business Code										
	b												
	c												
	d												
	e												
	f All other program service revenue.												
	g Total. Add lines 2a-2f.												
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			7,408,951						7,408,951			
	4 Income from investment of tax-exempt bond proceeds												
	5 Royalties												
			(i) Real	(ii) Personal									
	6a Gross rents	6a	8,400										
	b Less: rental expenses	6b	17,477										
	c Rental income or (loss)	6c	-9,077										
	d Net rental income or (loss)			-9,077						-9,077			
			(i) Securities	(ii) Other									
	7a Gross amount from sales of assets other than inventory	7a	256,772,965										
	b Less: cost or other basis and sales expenses	7b	251,161,225										
	c Gain or (loss)	7c	5,611,740										
	d Net gain or (loss)			5,611,740						5,611,740			
	8a Gross income from fundraising events (not including \$ 597,529 of contributions reported on line 1c). See Part IV, line 18		8a	431,858									
	b Less: direct expenses	8b	422,483										
	c Net income or (loss) from fundraising events			9,375						9,375			
	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													
b													
c													
d All other revenue													
e Total. Add lines 11a-11d													
12 Total revenue. See instructions			36,859,915			0	0		13,020,989				

Form 990 (2019)

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	12,412,729	12,412,729		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	59,050	59,050		
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				
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	2,082,788		273,074	1,809,714
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	102,265		13,408	88,857
9 Other employee benefits	276,736		36,283	240,453
10 Payroll taxes	159,333		20,890	138,443
11 Fees for services (non-employees):				
a Management	114		114	
b Legal	4,034		4,034	
c Accounting	1,165		1,165	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	440,297			440,297
f Investment management fees	658,170		658,170	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	569,525		69,595	499,930
12 Advertising and promotion	28,657		28,657	
13 Office expenses	55,596		5,284	50,312
14 Information technology	5,739		5,739	
15 Royalties				
16 Occupancy	155,715		155,715	
17 Travel	154,681		1,477	153,204
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	9,301		9,301	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	51,450		51,450	
23 Insurance	8,239		8,239	
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 FUNDRAISING EXPENSE	1,533,639			1,533,639
b BAD DEBT EXPENSE	469,654			469,654
c FOUNDATION ACTIVITIES	267,609			267,609
d PARKING	24,991		24,991	
e All other expenses	230,751		8,494	222,257
25 Total functional expenses. Add lines 1 through 24e	19,762,228	12,471,779	1,376,080	5,914,369
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		778,376	1	1,348,183	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net		16,719,516	3	20,105,947	
	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			5		
	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			7		
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges			9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,279,603			
	b	Less: accumulated depreciation	10b	99,624	2,477,709	10c	2,179,979
	11	Investments—publicly traded securities		252,985,144	11	284,898,403	
	12	Investments—other securities. See Part IV, line 11			12	4,533,662	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		31,292,401	15	38,088,156	
16	Total assets. Add lines 1 through 15 (must equal line 34)		304,253,146	16	351,154,330		
Liabilities	17	Accounts payable and accrued expenses		318,809	17	175,765	
	18	Grants payable			18		
	19	Deferred revenue			19		
	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			23		
	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		3,796,878	25	5,035,033	
	26	Total liabilities. Add lines 17 through 25		4,115,687	26	5,210,798	
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		174,306,083	27	202,927,602	
	28	Net assets with donor restrictions		125,831,376	28	143,015,930	
	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		300,137,459	32	345,943,532	
33	Total liabilities and net assets/fund balances		304,253,146	33	351,154,330		

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	36,859,915
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,762,228
3	Revenue less expenses. Subtract line 2 from line 1	3	17,097,687
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	300,137,459
5	Net unrealized gains (losses) on investments	5	34,054,066
6	Donated services and use of facilities	6	17,958
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-5,363,638
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	345,943,532

Part XII Financial Statements and ReportingCheck 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? 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		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
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?		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.		

Additional Data

Software ID:

Software Version:

EIN: 34-1517672

Name: PROMEDICA FOUNDATION

Form 990 (2019)

Form 990, Part III, Line 4a:

PROMOTE HEALTH AND WELL-BEING WITH SUPPORT FOR MEDICAL CARE, MEDICAL EDUCATION, MEDICAL RESEARCH, AND SOCIAL DETERMINANTS OF HEALTH, AND BY SOLICITING CONTRIBUTIONS, PROVIDING GRANTS, AND INVESTING FUNDS TO GENERATE INCOME TO SUPPORT PROMEDICA HEALTH SYSTEM, INC. ENTITIES.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PROMEDICA FOUNDATION

Employer identification number
34-1517672

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☒ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations 18
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total	18				8,489,153	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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		No
2		No
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		No
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		No
4a		No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		No
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? <i>If "Yes," provide detail in Part VI.</i>		No
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		No
7		No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		No
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))? <i>If "Yes," provide detail in Part VI.</i>		No
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? <i>If "Yes," provide detail in Part VI.</i>		No
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? <i>If "Yes," provide detail in Part VI.</i>		No
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)? <i>If "Yes," answer line 10b below.</i>		No
10a		No
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
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?		No
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.		No
11c		No

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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 LISTED IN SCHEDULE R, PART II THAT ARE ORGANIZATIONS DESCRIBED IN INTERNAL REVENUE CODE SECTION 501(C)(3) THAT ARE NOT PRIVATE FOUNDATIONS BECAUSE THEY ARE DESCRIBED IN CODE SECTION 509(A)(1) OR SECTION 509(A)(2).

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION C, LINE 1:	PROMEDICA FOUNDATION IS AN OHIO NOT-FOR-PROFIT CORPORATION THAT OPERATES TO SUPPORT, BENEFIT, AND, THROUGH ITS ACTIVITIES, CARRY OUT AND FURTHER THE PURPOSE OF PROMEDICA HEALTH SYSTEM, INC. (PHS) AFFILIATES DESIGNATED BY CLASS AND PURPOSE LISTED IN SCHEDULE R, PART II THAT ARE ORGANIZATIONS DESCRIBED IN INTERNAL REVENUE CODE SECTION 501(C)(3) THAT ARE NOT PRIVATE FOUNDATIONS BECAUSE THEY ARE DESCRIBED IN CODE SECTION 509(A)(1) OR SECTION 509(A)(2). PHS IS THE MEMBER OF PROMEDICA FOUNDATION AND THE PARENT OF AN INTEGRATED HEALTH CARE DELIVERY NETWORK MADE UP OF AN AFFILIATED GROUP OF EXEMPT ORGANIZATIONS WHICH INCLUDES HOSPITALS, HEALTH CARE PROVIDERS, CONTINUING CARE SERVICES, SPECIALIZED HEALTH SERVICES, ENTITIES PROVIDING SUPPORT SERVICES, AND FOUNDATIONS. PHS PROVIDES OVERALL DIRECTION, MANAGEMENT, AND CONTROL TO ITS FIRST TIER SUBSIDIARIES, INCLUDING PROMEDICA FOUNDATION, AND INDIRECTLY THROUGH ITS FIRST TIER SUBSIDIARIES, TO ALL AFFILIATED SECOND TIER SUBSIDIARIES OF EACH FIRST TIER SUBSIDIARY. THE ACTIVITIES OF PHS SUPPORT THE EXEMPT PURPOSES OF THE AFFILIATED ORGANIZATIONS IN THE PHS NETWORK AND ENHANCE AND IMPROVE THE DELIVERY OF EFFECTIVE HEALTH CARE SERVICES TO THE COMMUNITIES SERVED BY THE PHS NETWORK. CONTROL AND MANAGEMENT EFFECTIVELY IS VESTED IN THE SAME PERSONS THAT CONTROL AND MANAGE ALL SUBSIDIARY ORGANIZATIONS THROUGH RESERVED POWERS. PHS HAS RESERVED POWERS IN EACH SUBSIDIARY'S CODE OF REGULATION S OR BYLAWS ALONG WITH THE RIGHT TO APPROVE CERTAIN ACTIONS OF EACH SUBSIDIARY'S BOARD OF TRUSTEES. THE FIRST TIER SUBSIDIARIES HAVE IN TURN RESERVED SIMILAR POWERS OVER THE SECOND TIER SUBSIDIARIES TO INTEGRATE OVERALL DIRECTION, MANAGEMENT, AND CONTROL. PROMEDICA FOUNDATION QUALIFIES AS A TYPE II SUPPORTING ORGANIZATION BECAUSE IT IS SUPERVISED AND CONTROLLED IN CONNECTION WITH ALL 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 PROMEDICA FOUNDATION AND ITS SUPPORTED ORGANIZATIONS AND A SUBSTANTIAL IDENTITY OF INTERESTS BETWEEN THE ORGANIZATIONS AS A RESULT OF THIS RELATIONSHIPS SUPPORTING COMMON CONTROL CONSISTENT WITH TYPE I SUPPORTING ORGANIZATION CLASSIFICATION. PROMEDICA FOUNDATION HAS MAINTAINED, AND WILL CONTINUE TO MAINTAIN, A SIGNIFICANT INVOLVEMENT IN EACH SUPPORTED ORGANIZATIONS' OPERATIONS.

Additional Data

Software ID:**Software Version:**

EIN: 34-1517672

Name: PROMEDICA FOUNDATION

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

[illegible]

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 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 FOUNDATION

Employer identification number
34-1517672

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 ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2019

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	50,971,352	56,244,034	50,869,326	49,781,106	52,300,127
b Contributions	10,450	8,450	376,639	32,026	14,822
c Net investment earnings, gains, and losses	6,688,022	-4,741,132	5,188,830	1,056,194	-1,741,835
d Grants or scholarships					
e Other expenditures for facilities and programs		540,000	190,761		792,008
f Administrative expenses					
g End of year balance	57,669,824	50,971,352	56,244,034	50,869,326	49,781,106

2

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

a

Board designated or quasi-endowment ▶ 31.940 %

b

Permanent endowment ▶ 68.060 %

c

Temporarily restricted endowment ▶

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

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

No

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	1,675,000	50,526		1,725,526
b Buildings		202,102	95,998	106,104
c Leasehold improvements				
d Equipment				
e Other		351,975	3,626	348,349
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,179,979

Schedule D (Form 990) 2019

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) CASH VALUE OF LIFE INSURANCE	1,075,341
(2) FUNDED PERPETUITIES	32,828,364
(3) DUE FROM AFFILIATES	4,184,451
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	38,088,156

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	5,035,033

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 ☐

Schedule D (Form 990) 2019

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 34-1517672
Name: PROMEDICA FOUNDATION

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	THE ENDOWMENT FUNDS ARE INVESTED TO GENERATE INCOME TO BE USED TO SUPPORT PROMEDICA HEALTH SYSTEM, INC. ENTITIES CONSISTENT WITH DONOR INTENT.

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

		(a) Event #1 CHILDREN'S HOSPITAL CASINO NIGHT (event type)	(b) Event #2 FLOWER GOLF EVENT (event type)	(c) Other events 13 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	243,291	138,017	648,079	1,029,387
	2 Less: Contributions	159,729	99,669	338,131	597,529
	3 Gross income (line 1 minus line 2)	83,562	38,348	309,948	431,858
Direct Expenses	4 Cash prizes			1,350	1,350
	5 Noncash prizes		1,400	98,612	100,012
	6 Rent/facility costs			2,700	2,700
	7 Food and beverages	55,883	13,515	73,748	143,146
	8 Entertainment	2,500		4,450	6,950
	9 Other direct expenses	52,043	26,229	90,053	168,325
	10 Direct expense summary. Add lines 4 through 9 in column (d) ►				422,483
	11 Net income summary. Subtract line 10 from line 3, column (d) ►				9,375

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity conducted in:

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

14

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

Name ▶

Address ▶

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

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

c

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

Name ▶

Address ▶

16

Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions:

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

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

Part IV

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

Return Reference	Explanation
PART I, LINE 2B, COLUMN (V):	AMOUNTS PAID FOR THE REIMBURSEMENT OF EXPENSES TO PROFESSIONAL FUNDRAISING COMPANIES IS \$15,554. PAYMENT FOR PROFESSIONAL FUNDRAISING SERVICES IS DISTINGUISHED FROM EXPENSE PAYMENTS ON THE DETAIL OF THE INVOICES.

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

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
PROMEDICA FOUNDATION

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

Employer identification number
34-1517672

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 15

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

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	61	59,050			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	AS AN AFFILIATE OF PROMEDICA HEALTH SYSTEM, INC. (PHS) CORPORATE POLICIES EXIST TO ENSURE THAT THE APPROVAL AND DISTRIBUTION OF FOUNDATION FUNDS ARE CONSISTENT WITH THE APPROVED CORPORATE MISSION, SUPPORTED BUSINESS UNIT STRATEGIC PLAN AND DOCUMENTED DONOR INTENT. ALL REQUESTS FOR FUNDS MUST BE SUBMITTED ON THE "FUND UTILIZATION REQUEST" FORM AND INCLUDE WRITTEN SUPPORTING DOCUMENTATION AND APPROPRIATE APPROVALS, INCLUDING BOARD APPROVALS, DEPENDING ON THE DOLLAR AMOUNT OF THE REQUEST. ON A REGULAR BASIS A REPORT LISTING ALL FUND DISTRIBUTIONS IS DISTRIBUTED TO THE CHIEF PHILANTHROPY OFFICER, CHIEF FINANCIAL OFFICER AND RESPECTIVE FOUNDATION BOARDS.

Additional Data

Software ID:
Software Version:
EIN: 34-1517672
Name: PROMEDICA FOUNDATION

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 HOSPITAL INC 1200 RALSTON AVE DEFIANCE, OH 43512	34-4446484	501(C)(3)	18,860				OPERATING GRANT
FOSTORIA HOSPITAL ASSOCIATION PO BOX 907 FOSTORIA, OH 44830	34-0898745	501(C)(3)	15,953				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
MEMORIAL HOSPITAL 715 S TAFT AVE FREMONT, OH 43420	34-4430849	501(C)(3)	105,550				OPERATING GRANT
COMMUNITY HEALTH CENTER OF BRANCH COUNTY 274 E CHICAGO ST COLDWATER, MI 49036	38-6108110	501(C)(3)	33,134				OPERATING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERCY MEMORIAL HOSPITAL CORPORATION 718 N MACOMB MONROE, MI 48162	38-1984539	501(C)(3)	163,626				OPERATING GRANT
EMMA L BIXBY MEDICAL CENTER 818 RIVERSIDE AVENUE ADRIAN, MI 49221	38-2796005	501(C)(3)	22,325				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
HERRICK MEMORIAL HOSPITAL INC 500 E POTTAWATOMIE TECUMSEH, MI 49536	38-3049015	501(C)(3)	27,055				OPERATING GRANT
THE TOLEDO HOSPITAL 2142 NORTH COVE BLVD TOLEDO, OH 43606	34-4453256	501(C)(3)	7,929,766				OPERATING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROMEDICA CONTINUING CARE SERVICES CORPORATION 2142 NORTH COVE BLVD TOLEDO, OH 43606	34-4492440	501(C)(3)	15,000				OPERATING GRANT
VISITING NURSE HOSPICE & HEALTH CARE 5855 MONROE STREET SYLVANIA, OH 43560	34-1831624	501(C)(3)	133,266				OPERATING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROMEDICA HEALTH SYSTEM INC 1801 RICHARDS ROAD TOLEDO, OH 43607	34-1517671	501(C)(3)	3,923,574				OPERATING GRANT
PROMEDICA PHYSICIANS & CONTINUUM SERVICES 5855 MONROE STREET SYLVANIA, OH 43560	34-1880767	501(C)(3)	7,455				OPERATING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROMEDICA PHYSICIAN GROUP 5855 MONROE STREET SYLVANIA, OH 43560	34-1899439	501(C)(3)	10,761				OPERATING GRANT
KAITLYN'S COTTAGE INC 1260 RALSTON AVE DEFIANCE, OH 43512	45-4781053	501(C)(3)	6,205				OPERATING GRANT

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization PROMEDICA FOUNDATION		Employer identification number 34-1517672

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
☐ Travel for companions	☐ Payments for business use of personal residence		
☐ Tax 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	
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	
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	No
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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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				
1 RANDALL OOSTRA PHS PRES. & CEO, EX OFFICIO	(i)	0	0	0	0	0	0	0
	(ii)	1,952,660	1,856,635	39,563	919,062	19,689	4,787,609	0
2 STEVEN 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
3 MICHAEL BROWNING TREASURER (THRU 06/03/19)	(i)	0	0	0	0	0	0	0
	(ii)	514,787	677,898	23,329	0	3,813	1,219,827	0
4 GARY M CATES TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	347,592	124,900	10,838	19,284	16,432	519,046	0
5 JEFFREY KUHN SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	645,968	843,953	52,904	239,428	16,555	1,798,808	0
6 CHRISTI ANSBERG VP, PHILANTHROPY OPERATIONS	(i)	0	0	0	0	0	0	0
	(ii)	148,710	28,300	751	5,539	20,922	204,222	0
7 GARY W AKENBERGER FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	355,163	90,077	5,563	22,535	22,028	495,366	0
8 ALAN M SATTLER FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	198,731	139,306	9,953	17,597	26,778	392,365	0

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 1B	PROMEDICA HEALTH SYSTEM, INC., A RELATED TAX-EXEMPT ORGANIZATION OF PROMEDICA FOUNDATION, USES THE FOLLOWING TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL: - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - COMPENSATION SURVEY OR STUDY - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
PART I, LINE 3	PROMEDICA HEALTH SYSTEM, INC., A RELATED TAX-EXEMPT ORGANIZATION OF PROMEDICA FOUNDATION, USES THE FOLLOWING TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL: - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - COMPENSATION SURVEY OR STUDY - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
PART I, LINE 4B	ELIGIBLE EMPLOYEES PARTICIPATE IN VARIOUS NONQUALIFIED DEFERRED COMPENSATION PLANS ORGANIZED UNDER CODE SECTION 457(F). THE EXACT PURPOSE OF EACH PLAN VARIES, BUT THEY INCLUDE: COMPENSATION LIMITATION MAKE-UP PLANS, VOLUNTARY DEFERRAL PLANS, DEFERRAL OF A PORTION OF INCENTIVE BONUS TYPE PLANS, ETC. ANY AMOUNT ULTIMATELY PAID UNDER THE PROGRAM TO THE EMPLOYEE IS REPORTED AS COMPENSATION ON FORM 990, SCHEDULE J, PART II, COLUMN B IN THE YEAR PAID. NO SUPPLEMENTAL NONQUALIFIED PLAN PAYMENTS WERE MADE DURING THE YEAR TO ANY LISTED PERSONS IN PART VII.
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.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions
▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PROMEDICA FOUNDATION

Employer identification number
34-1517672

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	5	176,437	COST OR SELLING PRICE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial	X	2	56,200	FMV
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (FLOWER DISCOUNTS)	X	1	9,218	FMV
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

30a

Yes

No

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

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

31

Yes

No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

No

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Cat. No. 51227J

Schedule M (Form 990) (2019)

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

Return Reference	Explanation
PART I, COLUMN (B):	THE NUMBERS IN COLUMN (B) REFER TO THE NUMBER OF CONTRIBUTIONS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service
Name of the organization
PROMEDICA FOUNDATION

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

Employer identification number

34-1517672

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	PROMEDICA HEALTH SYSTEM, INC. AND AFFILIATES (PHS) HAVE STANDARDS OF CONDUCT THAT APPLY TO ALL PHS BOARD MEMBERS AND EMPLOYEES. BOARD MEMBERS AND EMPLOYEES ARE EXPECTED TO CERTIFY THEIR COMPLIANCE WITH THE APPLICABLE STANDARDS PRIOR TO ELECTION/APPOINTMENT OR PRIOR TO THE BEGINNING OF EMPLOYMENT. BOARD MEMBERS ANNUALLY (OR IMMEDIATELY IF NEW POTENTIAL CONFLICTS OF INTEREST ARISE), ALL BOARD MEMBERS ARE REQUIRED TO COMPLETE AND RETURN THE BOARD MEMBER SOC SURVEY WITHIN 30 DAYS OF DISSEMINATION. BOARD MEMBER SOC SURVEYS ARE REVIEWED BY THE V.P., AUDIT & COMPLIANCE/CHIEF COMPLIANCE OFFICER (CCO). SUMMARIZED INFORMATION IS FORWARDED FOR REVIEW TO THE CHIEF FINANCIAL OFFICER, GENERAL COUNSEL, BUSINESS UNIT PRESIDENTS, AND THE PRESIDENT AND CHIEF EXECUTIVE OFFICER (PRESIDENT/CEO), BASED UPON THEIR RESPECTIVE KNOWLEDGE OF THE BOARD MEMBERS. THE PURPOSE OF THIS REVIEW IS TO BOTH INFORM MANAGEMENT OF THE DISCLOSED CONFLICTS AND TO ALLOW THEM TO IDENTIFY TO THE V.P., AUDIT & COMPLIANCE, ANY POTENTIAL UNDISCLOSED CONFLICTS. THE AUDIT & COMPLIANCE DEPARTMENT THEN CONDUCTS AN AUDIT OF ALL BOARD MEMBER SOC SURVEYS (ALONG WITH ANY RELATIONSHIPS NOTED THROUGH THE ABOVE REVIEW) TO IDENTIFY ANY POSITIONAL CONFLICTS OF INTEREST AND TO TEST MATERIAL TRANSACTIONS WITH BOARD MEMBERS/THEIR AFFILIATED FOR FAIR MARKET VALUE. THE RESULTS OF THE AUDIT ARE REPORTED 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 CONCERNS IDENTIFIED, AND THEIR RESOLUTION. ANY UNRESOLVED CONFLICTS ARE ADDRESSED BY THE AUDIT COMMITTEE WITH RECOMMENDATIONS TO THE FULL BOARD AS NEEDED. FAILURE TO COMPLETE THE SURVEY OR THE SUBMISSION OF A FALSE OR INCOMPLETE SURVEY, OR FAILURE TO DISCLOSE IMMEDIATELY ANY NEW CONFLICTS OF INTEREST THAT MAY ARISE, OR FAILURE TO COOPERATE WITHOUT CONDITION, HONESTLY 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 TRUSTEES UP TO AND INCLUDING REMOVAL FROM THE BOARD/COMMITTEE/COUNCIL. EMPLOYEES, EXCLUDING EMPLOYED 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 PROVIDES NOTIFICATION TO THE V.P., AUDIT & COMPLIANCE OF THE NUMBER OF ANNUAL EMPLOYEE CERTIFICATION QUESTIONNAIRES SENT AND RECEIVED AND COPIES OF ANY QUESTIONNAIRES CONTAINING DISCLOSURES THAT WARRANT FURTHER REVIEW BY THE AUDIT & COMPLIANCE DEPARTMENT. ALL NEW EMPLOYEES, EXCLUDING EMPLOYED PHYSICIANS, ARE PROVIDED EITHER AN ELECTRONIC OR PAPER COPY OF THE EMPLOYEE STANDARD OF CONDUCT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	AND THE EMPLOYEE CERTIFICATION STATEMENT WHICH THE NEW EMPLOYEE IS REQUIRED TO COMPLETE PRIOR TO BEGINNING EMPLOYMENT. THE AUDIT & COMPLIANCE DEPARTMENT HAS ACCESS TO A REPORT THAT IDENTIFIES ALL NEW HIRES. A SAMPLE OF EMPLOYEES IS IDENTIFIED AND AN AUDIT IS CONDUCTED TO ENSURE THAT REQUIRED DOCUMENTATION IS ON FILE. IDENTIFIED CONFLICTS ARE INITIALLY REVIEWED BY THE V.P., AUDIT & COMPLIANCE AND IS NECESSARY DISCUSSED WITH THE BUSINESS UNIT PRESIDENT IN WHICH THE EMPLOYEE WORKS, THE CHIEF HUMAN RESOURCE OFFICER, AND GENERAL COUNSEL. IF THE CONFLICT IS CONSIDERED A SIGNIFICANT EXPOSURE RISK FOR PHS, A RECOMMENDATION WILL BE PREPARED FOR FINAL APPROVAL OF THE PHS PRESIDENT/CEO. RESULTS OF THE EMPLOYEE PROCESS AUDIT ARE INCLUDED IN THE ABOVE REPORT TO THE CHAIR OF THE AUDIT & COMPLIANCE COMMITTEE. FAILURE TO COMPLETE THE CERTIFICATION QUESTIONNAIRE, OR THE COMPLETION OF A FALSE OR INCOMPLETE CERTIFICATION QUESTIONNAIRE, OR FAILURE TO DISCLOSE IMMEDIATELY ANY NEW CONFLICTS OF INTEREST THAT MAY ARISE, OR FAILURE TO COOPERATE WITHOUT CONDITION, HONESTLY AND COMPLETELY WITH ANY INVESTIGATION OR REVIEW OF THE EMPLOYEE'S CERTIFICATION QUESTIONNAIRE, OR HIS/HER ACTIONS OR CIRCUMSTANCES SHALL BE GROUND FOR SANCTION UP TO AND INCLUDING TERMINATION OF EMPLOYMENT. EMPLOYED PHYSICIANS ANNUALLY (OR IMMEDIATELY IF NEW CONFLICTS OF INTEREST ARISE), ALL EMPLOYED PHYSICIANS ARE REQUIRED TO COMPLETE AND SUBMIT AN ELECTRONIC PHYSICIAN CERTIFICATION QUESTIONNAIRE BY THE ESTABLISHED AND COMMUNICATED DEADLINE. THE OFFICE OF THE PRESIDENT, PROVIDERS, ACUTE AND AMBULATORY CARE, AND THE CHIEF OPERATING OFFICER FOR PROMETHEA PHYSICIAN GROUP (PPG) ENSURES THAT ALL QUESTIONNAIRES, WHICH ARE STORED ELECTRONICALLY, ARE COMPLETED AND REVIEWED AND ENSURES NOTIFICATION IS PROVIDED TO THE V.P., AUDIT & COMPLIANCE OF THE NUMBER OF ANNUAL PHYSICIAN CERTIFICATION QUESTIONNAIRES SENT AND RECEIVED AND ALSO ENSURES COPIES OF ANY QUESTIONNAIRES CONTAINING DISCLOSURES THAT WARRANT FURTHER REVIEW BY THE AUDIT & COMPLIANCE DEPARTMENT ARE FORWARDED ACCORDINGLY. ALL NEW EMPLOYED PHYSICIANS ARE PROVIDED EITHER AN ELECTRONIC OR PAPER COPY OF THE EMPLOYED PHYSICIAN STANDARD OF CONDUCT AND THE PHYSICIAN CERTIFICATION STATEMENT WHICH THE NEW PHYSICIANS IS REQUIRED TO COMPLETE PRIOR TO BEGINNING EMPLOYMENT. IDENTIFIED CONFLICTS ARE INITIALLY REVIEWED BY THE PRESIDENT, PROVIDERS, ACUTE AND AMBULATORY CARE THE CHIEF OPERATING OFFICER OR THEIR DESIGNEE, AND IF APPROPRIATE, ARE SUBSEQUENTLY REPORTED TO THE OFFICE OF THE V.P., AUDIT & COMPLIANCE. IF THE CONFLICT IS CONSIDERED A SIGNIFICANT EXPOSURE RISK FOR PHS, A RECOMMENDATION WILL BE PREPARED FOR FINAL APPROVAL BY THE PHS PRESIDENT/CHIEF EXECUTIVE OFFICER. RESULTS OF THE EMPLOYED PHYSICIAN AUDIT ARE INCLUDED IN THE ABOVE REPORT TO THE CHAIR OF THE AUDIT & COMPLIANCE COMMITTEE. ANY ITEMS THAT MEET CRITERIA FOR PUBLIC DISCLOSURE WILL BE COMMUNICATED TO THE APPROPRIATE PHYSICIAN BY THE PRESIDENT, PROVIDERS, ACUTE AND AMBULATORY CARE, THE CHIEF OPERATING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	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 RELATIONSHIP DISCLOSURES TO THE APPLICABLE PHS MARKETING/COMMUNICATIONS REPRESENTATIVE. THE PUBLIC DISCLOSURE WILL BE POSTED ON THE PHS WEBSITE (HTTPS://WWW.PROMEDICA.ORG/PAGES/ABOUT-US/INDUSTRY-RELATIONSHIPS.ASPX) DATABASE BY THE PHS MARKETING/COMMUNICATIONS REPRESENTATIVE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	PROMEDICA FOUNDATION'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
FORM 990, PART XI, LINE 9:	INHERENT CONTRIBUTION OF ACQUIRED ASSETS 4,125,915. OTHER TIMING DIFFERENCES 3,088. TRANSFERS BETWEEN RELATED ENTITIES -9,492,641.

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 FOUNDATION

Employer identification number
34-1517672

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

See Additional Data Table

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

Yes

1p

Yes

1q

No

1r

Yes

1s

Yes

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

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

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

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 34-1517672
Name: PROMEDICA FOUNDATION

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

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
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

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
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

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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

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 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

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

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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	RESPIRE 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	

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						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 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