

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  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2016**  
Open to Public Inspection

**A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016**

**B** Check if applicable  
 Address change  
 Name change  
 Initial return  
 Final  
 Return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
PARAMOUNT ADVANTAGE  
Doing business as  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
1901 INDIAN WOOD CIRCLE  
City or town, state or province, country, and ZIP or foreign postal code  
MAUMEE, OH 43537

**D** Employer identification number  
20-3376102

**E** Telephone number  
(419) 887-2500

**G** Gross receipts \$ 1,474,616,356

**F** Name and address of principal officer  
MICHAEL P BROWNING  
100 MADISON AVE  
TOLEDO, OH 43604

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

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

**H(c)** Group exemption number ▶

**I** Tax-exempt status  501(c)(3)  501(c) ( ) (insert no )  4947(a)(1) or  527

**J** Website: ▶ WWW.PARAMOUNTHEALTHCARE.COM

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 2005

**M** State of legal domicile  
OH

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
PARAMOUNT ADVANTAGE ADMINISTERS OHIO MEDICAID HEALTH CARE COVERAGE TO ELIGIBLE OHIO RESIDENTS PARAMOUNT ADVANTAGE WORKS IN CLOSE COLLABORATION WITH PHYSICIANS AND OTHER PROVIDERS TO MONITOR AND IMPROVE PERFORMANCE IN CLINICAL OUTCOMES, MEDICAL AND BEHAVIORAL HEALTH SERVICES, AND PATIENT SAFETY TO SUPPORT THIS COMMITMENT, PARAMOUNT DEVOTED A RANGE OF RESOURCES TO CLINICAL QUALITY IMPROVEMENT, PARTICULARLY CASE MANAGEMENT PARAMOUNT ADVANTAGE HAS ESTABLISHED THREE STRATEGIC FOCUS AREAS TO IDENTIFY HIGH RISK PATIENTS, IMPROVE CARE, AND IMPROVE QUALITY OF LIFE AND DEVOTES FURTHER RESOURCES TO IMPROVING CARE IN THE AREAS OF DIABETES CARE, MATERNAL & NEWBORN HEALTH, AND BEHAVIORAL HEALTH SERVICES THE ADVANTAGE NETWORK IS A STATEWIDE, COMPREHENSIVE PANEL OF PROVIDERS THAT PROVIDES ACUTE, PREVENTATIVE, BEHAVIORAL HEALTH, PHARMACY, DENTAL AND VISION CARE THROUGHOUT THE STATE OUR PANEL CURRENTLY EXCEEDS 35,000 PROVIDERS AND EXCEEDS STATE MINIMUM REQUIREMENTS FOR THE NUMBER OF PCPS

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	16
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	11
<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	0
<b>6</b> Total number of volunteers (estimate if necessary)	6	13
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	0	0
<b>9</b> Program service revenue (Part VIII, line 2g)	256,884,725	1,000,396,481
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	232,981	1,050,547
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	72	110
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	257,117,778	1,001,447,138
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,196,676	34,254,066
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	240,216,450	979,888,179
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	248,413,126	1,014,142,245
<b>19</b> Revenue less expenses Subtract line 18 from line 12	8,704,652	-12,695,107

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	269,008,262	263,193,067
<b>21</b> Total liabilities (Part X, line 26)	121,316,185	130,307,375
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	147,692,077	132,885,692

**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: MICHAEL P BROWNING TREASURER  
Date: 2017-11-09  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: SAMANTHA BOKORI  
Preparer's signature: SAMANTHA BOKORI  
Date:  
Check  if self-employed PTIN: P01057347  
Firm's name: ▶ DELOITTE TAX LLP Firm's EIN: ▶ 86-1065772  
Firm's address: ▶ 111 MONUMENT CIRCLE SUITE 4200 INDIANAPOLIS, IN 462045108 Phone no: (317) 464-8600

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

THE MISSION OF PARAMOUNT ADVANTAGE IS TO FACILITATE THE PROVISION OF HEALTH CARE SERVICES FOR ELIGIBLE OHIO MEDICAID CONSUMERS THROUGH A COMPREHENSIVE NETWORK OF PHYSICIANS, HOSPITALS, AND OTHER PROVIDERS AND TO ADVANCE THE BETTERMENT OF HEALTH CARE THROUGHOUT THE STATE OF OHIO KEY ELEMENTS TO ENSURE THAT OUR MISSION IS ACCOMPLISHED INCLUDE PROMOTING PREVENTATIVE HEALTH CARE PROGRAMS, COORDINATING SERVICES AMONG MEMBERS AND PROVIDERS, PARTICIPATING IN PROGRAMS OR ACTIVITIES THAT PROVIDE RELATED HEALTH CARE SERVICES, EDUCATION, COUNSELING, SOCIAL SERVICES ASSISTANCE, AND ADVOCACY ON BEHALF OF OUR OHIO MEDICAID MEMBERS AND THE COMMUNITY AT LARGE

**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 \$ 983,592,254 including grants of \$ ) (Revenue \$ 1,000,396,591 )  
See Additional Data

**4b** (Code ) (Expenses \$ 109,790 including grants of \$ ) (Revenue \$ )  
See Additional Data

**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 ▶ 983,702,044

**Part IV Checklist of Required Schedules**

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

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

		Yes	No
<b>20a</b>	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>20b</b>			
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>		No
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		No
<b>24b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>24c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>24d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (16), 1b (11), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17, 18, 19, 20.

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(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			
(1) AMY LYNN HALL ..... TRUSTEE	1 00 ..... 0 00	X						0	0	0
(2) ANDREA M GIBBONS ..... TRUSTEE	1 00 ..... 0 00	X						0	0	0
(3) CATHY LYNN CANTOR MD ..... TRUSTEE	1 00 ..... 40 00	X						0	412,296	31,905
(4) CYNTHIA A GERONIMO ..... TRUSTEE	1 00 ..... 0 00	X						0	0	0
(5) DEE A BIALECKI-HAASE MD ..... TRUSTEE	1 00 ..... 40 50	X						0	337,189	21,113
(6) GARRY W ROBERTS ..... TRUSTEE	1 00 ..... 0 00	X						0	0	0
(7) JEFFREY W BOERSMA ..... TRUSTEE	1 00 ..... 0 00	X						0	0	0
(8) JOHN C RANDOLPH ..... PRESIDENT, EX OFFICIO	1 00 ..... 41 00	X		X				0	677,354	158,081
(9) JUDI A GRIBBLE ..... TRUSTEE	1 00 ..... 0 00	X						0	0	0
(10) JULIE A BARTNIK ..... TRUSTEE	1 00 ..... 0 00	X						0	0	0
(11) LYNN E OLMAN ..... TRUSTEE	1 00 ..... 0 00	X						0	0	0
(12) MARK L FERRIS ..... TRUSTEE	1 00 ..... 0 00	X						0	0	0
(13) RICHARD A WASSERMAN ..... TRUSTEE	1 00 ..... 0 00	X						0	0	0
(14) ROBERT W LACLAIR ..... CHAIRPERSON	1 00 ..... 2 00	X		X				0	0	0
(15) TIMOTHY BUBLICK ..... TRUSTEE	1 00 ..... 0 00	X						0	0	0
(16) TRACI N WATKINS MD ..... TRUSTEE	1 00 ..... 40 00	X						0	267,264	27,718
(17) VINCENT M DAVIS ..... TRUSTEE	1 00 ..... 0 00	X						0	0	0

**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			
(18) ALAN M SATTLER ..... TREASURER (THRU 2/16)	0 50 ..... 51 00			X				0	641,062	76,678
(19) GARY AKENBERGER ..... INTERIM TREASURER (3/16 TO 7/16)	0 50 ..... 50 00			X				0	461,216	92,553
(20) JEFFREY C KUHN ..... SECRETARY	0 50 ..... 51 00			X				0	674,920	143,195
(21) MICHAEL P BROWNING ..... TREASURER	0 50 ..... 50 50			X				0	296,524	4,420
(22) JEFFREY MARTIN ..... VP OPERATIONS, PARAMOUNT	40 00 ..... 0 00				X			0	260,543	39,708
(23) JOHN MEIER ..... VP OPERATIONS, PARAMOUNT	40 00 ..... 0 00				X			0	346,362	57,740
(24) STACEY L BOCK ..... VP FINANCE, PARAMOUNT	40 00 ..... 2 00				X			0	249,319	36,368
<b>1b Sub-Total</b> . . . . . ▶										
<b>1c Total from continuation sheets to Part VII, Section A</b> . . . . . ▶										
<b>1d Total (add lines 1b and 1c)</b> . . . . . ▶										
								0	4,624,049	689,479

**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
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		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
CVS CAREMARK ONE CVS DRIVE WOONSOCKET, RI 02895	PRESCRIPTION BENEFIT MANAGEMENT	315,793,131
DENTAQUEST 465 MEDFORD ST BOSTON, MA 02129	DENTAL BENEFIT ADMINISTRATION	32,233,023

**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 ▶ **2**



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>					
	<b>b</b> Membership dues . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . .	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____						
	<b>h Total.</b> Add lines 1a-1f . . . . .						
<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> NET PREMIUM REVENUE		524114	1,000,396,481	1,000,396,481		
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f . . . . .			1,000,396,481				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			1,740,420		1,740,420	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less rental expenses					
		<b>c</b> Rental income or (loss)					
		<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses					
		<b>c</b> Gain or (loss)					
		<b>d</b> Net gain or (loss) . . . . .			-689,873		-689,873
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>					
	<b>b</b> Less direct expenses . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events . . . . .						
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue	Business Code						
<b>11a</b> MEDICAL RECORDS	900099		110	110			
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			110				
<b>12 Total revenue.</b> See Instructions . . . . .			1,001,447,138	1,000,396,591	0	1,050,547	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	32,487,438	20,850,018	11,637,420	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	261,691	165,055	96,636	
<b>9</b> Other employee benefits.	969,501	611,493	358,008	
<b>10</b> Payroll taxes.	535,436	337,716	197,720	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management.				
<b>b</b> Legal.	29,084		29,084	
<b>c</b> Accounting.	171,051	29,671	141,380	
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.	90,055		90,055	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	14,787,382	13,308,643	1,478,739	
<b>12</b> Advertising and promotion.	2,265,374		2,265,374	
<b>13</b> Office expenses.	626,649		626,649	
<b>14</b> Information technology.	5,992,580		5,992,580	
<b>15</b> Royalties.				
<b>16</b> Occupancy.	141,311	62,361	78,950	
<b>17</b> Travel.	548,221	350,001	198,220	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.				
<b>20</b> Interest.	164,915		164,915	
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	1,652,308		1,652,308	
<b>23</b> Insurance.	19,336		19,336	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MEDICAL EXPENSE	865,119,888	865,119,888		
<b>b</b> TAXES	80,815,244	80,326,448	488,796	
<b>c</b> INTERCOMPANY SERVICES	2,944,363		2,944,363	
<b>d</b> MATERNAL HEALTH PROGRAM	2,206,152	2,206,152		
<b>e</b> All other expenses	2,314,266	334,598	1,979,668	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	1,014,142,245	983,702,044	30,440,201	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	175,578,004	<b>1</b>	73,520,565
	<b>2</b> Savings and temporary cash investments . . . . .	67,973,912	<b>2</b>	161,379,080
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	9,863,725	<b>4</b>	9,888,281
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	14,500	<b>9</b>	759,044
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b>		
	<b>b</b> Less accumulated depreciation	<b>10b</b>		<b>10c</b>
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	15,578,121	<b>15</b>	17,646,097
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	269,008,262	<b>16</b>	263,193,067	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	25,054,982	<b>17</b>	32,767,376
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	96,261,203	<b>25</b>	97,539,999
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	121,316,185	<b>26</b>	130,307,375
<b>Net Assets or Fund Balances</b>	<b>27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	147,692,077	<b>27</b>	132,885,692
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33 Total net assets or fund balances . . . . .</b>	147,692,077	<b>33</b>	132,885,692
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	269,008,262	<b>34</b>	263,193,067

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	1,001,447,138
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	1,014,142,245
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	-12,695,107
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	147,692,077
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	-2,111,278
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	132,885,692

**Part XII Financial Statements and Reporting**

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

		Yes	No
<p><b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p><b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2a</b>		No
<p><b>b</b> Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis</p>	<b>2b</b>	Yes	
<p><b>c</b> 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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	<b>2c</b>	Yes	
<p><b>3a</b> 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?</p>	<b>3a</b>		No
<p><b>b</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</p>	<b>3b</b>		

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 20-3376102

**Name:** PARAMOUNT ADVANTAGE

Form 990 (2016)

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

PARAMOUNT ADVANTAGE ADMINISTERS OHIO MEDICAID HEALTH CARE COVERAGE TO ELIGIBLE OHIO RESIDENTS - SEE SCHEDULE O

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

CONSISTENT WITH OUR MISSION, PARAMOUNT ADVANTAGE PROVIDES A SIGNIFICANT AMOUNT OF COMMUNITY BENEFIT INCLUDING CASH AND IN-KIND CONTRIBUTIONS - SEE SCHEDULE O

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**SCHEDULE A**  
**(Form 990 or**  
**990EZ)**

**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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PARAMOUNT ADVANTAGE

Employer identification number

20-3376102

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

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

**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, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI))						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13</b>	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2015 Schedule A, Part II, line 14	<b>15</b>	
<b>16a</b>	<b>33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b</b>	<b>33 1/3% support test—2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>17a</b>	<b>10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b</b>	<b>10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>18</b>	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				256,884,725	1,000,396,481	1,257,281,206
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5				256,884,725	1,000,396,481	1,257,281,206
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
<b>c</b> Add lines 7a and 7b						0
<b>8 Public support.</b> (Subtract line 7c from line 6.)						1,257,281,206

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>9</b> Amounts from line 6				256,884,725	1,000,396,481	1,257,281,206
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				319,688	1,740,420	2,060,108
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b				319,688	1,740,420	2,060,108
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI).)				72	110	182
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)				257,204,485	1,002,137,011	1,259,341,496
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;"><input checked="" type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2015</b> Schedule A, Part III, line 17	<b>18</b>	

- 19a 33 1/3% support tests—2016.** 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—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **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)
<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

**Section B - Minimum Asset Amount**

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

**Section C - Distributable Amount**

		Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b> Enter 85% of line 1	<b>2</b>	
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b> Income tax imposed in prior year	<b>5</b>	
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2016			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2016 from Section D, line 7			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b> Excess from 2013. . . . .			
<b>c</b> Excess from 2014. . . . .			
<b>d</b> Excess from 2015. . . . .			
<b>e</b> Excess from 2016. . . . .			

**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).

<b>Facts And Circumstances Test</b>

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART III	PARAMOUNT ADVANTAGE WAS RECOGNIZED AS A 501(C)(3) TAX-EXEMPT ORGANIZATION AS OF OCTOBER 1, 2015 AS A RESULT, TAX YEAR 2015 WAS A SHORT YEAR COVERING THE PERIOD FROM OCTOBER 1, 2015 THROUGH DECEMBER 31, 2015

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART III, SECTION B, LINE 12	EXPLANATION FOR OTHER INCOME 2015 \$72 - MEDICAL RECORDS \$72 - TOTAL OTHER INCOME 2016 \$110 - MEDICAL RECORDS \$110 - TOTAL OTHER INCOME

Schedule A Form 990 or 990-E 2016



**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

▶ 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.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
PARAMOUNT ADVANTAGE

**Employer identification number**  
20-3376102

**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
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> 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
<b>a</b> Total number of conservation easements	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	<b>2d</b>

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

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

**a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

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

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . .

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .				
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				0

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 )		

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	7,452,258
(2) OTHER RECEIVABLES	6,779,283
(3) CERTIFICATE OF DEPOSIT	3,414,556
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	17,646,097

**Part X Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DUE TO AFFILIATES	1,716,794
ACCRUED CLAIMS	95,823,205
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	97,539,999

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	999,245,805
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-2,111,278
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>	-90,055
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-2,201,333
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	1,001,447,138
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12) . . . . .	<b>5</b>	1,001,447,138

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	1,014,052,190
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	1,014,052,190
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	90,055
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	90,055
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18) . . . . .	<b>5</b>	1,014,142,245

**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:** 20-3376102

**Name:** PARAMOUNT ADVANTAGE

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2	PARAMOUNT ADVANTAGE IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF PROMED ICA HEALTH SYSTEM, INC AND SUBSIDIARIES (PHS) THE FOLLOWING REFLECTS PHS'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER ASC 740 EXCEPT AS NOTED BELOW, PHS DID NOT HAVE ANY MATERIAL UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2016 AND 2015 FOR THE TAX YEARS ENDED DECEMBER 31, 2016 AND 2015, A TAXABLE SUBSIDIARY OF PHS DID NOT RECOGNIZE A LIABILITY FOR UNCERTAIN TAX POSITIONS THE SUBSIDIARY RECOGNIZED A CREDIT TO INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS OF \$(340,000) AS OF DECEMBER 31, 2016 AND AN EXPENSE OF \$169,000 FOR 2015 PARAMOUNT ADVANTAGE DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2016 AND 2015

# Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	INVESTMENT MANAGEMENT FEES -90,055

**Schedule J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

OMB No 1545-0047

**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.**

**2015**  
**Open to Public Inspection**

▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization PARAMOUNT ADVANTAGE	Employer identification number 20-3376102
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**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	<b>1b</b>									
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<b>4</b> 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:										
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No								
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	Yes								
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>										
<b>5</b> 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:										
<b>a</b> The organization?	<b>5a</b>	No								
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	<b>5b</b>	No								
<b>6</b> 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:										
<b>a</b> The organization?	<b>6a</b>	No								
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	<b>6b</b>	No								
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>	No								
<b>8</b> 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.	<b>8</b>	No								
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>									



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

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

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

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

**Part III Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 3	PROMEDICA HEALTH SYSTEM, INC , A RELATED TAX-EXEMPT ORGANIZATION OF PARAMOUNT ADVANTAGE, 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

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 20-3376102  
**Name:** PARAMOUNT ADVANTAGE

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CATHY LYNN CANTOR MD TRUSTEE	(i)	0	0	0	0	0	0	
	(ii)	407,222	3,333	1,741	4,381	27,524	444,201	
1 DEE A BIALECKI-HAASE MD TRUSTEE	(i)	0	0	0	0	0	0	
	(ii)	273,042	61,466	2,681	16,591	4,522	358,302	
2 JOHN C RANDOLPH PRESIDENT, EX OFFICIO	(i)	0	0	0	0	0	0	
	(ii)	471,854	193,904	11,596	135,488	22,593	835,435	
3 TRACI N WATKINS MD TRUSTEE	(i)	0	0	0	0	0	0	
	(ii)	179,216	68,629	19,419	6,623	21,095	294,982	
4 ALAN M SATTLER TREASURER (THRU 2/16)	(i)	0	0	0	0	0	0	
	(ii)	453,183	182,107	5,772	53,128	23,550	717,740	
5 GARY AKENBERGER INTERIM TREASURER (3/16 TO 7/16)	(i)	0	0	0	0	0	0	
	(ii)	334,448	103,978	22,790	70,694	21,859	553,769	
6 JEFFREY C KUHN SECRETARY	(i)	0	0	0	0	0	0	
	(ii)	468,368	174,744	31,808	121,789	21,406	818,115	
7 MICHAEL P BROWNING TREASURER	(i)	0	0	0	0	0	0	
	(ii)	212,431	75,000	9,093	0	4,420	300,944	
8 JEFFREY MARTIN VP OPERATIONS, PARAMOUNT	(i)	0	0	0	0	0	0	
	(ii)	215,560	43,017	1,966	21,304	18,404	300,251	
9 JOHN MEIER VP OPERATIONS, PARAMOUNT	(i)	0	0	0	0	0	0	
	(ii)	278,187	65,674	2,501	35,649	22,091	404,102	
10 STACEY L BOCK VP FINANCE, PARAMOUNT	(i)	0	0	0	0	0	0	
	(ii)	205,703	41,129	2,487	14,449	21,919	285,687	

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

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PARAMOUNT ADVANTAGE

Employer identification number

20-3376102

**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**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7A	PROMEDICA HEALTH SYSTEM, INC (PHS) IS THE PARENT CORPORATION AND SOLE MEMBER OF PROMEDICA INSURANCE CORPORATION, WHICH IS THE SOLE MEMBER OF PARAMOUNT ADVANTAGE PHS HAS THE RIGHT TO (A) ELECT AND REMOVE THE MEMBERS OF THE BOARD OF TRUSTEES OF PARAMOUNT ADVANTAGE, AND (B) FILL ANY VACANCY OF THE BOARD OF TRUSTEES

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>PROMEDICA HEALTH SYSTEM, INC AND AFFILIATES (PHS) HAVE STANDARDS OF CONDUCT THAT APPLY TO ALL PHS BOARD MEMBERS AND EMPLOYEES BOARD MEMBERS AND EMPLOYEES ARE EXPECTED TO CERTIFY THEIR COMPLIANCE WITH THE APPLICABLE STANDARDS PRIOR TO ELECTION/APPOINTMENT OR PRIOR TO BEGINNING EMPLOYMENT BOARD MEMBERS ANNUALLY (OR IMMEDIATELY IF NEW POTENTIAL CONFLICTS OF INTEREST ARISE), ALL BOARD MEMBERS ARE REQUIRED TO COMPLETE AND RETURN THE BOARD MEMBER CERTIFICATION STATEMENT WITHIN 30 DAYS OF DISSEMINATION BOARD MEMBER CERTIFICATION STATEMENTS ARE COMPILED AND REVIEWED BY THE V P , AUDIT &amp; COMPLIANCE/CHIEF COMPLIANCE OFFICER (CCO ) SUMMARIZED INFORMATION IS FORWARDED FOR REVIEW TO THE CHIEF FINANCIAL OFFICER, GENERAL COUNSEL, BUSINESS UNIT PRESIDENTS AND 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 &amp; COMPLIANCE, ANY POTENTIAL UNDISCLOSED CONFLICTS THE AUDIT &amp; COMPLIANCE DEPARTMENT THEN CONDUCTS AN AUDIT OF ALL BOARD MEMBER CERTIFICATION STATEMENTS (ALONG WITH ANY RELATIONSHIPS NOTED THROUGH THE ABOVE REVIEW) TO IDENTIFY ANY POSITIONAL CONFLICTS OF INTEREST AND TO TEST MATERIAL TRANSACTIONS WITH BOARD MEMBERS/THEIR AFFILIATES FOR FAIR MARKET VALUE THE RESULTS OF THE AUDIT ARE REPORTED DIRECTLY TO THE CHAIR OF THE AUDIT &amp; 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 FILE THE CERTIFICATION STATEMENT, OR THE FILING OF A FALSE OR INCOMPLETE CERTIFICATION STATEMENT, 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 BOARD MEMBER'S CERTIFICATION STATEMENT 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 &amp; 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 &amp; COMPLIANCE DEPARTMENT ALL NEW EMPLOYEES, EXCLUDING EMPLOYED PHYSICIANS, ARE</p>



**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	E OF THE POSTING THE PPG PRESIDENT/CHIEF MEDICAL OFFICER OR DESIGNEE WILL PROVIDE THE PHY SICIAN-INDUSTRY RELATIONSHIP DISCLOSURES TO THE APPLICABLE PHS MARKETING/COMMUNICATIONS REPRESENTATIVE THE PUBLIC DISCLOSURE WILL BE POSTED ON THE PROMEDICA HEALTH SYSTEM, INC WEBSITE (HTTPS //WWW PROMEDICA ORG/PAGES/ABOUT-US/INDUSTRY-RELATIONSHIPS ASPX) DATABASE BY THE PHS MARKETING/COMMUNICATIONS REPRESENTATIVE

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15	PARAMOUNT ADVANTAGE'S TOP MANAGEMENT OFFICIAL AND OTHER OFFICERS ARE COMPENSATED BY PROMEDICA HEALTH SYSTEM, INC (PHS), A RELATED TAX-EXEMPT ORGANIZATION COMPENSATION DETERMINATIONS OF PARAMOUNT ADVANTAGE'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, Organizational Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4</p>	<p>PROMEDICA HEALTH SYSTEM, INC - PROGRAM SERVICE ACCOMPLISHMENTS ESTABLISHED IN 1986, PROMEDICA HEALTH SYSTEM, INC (PROMEDICA) IS A MISSION-BASED, LOCALLY OWNED, NOT-FOR-PROFIT HEALTHCARE ORGANIZATION HIGHLY FOCUSED ON ACHIEVING CORE VALUES HEADQUARTERED IN TOLEDO, OHIO, PROMEDICA SERVES 27 COUNTIES IN NORTHWEST OHIO AND SOUTHEAST MICHIGAN AND IS ONE OF THE REGION'S LEADING HEALTHCARE PROVIDERS OUR STEWARDSHIP OF RESOURCES HAS ENABLED US TO WISELY INVEST IN CUTTING-EDGE TECHNOLOGY, INNOVATIVE PROGRAMS AND FAMILY-CENTERED FACILITIES THAT HELP TO ENSURE PATIENTS AND AREA RESIDENTS HAVE EQUAL ACCESS TO HIGH-QUALITY, SAFE CARE IN THE MOST APPROPRIATE SETTING, REGARDLESS OF A PATIENT'S ABILITY TO PAY BASED ON NEEDS THAT WE HAVE ASSESSED WITHIN THE COMMUNITIES WE SERVE, PROMEDICA LAUNCHED NEW SERVICES AND PROGRAMS IN 2016 TO HELP MEET THE GROWING DEMANDS OF LOCAL CONSUMERS ACROSS ALL SPECTRUMS OF LIFE, INCLUDING THOSE INDIVIDUALS WHO ARE OFTEN THE MOST VULNERABLE WHEN IT COMES TO HEALTH CARE THE ELDERLY, POOR AND UNDERSERVED PROMEDICA'S MISSION IS TO IMPROVE THE HEALTH AND WELL-BEING OF THOSE WE SERVE THIS IS REFLECTED IN OUR FOUR CORE VALUES, INCLUDING COMPASSION - WE TREAT OUR PATIENTS AND EACH OTHER WITH RESPECT, INTEGRITY AND DIGNITY, INNOVATION - WE CONTINUALLY SEARCH TO FIND A BETTER WAY FORWARD, TEAMWORK - WE PARTNER WITH OTHERS BECAUSE WE ARE BETTER TOGETHER THAN APART, AND EXCELLENCE - WE STRIVE TO BE THE BEST IN ALL WE DO PROMEDICA AND ITS AFFILIATES COMPRISE 332 SITES, MORE THAN 2,300 PHYSICIANS AND APPROXIMATELY 15,000 EMPLOYEES AND VOLUNTEERS DURING 2016, PROMEDICA DISCHARGED 7,350 INPATIENTS AND SERVED MORE THAN 1,327,996 OUTPATIENTS, WHILE HANDLING 317,795 EMERGENCY VISITS SYSTEM-WIDE AMONG THE REGION'S LARGEST EMPLOYERS, PROMEDICA PLAYS A SIGNIFICANT ROLE IN ECONOMIC DEVELOPMENT AND STABILITY IN OUR REGION DURING 2016, FOR EVERY ONE DOLLAR OF REVENUE, ANOTHER 27 CENTS WAS CREATED IN OUR SERVICE-AREA ECONOMY, WITH A TOTAL ECONOMIC OUTPUT OF \$4.0 BILLION WE ALSO CREATE A DIRECT ECONOMIC IMPACT WITH OUR REVENUE, PAYROLL AND EMPLOYMENT ADDITIONALLY, SPENDING ON SERVICES AND MATERIALS WITH VENDORS IN OUR REGION CREATES AN INDIRECT ECONOMIC BENEFIT OUR PHYSICIANS AND PROVIDERS, LEADERSHIP TEAM MEMBERS AND EMPLOYEES INDIVIDUALLY CONTRIBUTE PERSONAL RESOURCES TO THE COMMUNITY IN NUMEROUS WAYS - SUCH AS THROUGH TUTORING ELEMENTARY STUDENTS IN READING AND OTHER LIFE SKILLS, PROVIDING MONTHLY HEALTH LECTURES AT LOCAL SENIOR CENTERS, GENEROUSLY CONTRIBUTING TO COMMUNITY FUNDRAISING CAMPAIGNS SUCH AS UNITED WAY, PARTICIPATING IN MEDICAL MISSIONS, SERVING ON LOCAL NOT-FOR-PROFIT BOARDS, AND DONATING NONPERISHABLE GOODS TO NUMEROUS LOCAL FOOD PANTRIES AND CHURCHES - UNDERSCORING A KEY BENEFIT OF PROMEDICA BEING LOCALLY OWNED AND OPERATED PROMEDICA'S MEMBER AND AFFILIATE HOSPITALS INCLUDE THE TOLEDO HOSPITAL, TOLEDO CHILDREN'S HOSPITAL (OPERATING AS PART OF THE TOLEDO HOSPITAL), PROMEDICA WILDWOOD ORTHOPAEDIC AND SPINE HOSPITAL (A DIVI</p>

**990 Schedule O, Organizational Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4</p>	<p>SION OF THE TOLEDO HOSPITAL), FLOWER HOSPITAL, FOSTORIA HOSPITAL ASSOCIATION, DEFIANCE HOS PITAL, INC , BAY PARK COMMUNITY HOSPITAL, HERRICK MEMORIAL HOSPITAL, INC , EMMA L BIXBY M EDICAL CENTER, MEMORIAL HOSPITAL, AND MERCY MEMORIAL HOSPITAL CORPORATION IN 2016, PROMED ICA ALSO PROVIDED INTEGRATED SERVICES, COMPRISED OF - PROMEDICA CONTINUING CARE SERVICES CORPORATION, PROVIDING REHABILITATION, HOSPICE, HOME CARE, AMBULATORY AND SENIOR SERVICES, COMMUNITY HEALTH, MEDICAL TRANSPORTATION SERVICES, AND CARE COORDINATION - PROMEDICA PHY SICI AN GROUP (PROMEDICA PHYSICIANS), WITH APPROXIMATELY 900 HEALTHCARE PROVIDERS, INCLUDIN G PRIMARY CARE, OBSTETRICS AND SPECIALTY PHYSICIANS, AS WELL AS ADVANCED PRACTICE PROVIDER S TOGETHER, THIS GROUP HELPS PROMEDICA BROADEN THE CARE WE OFFER TO AREA RESIDENTS, INCLU DING IN SMALLER, OUTLYING COMMUNITIES - PROMEDICA INSURANCE CORPORATION, THE LARGEST HEAL TH MAINTENANCE ORGANIZATION PHYSICALLY LOCATED IN NORTHWEST OHIO IN 2016, PARAMOUNT ADVAN TAGE PROVIDED MEDICAID COVERAGE TO MORE THAN 235,000 MEMBERS ACROSS ALL OF OHIO'S 88 COUNT IES - PROMEDICA INDEMNITY CORPORATION, PROVIDING MEDICAL PROFESSIONAL AND COMPREHENSIVE G ENERAL LIABILITY COVERAGE FOR PROMEDICA, INCLUDING IN OUTLYING AREAS WHERE PRIMARY-CARE PH YSICIAN RECRUITMENT IS DIFFICULT - TWELVE CONTROLLED FOUNDATIONS THAT SERVE AS FUNDRAISIN G ENTITIES FOR THEIR RESPECTIVE HOSPITALS/BUSINESS UNITS AND FACILITIES, SUCH AS THE EBEID HOSPICE RESIDENCE ON THE FLOWER HOSPITAL CAMPUS AND THE MARY ELLEN FALZONE DIABETES CENTE R ON THE CAMPUS OF THE TOLEDO HOSPITAL PROMEDICA'S SPECIALIZED CARE INCLUDES ONCOLOGY, OR THOPAEDICS, HEART AND VASCULAR, NEUROLOGY, REHABILITATIVE, AND BEHAVIORAL MEDICINE, AS WEL L AS WOMEN'S AND PEDIATRIC CARE A FUNDAMENTAL PART OF OUR MISSION IS THAT OUR SERVICES AR E TAILORED TO THE NEEDS OF OUR COMMUNITIES AND THEY ARE AVAILABLE TO EVERYONE IN OUR COMMU NITY, REGARDLESS OF THEIR ABILITY TO PAY IN ADDITION TO BEING A STRONG ADVOCATE FOR THE H EALTH AND WELL-BEING OF OTHERS, PROMEDICA PROVIDES AND PROMOTES COMMUNITY WELLNESS, COLLAB ORATING WITH APPROXIMATELY 300 NONPROFIT AGENCIES AND ORGANIZATIONS ACROSS OUR REGION IN 2 016 THAT HAD VALUES AND MISSIONS SIMILAR TO OUR OWN PROMEDICA IS CONTINUALLY IMPROVING IT S SERVICES, FACILITIES, TECHNOLOGIES, AND OUTREACH EFFORTS TO MEET THE EVER-CHANGING NEEDS OF ITS DIVERSE POPULATIONS IN DIRECT RESPONSE TO COMMUNITY NEEDS, A FEW EXAMPLES FROM 20 16 INCLUDE THE FOLLOWING - IN 2016, PROMEDICA WELCOMED ITS FIRST WAVE OF 30 MEDICAL RESID ENTS FROM THE UNIVERSITY OF TOLEDO COLLEGE OF MEDICINE AND LIFE SCIENCES AS PART OF THE AC ADEMIC AFFILIATION CREATED IN 2015 THE COLLABORATION WILL HELP ADVANCE MEDICAL EDUCATION AND CLINICAL RESEARCH IN NORTHWEST OHIO, BUILDING A LEGACY MODEL OF HEALTH CARE THAT WILL BENEFIT COMMUNITY MEMBERS ACROSS THE REGION FOR GENERATIONS TO COME - PROMEDICA CONTINUED TO ROLL OUT ITS NEW ELECTRONIC HEALTH RECORD (EHR), EPIC THE NOVEMBER GO-LIVE FOR PROMED ICA TOLEDO AND TOLEDO CHILDREN</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4	<p>'S HOSPITALS, PROMEDICA BAY PARK HOSPITAL, AND MORE THAN 350 PROMEDICA PHYSICIANS PROVIDERS, WAS THE LARGEST TO DATE. ALSO ON THE NEW EPIC PLATFORM ARE PROMEDICA FLOWER, DEFIANCE REGIONAL, AND FOSTORIA COMMUNITY HOSPITALS AND AFFILIATED PROMEDICA PHYSICIANS PROVIDERS. THE SYSTEM'S REMAINING HOSPITALS AND PROVIDERS WILL GO-LIVE WITH EPIC IN THE SECOND QUARTER OF 2017. THE NEW PLATFORM FURTHER ENABLES ONE PATIENT, ONE RECORD, AND ONE BILL FOR PATIENTS REGARDLESS OF SERVICE PROVIDED OR THE LOCATION OF SERVICE ACROSS PROMEDICA. - PROMEDICA BROKE GROUND FOR CONSTRUCTION OF ITS NEW GENERATIONS BED TOWER ON THE CAMPUS OF PROMEDICA A TOLEDO AND TOLEDO CHILDREN'S HOSPITALS. THE NEW FACILITY WILL BE 13 STORIES TALL WITH MORE THAN 300 PATIENT BEDS AND WILL OFFER IMPROVED ACCESS FOR PATIENTS WHILE PROVIDING THE LATEST TECHNOLOGY AND PROCESSES TO ENSURE SAFE, HIGH QUALITY ENVIRONMENT FOR PATIENT CARE AND HEALING. UPON COMPLETION, THE GENERATIONS TOWER WILL REPLACE THE CURRENT LEGACY TOWER PORTION OF TOLEDO HOSPITAL. IT IS EXPECTED TO OPEN FOR PATIENT CARE BY THE END OF 2019. - PROMEDICA OPENED ITS NEW HEALTH AND WELLNESS CENTER, IN SYLVANIA, OHIO, TO PROVIDE CONVENIENT ACCESS TO MORE THAN 100 PRIMARY CARE AND SPECIALTY PROVIDERS AS WELL AS LABORATORY AND DIAGNOSTIC IMAGING SERVICES, FULL SERVICE PHARMACY, ENDOSCOPY CENTER, AN OPTICAL CENTER, AND MORE. THE CENTER WAS DESIGNED TO PROVIDE A FULL RANGE OF PATIENT CARE SERVICES IN A SINGLE, CONVENIENT LOCATION AND TO ENHANCE COLLABORATION AMONG PROVIDERS AND OTHER HEALTHCARE SERVICES. - PROMEDICA CANCER INSTITUTE AND THE CLEVELAND CLINIC CANCER CENTER ESTABLISHED A FORMAL ALLIANCE TO EXPAND ACCESS TO SPECIALIZED CANCER TREATMENTS, CLINICAL EXPERTISE, AND RESEARCH STUDIES FOR PATIENTS IN OUR REGION. THE NEW ALLIANCE ALSO INCLUDES A STREAMLINED REFERRAL PROCESS AND MAKES IT EASIER FOR PATIENTS TO OBTAIN SECOND OPINION CONSULTATIONS WITH A CLEVELAND CLINIC CANCER SPECIALIST. - PROMEDICA PARTNERED WITH STRATEGIC HEALTHCARE TO LAUNCH THE PROMEDICA VETERAN CONNECTION PROGRAM TO IMPROVE HEALTHCARE ACCESS FOR LOCAL VETERANS WHO HAVE SUFFERED SERVICE-RELATED INJURIES. THE PROGRAM ALLOWS VETERANS, WHO PREVIOUSLY HAD TO TRAVEL TO VETERAN'S ADMINISTRATION (VA) MEDICAL CENTERS, TO RECEIVE TREATMENT FROM PROMEDICA PROVIDERS AND FACILITIES UPON MEETING CERTAIN PROGRAM GUIDELINES AND RECEIVING PRE-AUTHORIZATIONS FROM THE VA. - PROMEDICA OPENED ADDITIONAL URGENT CARE CENTERS IN THE METRO-TOLEDO AREA, TO SERVE PATIENTS WHO HAVE MEDICAL CONCERNS THAT DO NOT REQUIRE AN EMERGENCY CENTER. A TOTAL OF FIVE URGENT CARE CENTERS ARE NOW OPEN 10 A.M. TO 10 P.M., 365 DAYS PER YEAR, AND ARE STAFFED BY HIGHLY-TRAINED CERTIFIED NURSE PRACTITIONERS.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>- PROMEDICA PHYSICIANS EXPANDED CARE TO BETTER COVER LOCAL AND RURAL</p>	<p>COMMUNITIES, ADDING ABOUT 135 NEW PRIMARY CARE PHYSICIANS, SPECIALISTS AND ADVANCED PRACTICE PROVIDERS IN 2016 - PROMEDICA PARTICIPATED IN DOZENS OF COMMUNITY HEALTH FAIRS THAT INCLUDED MORE THAN 7,000 FREE PUBLIC SCREENINGS FOR HIGH BLOOD PRESSURE, HIGH CHOLESTEROL, BODY MASS INDEX AND BONE DENSITY - A NEW COLLABORATION BETWEEN PROMEDICA PHYSICIANS CARDIOLOGISTS AND HEMATOLOGISTS/ONCOLOGISTS BROUGHT A NEW SERVICE TO PROMEDICA CANCER INSTITUTE PATIENTS AT RISK FOR HEART DAMAGE LOCATED AT FLOWER HOSPITAL, THE CLINIC SEES CANCER PATIENTS WITH A HISTORY OF HEART DISEASE, AND PATIENTS WHO DEVELOP HEART COMPLICATIONS DURING TREATMENT IT IS ESTIMATED THAT NEARLY ONE THIRD OF CANCER PATIENTS EXPERIENCE LONG-LASTING HEART DAMAGE AS A RESULT OF THEIR TREATMENT - AS PART OF ITS HUNGER-FREE INITIATIVE, PROMEDICA CONTINUED TO IMPLEMENT A FOOD RECLAMATION PROGRAM MORE THAN 315,000 POUNDS OF FOOD HAVE BEEN RECLAIMED FROM PARTNERS SUCH AS HOLLYWOOD CASINO, TOLEDO HOSPITAL, AND FLOWER HOSPITAL SINCE THE PROGRAM STARTED IN 2013 THE FOOD IS DISTRIBUTED DIRECTLY TO COMMUNITY ORGANIZATIONS THAT PROVIDE MEALS FOR THOSE IN NEED - PROMEDICA CANCER INSTITUTE'S (PCI) COMMUNITY OUTREACH INCLUDED CANCER SCREENINGS AND EDUCATION TO THE MOST VULNERABLE IN OUR COMMUNITY FREE SCREENING MAMMOGRAMS, AS WELL AS SKIN CANCER AND LUNG CANCER SCREENINGS WERE PROVIDED FOR EARLY DETECTION PROSTATE CANCER SCREENING, COLORECTAL CANCER EDUCATION, AND NUTRITIONAL PROGRAMS WERE DEVELOPED TO KEEP PEOPLE HEALTHY PCI ALSO HOSTED ANNUAL CANCER SURVIVOR CELEBRATIONS FOR SURVIVORS, FRIENDS AND CAREGIVERS ACROSS THE REGION AND SPONSORED COMMUNITY EVENTS INCLUDING THE ANNUAL NW OHIO SUSAN G KOMEN, RACE FOR THE CURE AND AMERICAN CANCER SOCIETY RELAY FOR LIFE IN LUCAS COUNTY - A SECOND FOOD PHARMACY OPENED IN PROMEDICA'S NEW HEALTH AND WELLNESS CENTER, SERVING PATIENTS WHO SCREEN POSITIVE FOR FOOD INSECURITY AND HAVE A REFERRAL FROM THEIR PRIMARY CARE PROVIDER PATIENTS ARE ABLE TO RECEIVE FOOD FOR THEM AND THEIR FAMILY FROM THIS LOCATION OR THE ORIGINAL FOOD PHARMACY LOCATED AT PROMEDICA'S CENTER FOR HEALTH SERVICES AS PART OF THE PROGRAM, EACH PATIENT RECEIVES TWO TO THREE DAYS OF SUPPLEMENTAL FOOD FOR THEIR FAMILY THROUGH DECEMBER 2016, MORE THAN 6,500 HOUSEHOLDS (2,700 UNIQUE HOUSEHOLDS) PARTICIPATED IN THE PROGRAM AND A TOTAL OF 18,700 PEOPLE WERE SERVED THIS TRANSLATES TO ABOUT 46,800 DAYS' WORTH OF FOOD, THE EQUIVALENT OF 140,000 MEALS - PROMEDICA LAUNCHED AN EMPLOYEE FOOD ASSISTANCE PROGRAM IN 2016 THAT IS AVAILABLE AT EACH HOSPITAL SYSTEM-WIDE IT ALLOWS PROMEDICA EMPLOYEES WHO NEED ASSISTANCE TO RECEIVE A BAG OF FOOD ONCE PER MONTH IN THE FIRST SIX MONTHS, MORE THAN 650 EMPLOYEES WERE ABLE TO PARTICIPATE IN THIS PROGRAM - THROUGH ITS ADVOCACY FUND, PROMEDICA CONTINUED TO SUPPORT LOCAL COMMUNITY ORGANIZATIONS THAT PROVIDE ASSISTANCE TO THOSE IN NEED WITH BASIC NECESSITIES THAT DIRECTLY IMPACT INDIVIDUALS' HEALTH AND WELL-BEING THIS SUPPORT AMOUNTED TO GRANTS TOTALING MORE</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>- PROMEDICA PHYSICIANS EXPANDED CARE TO BETTER COVER LOCAL AND RURAL</p>	<p>THAN \$81,000 IN 2016 - PROMEDICA'S SUMMER YOUTH EMPLOYMENT PROGRAM PARTNERED 71 CENTRAL-CITY TEENS AGES 16 - 19 WITH MENTORS IN DEPARTMENTS SUCH AS HUMAN RESOURCES, RADIOLOGY, DIETARY, AND INFORMATION TECHNOLOGY TO LEARN SKILLS INCLUDING CUSTOMER SERVICE, PUNCTUALITY AND BEING ACCOUNTABLE TO OTHERS - TO HELP MEET THE NEED FOR SCHOOL NURSES IN THE TOLEDO PUBLIC SCHOOL SYSTEM (TPS), PROMEDICA IS FUNDING NINE ADDITIONAL SCHOOL NURSES, ENABLING ALL TPS ELEMENTARY SCHOOLS TO HAVE A FULL-TIME SCHOOL NURSE STUDIES HAVE SHOWN THAT FULL-TIME NURSES IN PUBLIC SCHOOLS CAN HAVE A POSITIVE IMPACT ON HEALTH AND STRONG ACADEMIC OUTCOMES PROMEDICA AND TPS CONTINUE TO TRACK AND EVALUATE STUDENT HEALTH STATISTICS TO DEVELOP A SUSTAINABILITY PLAN AND SUPPORT ONGOING FUNDING FOR THE PROGRAM - POSITIONED TO BE A REGIONAL LEADER IN RESEARCH AND INNOVATIONS, PROMEDICA PARTICIPATED IN MORE THAN 220 INDUSTRY-SPONSORED CLINICAL RESEARCH TRIALS AS WELL AS APPROXIMATELY 100 INTERNAL RESEARCH PROJECTS CONDUCTED BY PHYSICIANS, NURSES AND OTHER HEALTH PROFESSIONALS - ADDITIONALLY, PROMEDICA INNOVATION'S BUSINESS INCUBATOR ALLOWS CLIENT COMPANIES IN THE HEALTHCARE FIELD TO ACCELERATE DEVELOPMENT AND COMMERCIALIZATION OF MEDICAL DEVICES AND HEALTH INFORMATION TECHNOLOGY TO IMPROVE PATIENT CARE LOCALLY AND NATIONALLY - FLOWER HOSPITAL EXPANDED ITS DIAGNOSTIC IMAGING CAPABILITIES BY INSTALLING A 64-SLICE CT SCANNER THAT WILL IMPROVE IMAGE QUALITY AND THE ADDITION OF A SECOND SCANNER IN 2017 WILL PROVIDE EXPANDED AND MORE EFFICIENT PATIENT CARE AND SERVICE - THE DOROTHY L KERN CANCER CENTER OPENED NEAR THE CAMPUS OF PROMEDICA MEMORIAL HOSPITAL, EXPANDING CANCER CARE TO PATIENTS IN THE FREMONT, OHIO, AREA THE CANCER CENTER OFFERS OUTPATIENT RADIATION, CHEMOTHERAPY, AND INFUSION SERVICES AS WELL AS COMPLEMENTARY SERVICES SUCH AS GENETIC TESTING AND COUNSELING, HEALING CARE, AND SURVIVAL CARE PLANNING - PROMEDICA BECAME A MAJOR SPONSOR OF THE LUCAS COUNTY TRANSPORTATION PROGRAM THAT HELPS INDIVIDUALS WHO NEED A RIDE TO WORK SO THEY CAN REMAIN EMPLOYED AND ULTIMATELY SECURE THEIR OWN TRANSPORTATION IN 2016, PROMEDICA CONTRIBUTED \$181,263,000 IN COMMUNITY BENEFIT THROUGH COMMUNITY BENEFIT EXPENDITURES, FINANCIAL ASSISTANCE AND GOVERNMENT-SPONSORED, MEANS-TESTED HEALTH CARE THESE NUMBERS NOT ONLY INDICATE PROMEDICA'S LONG-STANDING COMMITMENT TO THE COMMUNITY, BUT ALSO FULFILL OUR NOT-FOR-PROFIT STATUS BY IMPROVING THE HEALTH AND WELL-BEING OF RESIDENTS IN THE COMMUNITIES WE SERVE SPECIFICALLY, THROUGH COMMUNITY HEALTH IMPROVEMENT SERVICES, HEALTH PROFESSIONS EDUCATION, SUBSIDIZED HEALTH SERVICES, RESEARCH, CASH AND IN-KIND CONTRIBUTIONS, AND OTHER COMMUNITY BENEFIT OPERATIONS, PROMEDICA CONTRIBUTED \$53,649,000 IN 2016 THESE PROGRAMS INCLUDED FREE COMMUNITY HEALTH SCREENINGS, SUCH AS DIABETES TESTING, BLOOD PRESSURE, BONE DENSITY, BODY MASS, AND CANCER CHECKUPS, MAMMOGRAM SCREENINGS FOR LOW-INCOME AND UNINSURED WOMEN, CHILDHOOD IMMUNIZATIONS, REDUCED-COST SCHOOL-ATHLET</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
- PROMEDICA PHYSICIANS EXPANDED CARE TO BETTER COVER LOCAL AND RURAL	IC PHYSICALS, FIRST-AID COVERAGE AT COMMUNITY EVENTS, VOLUNTEER ELEMENTARY SCHOOL MENTORS, PUBLIC HEALTH EDUCATION LECTURES AND SEMINARS, A CHILDHOOD OBESITY PROGRAM, AND MANY OTHER COMMUNITY-BASED INITIATIVES PROMEDICA ALSO CONTRIBUTED \$11,711,000 IN FINANCIAL ASSISTANCE FOR PATIENTS WHO DID NOT HAVE THE FINANCIAL RESOURCES TO PAY FOR HOSPITAL SERVICES THIS AMOUNT REPRESENTS THE COST TO PROVIDE SERVICE AND DOES NOT INCLUDE THE COSTS FOR ACCOUNTS THAT ARE WRITTEN OFF TO BAD DEBT FOR PATIENTS WHO DO NOT PAY THEIR BILLS IN ADDITION, PROMEDICA'S COST OF BAD DEBT FOR 2016 WAS \$27,877,000 THIS AMOUNT IS NOT INCLUDED IN THE COMMUNITY BENEFIT AMOUNT OF \$181,263,000 NOTED ABOVE FURTHER, PROMEDICA CONTINUES TO BE A LEADING PARTICIPANT IN THE LUCAS COUNTY CARENET INITIATIVE - A COLLABORATIVE EFFORT AMONG PROMEDICA, MERCY HEALTH PARTNERS, THE UNIVERSITY OF TOLEDO MEDICAL CENTER, THE CITY OF TOLEDO, AND OTHERS CARENET WAS CREATED TO PROVIDE FREE OR LOWER-COST HEALTH CARE FOR LOW-INCOME LUCAS COUNTY RESIDENTS ESTABLISHED IN 2003, CARENET BRIDGES THE GAP BETWEEN ADULTS WITHOUT HEALTH INSURANCE AND NEEDED HEALTHCARE SERVICES WHILE SOME INDIVIDUALS MAY QUALIFY FOR GOVERNMENTAL INSURANCE PROGRAMS SUCH AS MEDICAID, OTHERS DO NOT, IT IS FOR THESE INDIVIDUALS THAT CARENET WAS ESTABLISHED

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>ADDITIONALLY DURING 2016, PROMEDICA PROVIDED \$115,903,000 OF COMMUNITY</p>	<p>BENEFIT THROUGH THE COST - NOT REIMBURSED BY THE GOVERNMENT - FOR TREATING MEDICAID AND OTHER MEANS-TESTED PATIENTS PROMEDICA'S TOTAL COST - NOT REIMBURSED BY THE GOVERNMENT - FOR TREATING MEDICARE PATIENTS DURING 2016 WAS \$152,400,000 AND IS NOT REFLECTED IN THE COMMUNITY BENEFIT AMOUNT OF \$181,263,000 NOTED ABOVE INDEED, PROMEDICA GOES BEYOND INDUSTRY STANDARDS IN MEETING THE GOAL OF PROVIDING CARE TO EVERYONE, REGARDLESS OF THEIR ABILITY TO PAY WE PROVIDE HOSPITAL CARE FREE-OF-CHARGE TO ALL FAMILIES WITHOUT INSURANCE WITH INCOMES AT OR BELOW 200% OF THE FEDERAL POVERTY LEVEL IN ADDITION TO FREE CARE FOR THOSE FAMILIES UNDER THIS FEDERAL POVERTY LEVEL, PROMEDICA HOSPITALS PROVIDE SIGNIFICANT DISCOUNTS TO FAMILIES WITH INCOMES OF UP TO 400% OF THE FEDERAL POVERTY LEVEL IN MANY SITUATIONS, OTHER FUNDING SOURCES ARE SECURED AND ACCOMMODATIONS MADE PROMEDICA'S POLICIES ARE POSTED AND AVAILABLE IN WRITING IN ALL PROMEDICA FACILITIES ALSO, FINANCIAL ADVOCATES ARE AVAILABLE TO HELP PATIENTS BY EXPLAINING OUR FREE CARE AND DISCOUNT PROGRAMS, AND TO ASSIST WITH THE PAPERWORK NECESSARY TO QUALIFY FOR GOVERNMENT FUNDING PATIENT BILLS PROVIDE CLEAR EXPLANATIONS, QUALIFICATIONS AND REMINDERS OF THESE PROGRAMS IN SUMMARY, PROMEDICA DEMONSTRATES ITS MISSION AND CORE VALUES BY PROVIDING HIGH-QUALITY HEALTH CARE TO ALL PATIENTS, REGARDLESS OF THEIR RACE, CREED, SEX, NATIONAL ORIGIN, DISABILITY, OR AGE AND, WE RECOGNIZE THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL CARE THEREFORE, WE PROVIDE THESE HEALTHCARE SERVICES, RECRUIT AND TRAIN HEALTHCARE PROFESSIONALS TO SERVE THE BROADER COMMUNITY, PROVIDE APPROPRIATE FINANCIAL ASSISTANCE, OFFER SERVICES AND CONTRIBUTIONS TO OTHER NONPROFIT ORGANIZATIONS THAT ALLOW THEM TO PROVIDE KEY SERVICES TO THEIR CONSTITUENTS, AND PRESENT FREE EDUCATIONAL CLASSES, HEALTH FAIRS AND OTHER ACTIVITIES TO OUR LOCAL COMMUNITY TO HELP ENSURE ALL MEMBERS HAVE EQUAL ACCESS TO CARE</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
PARAMOUNT ADVANTAGE - PROGRAM SERVICE ACCOMPLISHMENTS	<p>PARAMOUNT ADVANTAGE IS A MEMBER OF PROMEDICA HEALTH SYSTEM, INC (PROMEDICA), A MISSION-BASED, LOCALLY OWNED, NONPROFIT HEALTHCARE ORGANIZATION HEADQUARTERED IN TOLEDO, OHIO, PROMEDICA SERVES 27 COUNTIES IN NORTHWEST OHIO AND SOUTHEAST MICHIGAN, AND IS ONE OF THE REGION'S LEADING HEALTHCARE PROVIDERS OUR STEWARDSHIP OF RESOURCES HAS ENABLED US TO WISELY INVEST IN PATIENT-CENTERED CARE, ADVANCED TECHNOLOGY, INNOVATIVE PROGRAMS, AND FAMILY-ORIENTED FACILITIES THAT HELP TO ENSURE PATIENTS AND AREA RESIDENTS HAVE EQUAL ACCESS TO HIGH-QUALITY, SAFE CARE IN THE MOST APPROPRIATE SETTING, REGARDLESS OF PATIENTS' ABILITY TO PAY PARAMOUNT ADVANTAGE AND PROMEDICA HAVE ESTABLISHED AND PROMOTED THE FOLLOWING KEY VALUES THROUGHOUT THE ORGANIZATIONS - COMPASSION - WE TREAT PEOPLE WITH DIGNITY AND RESPECT, - INNOVATION - WE CONTINUALLY SEARCH TO FIND A BETTER WAY FORWARD, - TEAMWORK - WE PARTNER WITH OTHERS BECAUSE WE ARE BETTER TOGETHER THAN APART, - EXCELLENCE - WE STRIVE TO BE THE BEST IN ALL WE DO PARAMOUNT ADVANTAGE IS A MEDICAID MANAGED CARE PLAN (MCP) CONTRACTED THROUGH THE OHIO DEPARTMENT OF MEDICAID (ODM) THAT PROVIDES HEALTH CARE SERVICES TO MORE THAN 233,000 OHIO RESIDENTS IN 88 COUNTIES ELIGIBLE FOR AGED, BLIND OR DISABLED, COVERED FAMILIES AND CHILDREN, OR ADULT EXTENSION MEDICAID BENEFITS VIA A STATEWIDE HEALTH MAINTENANCE OR ORGANIZATION (HMO) PLATFORM TO THIS END, ALL MEMBERS SELECT A PRIMARY CARE PHYSICIAN (PCP) AT THE TIME OF ENROLLMENT AND ARE ENCOURAGED TO ESTABLISH A RELATIONSHIP WITH THE PHYSICIAN AS SOON AS POSSIBLE IF MEMBERS DO NOT CHOOSE A PCP, THEN THEY ARE ASSIGNED ONE THE MEMBER IS INSTRUCTED TO CONTACT HIS/HER PCP WHENEVER MEDICAL OR BEHAVIORAL HEALTH CARE IS NEEDED THUS, THE PCP IS INFORMED ABOUT HIS/HER PATIENT'S NEEDS AND CAN MAKE INFORMED, APPROPRIATE DECISIONS REGARDING TREATMENT CARE MANAGEMENT PROGRAMS SUCH AS DISEASE MANAGEMENT, UTILIZATION MANAGEMENT AND CASE MANAGEMENT PROVIDE MEMBERS EDUCATION ABOUT THEIR CONDITION, ENSURE THEY HAVE ACCESS TO APPROPRIATE CARE, AND ASSIST IN HELPING HIGH RISK MEMBERS MANAGE AND NAVIGATE THEIR CARE IN A SUPPORTIVE, COST EFFECTIVE ENVIRONMENT OUR MEMBERS HAVE ACCESS TO A MOBILE APPLICATION, MEMBER NEWSLETTERS, SOCIAL SERVICES REFERRALS AND THE ABILITY TO SPEAK WITH THE SAME CUSTOMER SERVICE REPRESENTATIVE WHEN CALLING IN FOR SERVICES MEMBER MATERIALS ARE PROVIDED IN FOUR LANGUAGES AND TRANSLATION SERVICES ARE PROVIDED IN VIRTUALLY ANY LANGUAGE FOR MEMBERS AND NON-MEMBERS, A COMMUNITY RESOURCE GUIDE (BOTH HARD COPY AND ONLINE) IS AVAILABLE TO INFORM ABOUT HEALTH AND WELL-BEING SERVICES OFFERED IN THEIR COMMUNITIES THESE SERVICES ARE ALL DESIGNED TO ENSURE OHIO'S MOST VULNERABLE RESIDENTS RECEIVE APPROPRIATE, COORDINATED CARE PARAMOUNT ADVANTAGE MEMBER WELLNESS PROGRAMS INCLUDE INCENTIVES DESIGNED TO ENSURE SAFER PREGNANCIES AND DELIVERIES FOR MOTHERS AS WELL AS SCREENING, DIAGNOSIS AND TREATMENT SERVICES FOR ADULTS AND CHILDREN HEALTHCHECK, AN EARLY AND PERIODIC SCREENING, DIAGNOSIS</p>

## 990 Schedule O, Optional Information

Return Reference	Explanation
PARAMOUNT ADVANTAGE - PROGRAM SERVICE ACCOMPLISHMENTS	<p>TIC AND TREATMENT BENEFIT FOR CHILDREN, ALONG WITH A 24-HOUR NURSING HOTLINE PROVIDE A BROAD RANGE OF NO-COST PREVENTIVE CARE SERVICES THROUGH CASH AND IN-KIND CONTRIBUTIONS. PARAMOUNT ADVANTAGE CONTRIBUTED APPROXIMATELY \$110,000 FOR COMMUNITY BENEFIT IN 2016. IN ADDITION TO THE NOTED COMMUNITY BENEFIT, PARAMOUNT ADVANTAGE ALSO FUNDED OTHER PROGRAMS AS NOTED BELOW: PRENATAL TO CRADLE PROGRAM. PARAMOUNT ADVANTAGE'S PRENATAL TO CRADLE INCENTIVE PROGRAM HAS BEEN IN PLACE SINCE 1998. MEMBERS CAN EARN UP TO \$125 IN WALMART GIFT CERTIFICATES FOR RECEIVING RECOMMENDED PRENATAL AND POSTPARTUM CARE. WE BELIEVE THIS PROGRAM HAS LED TO PARAMOUNT ADVANTAGE HAVING SOME OF THE BEST PRENATAL AND POSTPARTUM HEDIS RATES OF ALL MEDICAID MANAGED CARE PLANS OPERATING IN OHIO. THE PROGRAM HAS HAD SIGNIFICANT GROWTH OVER THE PAST SEVERAL YEARS, AND IN 2016 PARAMOUNT ADVANTAGE AWARDED \$258,000 IN GIFT CERTIFICATES. DAWG POUND HEALTHY REWARDS PROGRAM. PARAMOUNT ADVANTAGE PARTNERS WITH THE CLEVELAND BROWNS TO INCENTIVIZE ADULT AND CHILD MEMBERS TO COMPLETE AN ANNUAL WELL VISIT AND ESTABLISH A RELATIONSHIP WITH A PRIMARY CARE PROVIDER. MEMBERS THAT COMPLETE THEIR WELL VISIT CAN REGISTER TO WIN PRIZES THROUGH MONTHLY DRAWINGS. PRIZES ARE ASSOCIATED WITH THE CLEVELAND BROWNS AND INCLUDE GAME TICKETS, AUTOGRAPHED JERSEYS, SUITE EXPERIENCES, TRAINING CAMP EXPERIENCES AND MORE. IN 2016 PARAMOUNT ADVANTAGE CONTRIBUTED \$498,000 TO THE DAWG POUND HEALTHY REWARDS PROGRAM. INITIATIVE TO CLOSE GAPS IN CARE. IN OCTOBER 2016 PARAMOUNT ADVANTAGE STARTED A PROGRAM TO ENCOURAGE MEMBERS TO SEEK CARE THEY MAY REQUIRE TO CLOSE POTENTIAL HEALTH AND WELLNESS GAPS OR TO ENSURE PREVENTIVE HEALTH MAINTENANCE. THE COMPANY REACHED OUT TO THE MEMBERS' PRIMARY CARE PHYSICIANS, PROVIDED LISTS OF THEIR PATIENTS TO FACILITATE AN ENCOUNTER, AND URGED THEM TO SCHEDULE AN APPOINTMENT. ADDITIONALLY, FOR MEMBERS WHO WERE BELIEVED TO HAVE GREATER HEALTH NEEDS THE COMPANY WORKED WITH THE MEMBER TO SCHEDULE AN IN-HOME HEALTH ASSESSMENT. AN INCENTIVE PAYMENT WAS OFFERED TO EACH PROVIDER THAT SAW A MEMBER AND EACH MEMBER THAT COMPLETED THE IN-HOME ASSESSMENT TO FOSTER PARTICIPATION. THERE WERE 1,628 PRIMARY CARE PHYSICIAN VISITS AND 1,077 IN-HOME ASSESSMENTS PERFORMED IN 2016 AS A RESULT OF THIS INITIATIVE. TRANSPORTATION PROGRAM. PARAMOUNT ADVANTAGE ALSO PROVIDES TRANSPORTATION FOR UP TO 30 ONE-WAY VISITS PER YEAR TO EACH OF OUR MEMBERS AS A SUPPLEMENTAL BENEFIT AND UNLIMITED TRANSPORTATION FOR APPOINTMENTS 30 MILES OR GREATER, FOR MEDICAID-COVERED MEDICALLY-NECESSARY SERVICES INCLUDING AMBULETTE. IN 2016 PARAMOUNT ADVANTAGE INCURRED \$4,389,000 IN TRANSPORTATION EXPENDITURES OF WHICH 18.82% WAS FOR ODM MANDATED BENEFITS AND 84.16% WAS FOR SUPPLEMENTAL BENEFITS. IN 2016 THE COST OF THE SUPPLEMENTAL BENEFIT WAS \$3,694,000. INFANT MORTALITY INITIATIVES. A NEWLY CREATED ADVOCATE POSITION WAS IMPLEMENTED IN DECEMBER 2015 TO REDUCE THE RATE OF INFANT MORTALITY IN OHIO. THIS ROLE IS TO WORK WITH THE OHIO DEPARTMENT OF MEDI</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>PARAMOUNT ADVANTAGE - PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>CAID AND COMMUNITY LEADERS TO ESTABLISH PROGRAMS TO REDUCE INFANT MORTALITY THIS IS DONE THROUGH CONFERENCE CALLS, FACE TO FACE MEETINGS, CALLS WITH THE OTHER MCPS AND OUR AGENCY EMPLOYED TO CREATE THE PUBLIC AWARENESS CAMPAIGN IN STATE FISCAL YEAR 2016/2017 THE OHIO DEPARTMENT OF MEDICAID DEDICATED \$2 8 MILLION TO REDUCE INFANT MORTALITY RATES IN OHIO TH E FUNDS WERE FUNNELED THROUGH THE FIVE MEDICAID MANAGED CARE PLANS IN OHIO IN TURN THE MC PS DISTRIBUTED THE FUNDS TO COMMUNITY ORGANIZATIONS WORKING TO REDUCE INFANT MORTALITY IN NINE HOT SPOTS IDENTIFIED IN OHIO IN 2016 PARAMOUNT ADVANTAGE DISTRIBUTED \$1,607,000 RELA TED TO INFANT MORTALITY REDUCTION FUNDING URGENT CARE PARTNERSHIP IN AN EFFORT TO CURB TH E INAPPROPRIATE USE OF EMERGENCY ROOM SERVICES AND TO INCREASE ACCESS TO MORE COST-EFFECTI VE CARE FOR MEMBERS, PARAMOUNT ADVANTAGE AND PROMEDICA ANNOUNCED A PARTNERSHIP TO COLLABOR ATE AND BUILD A PROMEDICA URGENT CARE SITE THE FACILITY WILL BE LOCATED IN ONE OF THE MOS T DENSELY POPULATED AREAS FOR PARAMOUNT ADVANTAGE MEMBERS THROUGH MEMBER EDUCATION, THE C OMPANY INTENDS TO DRIVE DECREASED EMERGENCY DEPARTMENT UTILIZATION AND REDUCE TRANSPORTATI ON BARRIERS AND ASSOCIATED COSTS GRASSROOTS COMMUNITY OUTREACH PARAMOUNT ADVANTAGE PROVID ED \$245,000 IN FUNDING TO COMMUNITY EVENTS, COMMUNITY ORGANIZATIONS AND VARIOUS STATEWIDE ASSOCIATIONS THAT PROVIDE DIRECT AND INDIRECT SUPPORT TO MEDICAID CONSUMERS AS WELL AS THE GENERAL PUBLIC IN 2016 SOME EXAMPLES INCLUDE - WESTERN OHIO HEALTH PARTNERS LITERACY IN ITIATIVE - ALLEN COUNTY - BLACK FAMILY REUNION - HAMILTON COUNTY - CENTRAL CHURCH OF CHRIS T BREAD OF LIFE CAFE - HAMILTON COUNTY - FOA FOUNDATION RALLY FOR RECOVERY - DARKE COUNTY - STORYBOOK FESTIVALS - SANDUSKY, DEFIANCE, FULTON, WILLIAMS - UT FOUNDATION MLK SCHOLARSH IP 2016 - ETFC/EAST TOLEDO COMMUNITY ATHLETICS - LUCAS COUNTY - MINORITY HEALTH ALLIANCE P ROFESSIONAL DAY WORKSHOP, COMMUNITY DAY - CUYAHOGA - ASIAN COMMUNITY SERVICES - CUYAHOGA C OUNTY - COLUMBUS PUBLIC LIBRARIES KINDERGARTEN BOOTCAMP - FRANKLIN COUNTY - THIRD STREET F AMILY HEALTH TYGER CARE, BACK TO SCHOOL FAIR - FRANKLIN COUNTY - WILD NIGHT FOR WELLNESS M USKINGUM VALLEY HC - MUSKINGUM COUNTY - VOICES FOR CHILDREN - OHIO COUNCIL OF BEHAVIORAL H EALTH - NAMI OF GREATER TOLEDO - OAAP/OHIO AMERICAN ACADEMY OF PEDIATRICS - OACHC/OHIO ASS OCIATION OF COMMUNITY HEALTH CENTERS AS PART OF PROMEDICA, PARAMOUNT ADVANTAGE DEMONSTRATE S ITS MISSION AND CORE VALUES BY PROVIDING HIGH-QUALITY HEALTH CARE TO ALL PATIENTS, REGAR DLESS OF THEIR RACE, CREED, SEX, NATIONAL ORIGIN, DISABILITY, OR AGE OUR MISSION IS TO IM PROVE YOUR HEALTH AND WELL-BEING</p>

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2016**

**Open to Public Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PARAMOUNT ADVANTAGE

Employer identification number

20-3376102

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

See Additional Data Table

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	Yes
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	Yes
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PROMEDICA INSURANCE CORP INC & SUBSIDIARIES	P	14,732,180	FMV
(2) PROMEDICA INSURANCE CORP INC & SUBSIDIARIES	Q	56,341,269	FMV

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) 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		Yes	No	

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

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

**Return Reference****Explanation**

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 20-3376102  
**Name:** PARAMOUNT ADVANTAGE

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) COBRA VENTURES LLC 5901 MONCLOVA RD MAUMEE, OH 43537 20-4671613	LAND LEASING	OH	642,604	736,960	ST LUKE'S HOSPITAL FOUNDATION
(1) MIDWEST CARDIOVASCULAR CONSULTANTS LLC 100 MADISON AVE TOLEDO, OH 43604 61-1448753	EMPLOYS PHYSICIANS	OH	0	535,504	PROMEDICA PHYSICIAN GROUP
(2) PROMEDICA CENTRAL PHYSICIANS LLC 100 MADISON AVE TOLEDO, OH 43604 34-1881137	EMPLOYS PHYSICIANS	OH	301,674,026	170,974,642	PROMEDICA PHYSICIAN GROUP
(3) PROMEDICA NORTHWEST OHIO CARDIOLOGY CONSULTANTS LLC 100 MADISON AVE TOLEDO, OH 43604 26-3888045	EMPLOYS PHYSICIANS	OH	17,511,703	-83,313,139	PROMEDICA PHYSICIAN GROUP
(4) WELLCARE PHYSICIANS LLC 5901 MONCLOVA RD MAUMEE, OH 43537 61-1528443	EMPLOYS PHYSICIANS	OH	-2,244,991	8,156,765	PROMEDICA PHYSICIAN GROUP
(5) THE PHARMACY COUNTER LLC 100 MADISON AVE TOLEDO, OH 43604 27-1325141	MEDICAL EQUIPMENT & PHARMACY	OH	66,763,882	19,351,361	PROMEDICA PHYSICIAN GROUP
(6) WOLF CREEK ASSOCIATES LLC 901 KIMOLE LN ADRIAN, MI 49221 38-3164818	FACILITY LEASING	MI	122,499	1,417,049	EMMA L BIXBY MEDICAL CENTER
(7) PROMEDICA MONROE CARDIOLOGY PLLC 100 MADISON AVE TOLEDO, OH 43604 27-2920342	EMPLOYS PHYSICIANS	MI	1,277,701	-5,105,886	PROMEDICA PHYSICIAN GROUP
(8) ERIE WEST HOSPICE & PALLIATIVE CARE LLC 100 MADISON AVE TOLEDO, OH 43604 20-5752995	PROVIDES HOSPICE CARE	OH	5,923,484	12,156,148	PROMEDICA PHYSICIANS AND CONTINUUM SERVICES
(9) PROMEDICA PHYSICIANS MANAGEMENT SERVICES LLC 100 MADISON AVE TOLEDO, OH 43604 45-3230331	PRACTICE MANAGEMENT	OH	0	-3,066,916	PROMEDICA PHYSICIAN GROUP
(10) PROMEDICA SURGICAL SERVICES LLC 100 MADISON AVE TOLEDO, OH 43604	EMPLOYS PHYSICIANS	OH	0	0	PROMEDICA PHYSICIAN GROUP
(11) MISSION POINTE GOLF COURSE LLC 2142 NORTH COVE TOLEDO, OH 43606	GOLF COURSE	OH	0	392,583	PROMEDICA FOUNDATION
(12) PROMEDICA INNOVATIONS LLC 100 MADISON AVE TOLEDO, OH 43604	INVESTMENT COMPANY	OH	0	0	PROMEDICA HEALTH SYSTEM INC
(13) PROMEDICA GENITO-URINARY SURGEONS LLC 100 MADISON AVE TOLEDO, OH 43604 46-1120436	EMPLOYS PHYSICIANS	OH	6,790,554	-22,865,233	PROMEDICA PHYSICIAN GROUP
(14) PROMEDICA MONROE PHYSICIANS PLLC 100 MADISON AVE TOLEDO, OH 43604 46-1111822	EMPLOYS PHYSICIANS	MI	-529	-423,769	PROMEDICA PHYSICIAN GROUP
(15) PROMEDICA MULTI-SPECIALTY PHYSICIANS LLC 100 MADISON AVE TOLEDO, OH 43604 45-4976786	EMPLOYS PHYSICIANS	OH	0	159,482	PROMEDICA PHYSICIAN GROUP
(16) PROMEDICA HOSPITALISTS LLC 100 MADISON AVE TOLEDO, OH 43604	EMPLOYS PHYSICIANS	OH	0	0	PROMEDICA PHYSICIAN GROUP
(17) PROMEDICA HOSPITALISTS PLLC 100 MADISON AVE TOLEDO, OH 43604	EMPLOYS PHYSICIANS	MI	0	0	PROMEDICA PHYSICIAN GROUP
(18) MEMORIAL ANESTHESIA LTD 715 SOUTH TAFT AVE FREMONT, OH 43420 20-5763680	EMPLOYS PHYSICIANS	OH	0	0	PROMEDICA PHYSICIAN GROUP
(19) MEMORIAL PROFESSIONAL SERVICES LTD 715 SOUTH TAFT AVE FREMONT, OH 43420 27-3763993	EMPLOYS PHYSICIANS	OH	8,167,211	-4,298,164	PROMEDICA PHYSICIAN GROUP

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary Activity	<b>(c)</b> Legal Domicile (State or Foreign Country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct Controlling Entity
(21) PHS VENTURES LLC 100 MADISON AVE TOLEDO, OH 43604 34-1880473	HEALTH CARE MANAGEMENT SERVICES	DE	0	0	PROMEDICA HEALTH SYSTEM INC
(1) 300 MADISON BUILDING LLC 100 MADISON AVE TOLEDO, OH 43604 82-2062486	REAL ESTATE	OH	939,747	15,910,656	PROMEDICA HEALTH SYSTEM INC
(2) FORT INDUSTRY SQUARE LLC 100 MADISON AVE TOLEDO, OH 43604	REAL ESTATE	OH	96,489	3,014,067	PROMEDICA HEALTH SYSTEM INC
(3) MARINA DISTRICT DEVELOPMENT LLC 100 MADISON AVE TOLEDO, OH 43604	REAL ESTATE	OH	0	3,915,257	PROMEDICA HEALTH SYSTEM INC

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
(1) 2801 BAY PARK DR OREGON, OH 43616 34-1883132	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
(1) 5901 MONCLOVA RD MAUMEE, OH 43537 34-1366709	FACILITY LEASING	OH	501(C)(3)	12B, II	N/A	Yes	
(2) 1200 RALSTON DEFIANCE, OH 43512 51-0173779	HOSPITAL / FOUNDATION SUPPORT	OH	501(C)(3)	12D, III-O	DEFIANCE HOSPITAL INC	Yes	
(3) 1200 RALSTON DEFIANCE, OH 43512 34-4446484	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
(4) 818 RIVERSIDE AVE ADRIAN, MI 49221 38-2796005	HOSPITAL	MI	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
(5) 818 RIVERSIDE AVE ADRIAN, MI 49221 38-2149602	HOSPITAL / FOUNDATION SUPPORT	MI	501(C)(3)	12B, II	EMMA L BIXBY MEDICAL CENTER	Yes	
(6) 5200 HARROUN RD SYLVANIA, OH 43560 34-4428794	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
(7) 501 VAN BUREN STREET FOSTORIA, OH 44830 34-0898745	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
(8) PO BOX 907 FOSTORIA, OH 44830 34-6517634	HOSPITAL / FOUNDATION SUPPORT	OH	501(C)(3)	12A, I	FOSTORIA HOSPITAL ASSOCIATION	Yes	
(9) 500 E POTTAWATAMIE ST TECUMSEH, MI 49286 38-3076105	HOSPITAL / FOUNDATION SUPPORT	MI	501(C)(3)	12B, II	HERRICK MEMORIAL HOSPITAL INC	Yes	
(10) 500 E POTTAWATAMIE ST TECUMSEH, MI 49286 38-3049015	HOSPITAL	MI	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
(11) 700 LAKESHIRE TR ADRIAN, MI 49221 38-2879330	LONG TERM CARE	MI	501(C)(3)	10	EMMA L BIXBY MEDICAL CENTER	Yes	
(12) 100 MADISON AVE TOLEDO, OH 43604 34-4492440	LONG TERM AND HOME HEALTH CARE	OH	501(C)(3)	10	PROMEDICA PHYSICIANS AND CONTINUUM SERVICES	Yes	
(13) 3170 W CENTRAL AVE TOLEDO, OH 43606 26-0324790	COURIER SERVICE	OH	501(C)(3)	12B, II	PROMEDICA PHYSICIANS AND CONTINUUM SERVICES	Yes	
(14) 100 MADISON AVE TOLEDO, OH 43604 34-1517671	PARENT COMPANY OF HEALTH SYSTEM	OH	501(C)(3)	12B, II	N/A		No
(15) ONE CHURCH ST 5TH FLOOR BURLINGTON, VT 05401 34-1931936	PROFESSIONAL & GENERAL LIABILITY	VT	501(C)(3)	12B, II	PROMEDICA HEALTH SYSTEM INC	Yes	
(16) 100 MADISON AVE TOLEDO, OH 43604 34-1880767	PHYSICIAN MANAGEMENT SERVICES	OH	501(C)(3)	12B, II	PROMEDICA HEALTH SYSTEM INC	Yes	
(17) 100 MADISON AVE TOLEDO, OH 43604 34-1899439	PHYSICIAN HEALTH CARE SERVICES	OH	501(C)(3)	10	PROMEDICA HEALTH SYSTEM INC	Yes	
(18) 5901 MONCLOVA RD MAUMEE, OH 43537 34-4428232	HOSPITAL	OH	501(C)(3)	3	N/A	Yes	
(19) 5901 MONCLOVA RD MAUMEE, OH 43537 34-1292849	FOUNDATION	OH	501(C)(3)	12B, II	N/A	Yes	



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(21) 444 N SUMMIT ST TOLEDO, OH 43604 34-1517672	FOUNDATION	OH	501(C)(3)	12B, II	PROMEDICA HEALTH SYSTEM INC	Yes	
(1) 2142 N COVE BLVD TOLEDO, OH 43606 34-4428256	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
(2) 1946 N 13TH STREET TOLEDO, OH 43624 34-4427949	SKILLED HOME CARE	OH	501(C)(3)	10	PROMEDICA PHYSICIANS AND CONTINUUM SERVICES	Yes	
(3) 5855 MONROE ST SYLVANIA, OH 43560 34-1831624	HOSPICE HOME CARE	OH	501(C)(3)	10	PROMEDICA PHYSICIANS AND CONTINUUM SERVICES	Yes	
(4) 1260 RALSTON AVE DEFIANCE, OH 43512 45-4781053	RESPIRE CARE	OH	501(C)(3)	10	DEFIANCE HOSPITAL INC	Yes	
(5) 715 SOUTH TAFT AVE FREMONT, OH 43420 34-4430849	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
(6) 800 STEWART RD MONROE, MI 48162 27-1302183	CANCER CENTER	MI	501(C)(3)	10	MERCY MEMORIAL HOSPITAL CORPORATION	Yes	
(7) 718 N MACOMB MONROE, MI 48162 38-2934134	LONG TERM CARE	MI	501(C)(3)	10	MERCY MEMORIAL HOSPITAL CORPORATION	Yes	
(8) 718 N MACOMB MONROE, MI 48162 38-1984289	HOSPITAL	MI	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) BIXBY MEDICAL OFFICE LIMITED PARTNERSHIP  818 RIVERSIDE AVE ADRIAN, MI 49221 38-2972398	FACILITY LEASING	MI	EMMA L BIXBY MEDICAL CENTER	RELATED	590,528	205,342		No		Yes		64 600 %
(1) REYNOLDS ROAD SURGICAL CENTER LLC  2865 N REYNOLDS RD TOLEDO, OH 43615 31-1569454	FREESTANDING AMBULATORY SURGICAL CENTER	OH	THE TOLEDO HOSPITAL	RELATED	593,234	2,488,278		No			No	67 200 %
(2) WATERVILLE MEDICAL CENTER LLC  5901 MONCLOVA RD MAUMEE, OH 43537 32-0160784	FACILITY LEASING	OH	N/A									
(3) NORTHWEST OHIO DEDICATED BREAST MRI LLC  100 MADISON AVE TOLEDO, OH 43604 26-0679898	MEDICAL DIAGNOSTICS	OH	THE TOLEDO HOSPITAL	RELATED	212,065	478,795		No			No	50 000 %
(4) WEST CENTRAL SURGICAL CENTER LLC  7055 W CENTRAL TOLEDO, OH 43617 20-0088459	AMBULATORY SURGICAL CENTER	OH	THE TOLEDO HOSPITAL	RELATED	294,994	3,087,673		No		Yes		50 000 %
(5) OHIO CARE AMBULATORY SURGICAL CENTER LLC  5959 MONCLOVA RD MAUMEE, OH 43537 34-1863472	AMBULATORY SURGICAL CENTER	OH	N/A									
(6) LENAWEE PHYSICIAN HOSPITAL ORGANIZATION LLC  818 RIVERSIDE AVE ADRIAN, MI 49221 38-3605511	PHYSICIAN MANAGEMENT SERVICES	MI	EMMA L BIXBY MEDICAL CENTER	RELATED	-56,130	234,194		No		Yes		50 000 %
(7) PROMEDICA SURGICAL SERVICES CO-MANAGEMENT CO LLC  100 MADISON AVE TOLEDO, OH 43604 46-1989695	PHYSICIAN MANAGEMENT SERVICES	OH	PROMEDICA HEALTH SYSTEM INC	RELATED	710,041	711,752		No			No	50 450 %
(8) EAST-WEST HOLDINGS LTD  715 SOUTH TAFT AVE FREMONT, OH 43420 20-4066818	REAL ESTATE	OH	MEMORIAL HOSPITAL	RELATED	9,186	304,990		No			No	50 000 %
(9) SURGICAL INSTITUTE OF MONROE LLC  1051 S TELEGRAPH RD MONROE, MI 48161 27-0843485	AMBULATORY SURGICAL CENTER	MI	PROMEDICA PHYSICIANS AND CONTINUUM SERVICES	RELATED	326,937	3,626,251		No			No	54 000 %
(10) PROMEDICA MASTER TENANT LLC  100 MADISON AVE TOLEDO, OH 43604 47-5288490	REAL ESTATE	OH	PROMEDICA MANAGER MEMBER LLC	RELATED	-38	108,128		No		Yes		1 000 %
(11) PROMEDICA DOWNTOWN CAMPUS LANDLORD LLC  100 MADISON AVE TOLEDO, OH 43604 47-3163945	REAL ESTATE	OH	PROMEDICA MANAGER MEMBER LLC	RELATED	-10,580	27,579,007		No		Yes		90 000 %
(12) ROCKET VENTURE FUND II LLC  2865 N REYNOLDS RD STE 220 TOLEDO, OH 43615 47-5603627	INVESTMENT FUND	OH	PROMEDICA HEALTH SYSTEM INC	UNRELATED	-4,100	295,900		No			No	66 660 %
(13) APM PLUS LLC  1120 G ST NW STE 1000 WASHINGTON, DC 20005 81-3082229	ALTERNATIVE PAYMENT MODEL DEVELOPMENT	DE	PROMEDICA HEALTH SYSTEM INC	UNRELATED	-284,065	715,935		No		Yes		50 000 %
(14) KAPION LLC  2865 N REYNOLDS RD STE 220 TOLEDO, OH 43615 81-2624635	SOFTWARE DEVELOPMENT	OH	PROMEDICA HEALTH SYSTEM INC	UNRELATED	-1,641	247,636		No		Yes		50 000 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CARE HOLDINGS 5901 MONCLOVA RD MAUMEE, OH 43537 34-1796790	HOLDING COMPANY	OH	N/A	C				Yes	
(1) HERRICK MEMORIAL DEVELOPMENT CORP 500 E POTTAWATAMIE TR ADRIAN, MI 49221 38-3146907	FACILITY LEASING	MI	EMMA L BIXBY MEDICAL CENTER	C	50,707	1,000,420	100 000 %	Yes	
(2) LHA PHYSICIAN SERVICES CORPORATION 818 RIVERSIDE AVE ADRIAN, MI 49221 61-1451576	PHYSICIAN BILLING	MI	EMMA L BIXBY MEDICAL CENTER	C			100 000 %	Yes	
(3) PHYSICIANS ADVANTAGE MSO 5901 MONCLOVA RD MAUMEE, OH 43537 06-1811760	PHYSICIAN MANAGEMENT SERVICES	OH	N/A	C				Yes	
(4) PROMEDICA CENTRAL CORPORATION OF MICHIGAN 100 MADISON AVE TOLEDO, OH 43604 38-3322278	PHYSICIAN HEALTH CARE SERVICES	OH	PROMEDICA PHYSICIAN GROUP	C	1,197,691	4,584,064	100 000 %	Yes	
(5) PROMEDICA INSURANCE CORP INC AND SUBSIDIARIES 1901 INDIAN WOOD CIR MAUMEE, OH 43537 34-1570675	HEALTH CARE INSURANCE	OH	PROMEDICA HEALTH SYSTEM INC	C	38,622,854	370,594,769	100 000 %	Yes	
(6) PROMEDICA NORTH PHYSICIAN CORPORATION 100 MADISON AVE TOLEDO, OH 43604 38-3482148	PHYSICIAN HEALTH CARE SERVICES	OH	PROMEDICA PHYSICIAN GROUP	C		149,134	100 000 %	Yes	
(7) PROMEDICA RETAIL GROUP INC 3890 MONROE ST TOLEDO, OH 43606 34-1159928	FLORIST	OH	PROMEDICA PHYSICIANS AND CONTINUUM SERVICES	C	937	760,746	100 000 %	Yes	
(8) HERRICK MEMORIAL OFFICE PLAZA CONDOMINIUM ASSOCIATION 818 RIVERSIDE AVE ADRIAN, MI 49221 38-3639616	FACILITY MANAGEMENT	MI	HERRICK MEMORIAL DEVELOPMENT CORP	C	28	74,777	71 800 %	Yes	
(9) PROMEDICA HEALTH NETWORK INC 100 MADISON AVE TOLEDO, OH 43604 47-4006496	PHYSICIAN MANAGEMENT SERVICES	OH	PROMEDICA HEALTH SYSTEM INC	C	-1,165,706		100 000 %	Yes	
(10) MONROE HEALTH VENTURES 718 N MACOMB MONROE, MI 48164 38-2704426	PHARMACY	MI	MERCY MEMORIAL HOSPITAL CORPORATION	C			100 000 %	Yes	
(11) PROMEDICA MANAGER MEMBER LLC 100 MADISON AVE TOLEDO, OH 43604 47-5168737	REAL ESTATE	OH	PROMEDICA HEALTH SYSTEM INC	C	-13,118	9,998,989	100 000 %	Yes	