

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  
MEMORIAL HOSPITAL

Doing business as  
PROMEDICA MEMORIAL HOSPITAL

Number and street (or P O box if mail is not delivered to street address) Room/suite  
715 SOUTH TAFT AVE

City or town, state or province, country, and ZIP or foreign postal code  
FREMONT, OH 43420

**D** Employer identification number  
34-4430849

**E** Telephone number  
(419) 332-7321

**G** Gross receipts \$ 69,115,442

**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 PROMEDICA ORG

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

**L** Year of formation 1918

**M** State of legal domicile OH

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities  
MEMORIAL HOSPITAL PROVIDES NEEDED MEDICAL CARE TO THE COMMUNITY AND SURROUNDING AREAS REGARDLESS OF THE PATIENT'S ABILITY TO PAY SERVICES INCLUDE INPATIENT ROUTINE, INPATIENT ANCILLARY, AND OUTPATIENT CARE OUR MISSION IS TO CONTINUALLY IMPROVE THE HEALTH AND QUALITY OF LIFE OF THE INDIVIDUALS AND FAMILIES IN THE COMMUNITIES WE SERVE

**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)	<b>3</b>	16
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	13
<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	442
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	199
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	342,376	6,771,328
<b>9</b> Program service revenue (Part VIII, line 2g)	53,300,156	59,140,268
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	676,347	344,942
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,088,501	848,772
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	55,407,380	67,105,310
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	344,025	235,160
<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)	25,090,511	22,971,080
<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)	31,188,890	36,386,693
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	56,623,426	59,592,933
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-1,216,046	7,512,377
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	88,593,330	92,437,698
<b>21</b> Total liabilities (Part X, line 26)	40,971,360	37,856,198
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	47,621,970	54,581,500

## 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 STE 4200 Phone no (317) 464-8600  
INDIANAPOLIS, IN 462045108

**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

OUR MISSION IS TO CONTINUALLY IMPROVE THE HEALTH AND QUALITY OF LIFE OF THE INDIVIDUALS AND FAMILIES IN THE COMMUNITIES WE SERVE

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

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

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

If "Yes," describe these changes on Schedule O

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

<b>4a</b>	(Code )	(Expenses \$	46,690,449	including grants of \$	235,160 )	(Revenue \$	59,395,390 )
	See Additional Data						

<b>4b</b>	(Code )	(Expenses \$	2,593,437	including grants of \$	)	(Revenue \$	)
	See Additional Data						

<b>4c</b>	(Code )	(Expenses \$	430,626	including grants of \$	)	(Revenue \$	)
	See Additional Data						

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

<b>4e</b>	<b>Total program service expenses</b> ▶		49,714,512				
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**Part IV Checklist of Required Schedules**

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

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 (13), 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			
See Additional Data Table										

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

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

<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> . . . . .	▶		375,873	5,378,330
				729,639

<b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 6				
<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> . . . . .		Yes	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	No
<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
PT SERVICES INC 2550 S STATE RT 100 TIFFIN, OH 448830833	PHYSICAL THERAPY SERVICES	3,808,430
TELAMON CONSTRUCTION INC 5505 MILAN RD SANDUSKY, OH 44870	GENERAL CONSTRUCTION	1,351,444
TOLEDO PAIN SERVICES 7053 W CENTRAL AVE TOLEDO, OH 43617	MEDICAL SERVICES	650,084
AA BOOS & SONS INC 2015 PICKLE RD OREGON, OH 43616	GENERAL CONSTRUCTION	610,176
OMNI HEALTH SERVICES LTD 1650 EBER RD HOLLAND, OH 43528	PHYSICIAN SERVICES	479,333

<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 13	
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**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>	6,388,828				
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	382,500				
	<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 \$ _____		10,344				
	<b>h Total.</b> Add lines 1a-1f . . . . .			6,771,328			
<b>Program Service Revenue</b>		Business Code					
	<b>2a</b> NET PATIENT SERVICES . . . . .	622110	59,021,416	59,021,416			
	<b>b</b> AFFIL ORG RENT REV . . . . .	531120	118,852			118,852	
	<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 . . . . .			59,140,268				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		279,015			279,015	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal				
			139,199				
		<b>b</b> Less rental expenses . . . . .	83,540				
		<b>c</b> Rental income or (loss) . . . . .	55,659				
	<b>d</b> Net rental income or (loss) . . . . .			55,659		55,659	
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other				
			1,884,034	9,976			
		<b>b</b> Less cost or other basis and sales expenses . . . . .	1,828,083	0			
		<b>c</b> Gain or (loss) . . . . .	55,951	9,976			
	<b>d</b> Net gain or (loss) . . . . .			65,927	9,976	55,951	
	<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>	110,767				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			12,258		12,258	
Miscellaneous Revenue	Business Code						
<b>11a</b> EHR INCENTIVE . . . . .	900099	363,998	363,998				
<b>b</b> SUPPORT SERVICES . . . . .	561210	275,147			275,147		
<b>c</b> CAFETERIA/DIETARY . . . . .	722514	141,710			141,710		
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			780,855				
<b>12 Total revenue.</b> See Instructions . . . . .			67,105,310	59,395,390	0	938,592	

**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.	235,160	235,160		
<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.	7,500		7,500	
<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.	17,592,346	13,061,151	4,531,195	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	373,077	222,967	150,110	
<b>9</b> Other employee benefits.	3,349,045	2,647,423	701,622	
<b>10</b> Payroll taxes.	1,649,112	1,278,707	370,405	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management.				
<b>b</b> Legal.	53,485		53,485	
<b>c</b> Accounting.	84,768		84,768	
<b>d</b> Lobbying.	5,109		5,109	
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.	123,057		123,057	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	10,184,492	8,738,618	1,445,874	
<b>12</b> Advertising and promotion.	52,815		52,815	
<b>13</b> Office expenses.	622,052	405,081	216,971	
<b>14</b> Information technology.	1,433,718	1,290,346	143,372	
<b>15</b> Royalties.				
<b>16</b> Occupancy.	1,729,635	1,532,003	197,632	
<b>17</b> Travel.	183,684	119,503	64,181	
<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.	1,261,250	1,062,229	199,021	
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	5,257,631	4,509,363	748,268	
<b>23</b> Insurance.	479,179	422,713	56,466	
<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> INTERCOMPANY SERVICES	5,313,433	4,782,090	531,343	
<b>b</b> MEDICAL SUPPLIES	4,024,956	4,024,956		
<b>c</b> DRUGS	3,252,941	3,252,941		
<b>d</b> LICENSES AND FEES	1,064,500	1,064,500		
<b>e</b> All other expenses	1,259,988	1,064,761	195,227	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	59,592,933	49,714,512	9,878,421	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 . . . . .	2,950,685	<b>1</b>	3,240,318
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	10,819,859	<b>4</b>	11,690,446
	<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 . . . . .	731,668	<b>8</b>	714,349
	<b>9</b> Prepaid expenses and deferred charges . . . . .	392,650	<b>9</b>	261,693
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	53,056,068		
	<b>b</b> Less accumulated depreciation	12,550,692		
	<b>11</b> Investments—publicly traded securities . . . . .	23,654,557	<b>11</b>	25,440,566
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	306,261	<b>12</b>	304,992
	<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 . . . . .	10,590,531	<b>15</b>	10,279,958
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	88,593,330	<b>16</b>	92,437,698	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	7,679,940	<b>17</b>	4,997,596
	<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 . . . . .	7,211,758	<b>23</b>	6,554,115
	<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	26,079,662	<b>25</b>	26,304,487
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	40,971,360	<b>26</b>	37,856,198
<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	40,793,323	<b>27</b>	48,608,742
	<b>28</b> Temporarily restricted net assets . . . . .	6,498,447	<b>28</b>	5,592,558
	<b>29</b> Permanently restricted net assets	330,200	<b>29</b>	380,200
	<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>	47,621,970	<b>33</b>	54,581,500
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	88,593,330	<b>34</b>	92,437,698

**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>	67,105,310
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	59,592,933
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	7,512,377
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	47,621,970
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	303,042
<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>	-855,889
<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>	54,581,500

**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 _____                      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?                      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  <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?                      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  <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input 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?                      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:** 34-4430849

**Name:** MEMORIAL HOSPITAL

Form 990 (2016)

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

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

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

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

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

CONSISTENT WITH OUR MISSION, MEMORIAL HOSPITAL PROVIDES A SIGNIFICANT AMOUNT OF COMMUNITY BENEFIT INCLUDING COMMUNITY HEALTH IMPROVEMENT SERVICES, HEALTH PROFESSIONS EDUCATION AND CASH AND IN-KIND CONTRIBUTIONS - SEE SCHEDULE O

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CATHERINE R KNIPP ..... EX OFFICIO	1 00 ..... 0 00	X						0	0	0
CHARLES F HEID ..... TRUSTEE	1 00 ..... 0 00	X						0	487	0
DARYL L KNIPP ..... TRUSTEE	1 00 ..... 0 00	X						0	0	0
DENNIS S NEWMAN ..... TRUSTEE	1 00 ..... 0 00	X						0	0	0
IRACEMA AREVALO MD ..... TRUSTEE	1 00 ..... 40 00	X						0	284,476	25,626
JENNIFER G HOHMAN MD ..... TRUSTEE	1 00 ..... 0 00	X						0	0	0
JUDITH M REINO ..... TRUSTEE	1 00 ..... 0 00	X						0	0	0
KENNETH A MYERS ..... CHAIRPERSON	1 00 ..... 1 00	X		X				0	0	0
KEVIN C WEBB PHD ..... EX OFFICIO	1 00 ..... 52 50	X						0	716,751	134,986
MICHAEL M WALERYSZAK ..... TRUSTEE	1 00 ..... 0 00	X						0	0	0



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAMELA M JENSEN ..... PRESIDENT, EX OFFICIO	40 00 ..... 1 00	X		X				0	315,159	65,791
STEVEN A RUSHER DPM ..... TRUSTEE	1 00 ..... 0 00	X						7,500	0	0
THOMAS F DEWEY JR ..... TRUSTEE	1 00 ..... 0 00	X						0	0	0
TOM H HOFFMAN ..... TRUSTEE	1 00 ..... 0 00	X						0	0	0
TY N TRACY DC ..... TRUSTEE	1 00 ..... 0 00	X						0	0	0
WILSON E FORNEY IV ..... TRUSTEE	1 00 ..... 0 00	X						0	0	0
ALAN M SATTLER ..... TREASURER (THRU 2/16)	0 50 ..... 51 00			X				0	641,062	76,678
GARY AKENBERGER ..... INTERIM TREASURER (3/16 TO 7/16)	0 50 ..... 50 00			X				0	461,216	92,553
JEFFREY C KUHN ..... SECRETARY	0 50 ..... 51 00			X				0	674,920	143,195
MICHAEL P BROWNING ..... TREASURER	0 50 ..... 50 50			X				0	296,524	4,420

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors								(D)	(E)	(F)
(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)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MATTHEW GOETZ ..... PHARMACIST	40 00 ..... 0 00					X		113,510	0	8,633
MEGAN BAIR ..... NURSE MIDWIFE, ACUTE CARE	40 00 ..... 0 00					X		3,611	113,027	18,497
PATRICIA BEASCHLER ..... PHARMACIST	40 00 ..... 0 00					X		116,228	0	13,152
RANDAL KOCH ..... DIRECTOR, PHARMACY	40 00 ..... 0 00					X		131,580	0	15,686
TRACY BARTSON ..... NURSE MIDWIFE, ACUTE CARE	40 00 ..... 0 00					X		3,444	115,888	32,139
DAVID BREWER ..... FORMER OFFICER	40 00 ..... 0 00						X	0	129,450	35,523
JILL TROSIN ..... FORMER KEY EMPLOYEE	0 00 ..... 40 00						X	0	145,840	22,510
KARLA FALLS ..... FORMER KEY EMPLOYEE	0 00 ..... 0 00						X	0	227,531	1,847
KATHLEEN S HANLEY ..... FORMER OFFICER	0 00 ..... 0 00						X	0	1,255,999	38,403

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2016**

**Open to Public Inspection**

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).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MEMORIAL HOSPITAL

Employer identification number

34-4430849

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<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						
<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</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**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						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14</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> <span style="float: right;">► <input 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>	
<b>19a</b>	<b>33 1/3% support tests—2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>b</b>	<b>33 1/3% support tests—2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>20</b>	<b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <span style="float: right;">► <input type="checkbox"/></span>		

**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**

- 1**  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>	
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		



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

<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).

**Facts And Circumstances Test**

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

**Political Campaign and Lobbying Activities**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
**▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.**  
**▶Information about Schedule C (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

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

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

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

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

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

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

Name of the organization MEMORIAL HOSPITAL	Employer identification number 34-4430849
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2** Political expenditures ▶ \$ \_\_\_\_\_
- 3** Volunteer hours \_\_\_\_\_

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

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

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

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

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

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

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

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

	(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)		
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		
<b>d</b> Other exempt purpose expenditures		
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-		
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-		
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		

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

Yes  No

**4-Year Averaging Period Under section 501(h)**

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

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

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?		No	
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities?	Yes		5,109
<b>j</b>	Total Add lines 1c through 1i			5,109
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

Return Reference	Explanation
PART II-B, LINE 1	MEMORIAL HOSPITAL PAYS DUES TO THE AMERICAN HOSPITAL ASSOCIATION AND THE OHIO HOSPITAL ASSOCIATION - A PORTION OF WHICH IS ALLOCABLE TO LOBBYING BY THE ASSOCIATIONS

**SCHEDULE D**  
(Form 990)

**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**  
MEMORIAL HOSPITAL

**Employer identification number**  
34-4430849

**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 . . . . .	330,200	1,125,672	0		
<b>b</b> Contributions . . . . .	50,000	10,184	1,094,539		
<b>c</b> Net investment earnings, gains, and losses		-13,648	31,133		
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .		792,008			
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	380,200	330,200	1,125,672		

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		1,226,604		1,226,604
<b>b</b> Buildings		28,653,007	3,878,288	24,774,719
<b>c</b> Leasehold improvements		9,257	3,694	5,563
<b>d</b> Equipment . . . . .		21,109,447	8,280,242	12,829,205
<b>e</b> Other . . . . .		2,057,753	388,468	1,669,285
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				40,505,376

**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	197,503
(2) BENEFICIAL INTEREST IN FOUNDATION	5,972,758
(3) OTHER RECEIVABLES	228,311
(4) OTHER INVESTMENTS	1,279,192
(5) ESTIMATED THIRD PARTY RECEIVABLE	2,602,194
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	10,279,958

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DUE TO AFFILIATES	2,660,345
ESTIMATED THIRD PARTY SETTLEMENTS PAYABLE	1,603,417
ASBESTOS REMEDIATION	2,199,025
INTERCOMPANY DEBT TO THE TOLEDO HOSPITAL	19,841,700
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	26,304,487

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



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

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

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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 34-4430849

**Name:** MEMORIAL HOSPITAL

## Supplemental Information

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

**Supplemental Information**

Return Reference	Explanation
PART X, LINE 2	MEMORIAL HOSPITAL IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF PROMEDIC A 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 MEMORIAL HOSPITAL DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2016 AND 2015

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

**Hospitals**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
 ▶ **Attach to Form 990.**  
 ▶ **Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Employer identification number**  
 34-4430849

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

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

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

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)						
<b>b</b> Medicaid (from Worksheet 3, column a)			9,692,486	7,099,085	2,593,401	4 340 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)			71	35	36	0 %
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			9,692,557	7,099,120	2,593,437	4 340 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			76,964		76,964	0 130 %
<b>f</b> Health professions education (from Worksheet 5)			337,582		337,582	0 570 %
<b>g</b> Subsidized health services (from Worksheet 6)						
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			16,080		16,080	0 030 %
<b>j Total.</b> Other Benefits			430,626		430,626	0 730 %
<b>k Total.</b> Add lines 7d and 7j			10,123,183	7,099,120	3,024,063	5 070 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			4,166		4,166	0.010 %
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			2,848		2,848	0 %
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
<b>10 Total</b>			7,014		7,014	0.010 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	3,611,245
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	22,599
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME).	5	9,852,016
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	14,276,843
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-4,424,827
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures**

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 COOPERATIVE CARE	PHYSICIAN ORGANIZATION	50.000 %	1.890 %	32.080 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

1

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

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

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): \_\_\_\_\_ 1 \_\_\_\_\_

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



**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

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

**Part V Facility Information** (continued)

**Billing and Collections**

MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

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

**Policy Relating to Emergency Medical Care**

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

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

MEMORIAL HOSPITAL

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

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care
- a  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
  - b  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - c  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - d  The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
<b>23</b>		No
<b>24</b>		No

**Part V** Facility Information *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 7

Name and address	Type of Facility (describe)
<b>1</b> 1 - PROMEDICA TOTAL REHAB - MEMORIAL 710 CLEVELAND AVENUE FREMONT, OH 43420	PHYSICAL THERAPY
<b>2</b> 2 - HEALTHLINK FREMONT 710 CLEVELAND AVENUE FREMONT, OH 43420	OCCUPATIONAL MEDICINE
<b>3</b> 3 - DOROTHY L KERN CANCER CENTER 2390 ENTERPRISE DR FREMONT, OH 43420	CANCER CARE
<b>4</b> 4 - CLYDE PT OT ST 507 MCPHERSON HWY CLYDE, OH 43410	PHYSICAL/OCCUPATIONAL THERAPY
<b>5</b> 5 - GIBSONBURG PT OT ST 116 S MAIN STREET GIBSONBURG, OH 43431	PHYSICAL/OCCUPATIONAL THERAPY
<b>6</b> 6 - HEALTHLINK GREENVILLE 742 SWEITZER ST GREENVILLE, OH 45331	OCCUPATIONAL MEDICINE
<b>7</b> 7 - HAYES AVENUE LAB 2575 HAYES AVENUE SUITE 2 FREMONT, OH 43420	LAB
<b>8</b>	
<b>9</b>	
<b>10</b>	

**Part VI Supplemental Information**

Provide the following information

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

Form and Line Reference	Explanation
PART I, LINE 3C	IN ADDITION TO THE FEDERAL POVERTY GUIDELINES, THE HOSPITAL FACILITY USES RESIDENCY STATUS TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE

Form and Line Reference	Explanation
PART I, LINE 6A	MEMORIAL HOSPITAL REPORTS COMMUNITY BENEFIT INFORMATION AS PART OF THE PROMEDICA HEALTH SYSTEM, INC ANNUAL COMMUNITY BENEFIT REPORT

Form and Line Reference	Explanation
PART I, LINE 7	MEMORIAL HOSPITAL CALCULATED THE COST OF FINANCIAL ASSISTANCE AND MEANS-TESTED GOVERNMENT PROGRAMS, USING THE COST-TO-CHARGE RATIO DERIVED FROM SCHEDULE H, WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES OTHER BENEFITS AMOUNTS REPORTED ON LINE 7 WERE CALCULATED USING COSTS CHARGED DIRECTLY TO THE INDIVIDUAL PROGRAMS VIA THE FINANCIAL ACCOUNTING SYSTEM AN INDIRECT COST ALLOCATION FACTOR FOR SHARED SERVICES IS ALSO CALCULATED AND INCLUDED IN APPLICABLE PROGRAMS LISTED IN OTHER BENEFITS



Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	MEMORIAL HOSPITAL PROMOTED THE HEALTH OF ITS COMMUNITY BY SUPPORTING VARIOUS LOCAL ORGANIZATIONS AND ACTIVITIES THAT ENGAGE IN COMMUNITY BUILDING ACTIVITIES

Form and Line Reference	Explanation
PART III, LINE 2	MEMORIAL HOSPITAL'S ANALYSIS AND ASSESSMENT OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND RELATED BAD DEBT EXPENSE USES A RECEIPTS "LOOK-BACK" METHOD UTILIZING HISTORICAL PAYMENT DATA ON ACCOUNTS, INCLUDING CONTRACTUAL ADJUSTMENTS FOR PAYER DISCOUNTS, AS WELL AS PATIENT PAYMENTS, SUCH AS CO-PAYS AND DEDUCTIBLES, TO ESTABLISH ANTICIPATED COLLECTABILITY RATES FOR ACCOUNTS RECEIVABLE WITHIN EACH PAYER CATEGORY

Form and Line Reference	Explanation
PART III, LINE 3	MEMORIAL HOSPITAL ESTIMATED THE POSSIBLE AMOUNT OF FINANCIAL ASSISTANCE WRITE-OFFS WITHIN BAD DEBT USING THE RATIO OF FINANCIAL ASSISTANCE AS COMPARED TO GROSS CHARGES

Form and Line Reference	Explanation
PART III, LINE 4	PROVISION FOR BAD DEBTS AND ALLOWANCE FOR ESTIMATED UNCOLLECTIBLE ACCOUNTS ARE DISCUSSED ON PAGES 15 AND 16 OF THE ATTACHED PROMEDICA HEALTH SYSTEM AND SUBSIDIARIES CONSOLIDATED FINANCIAL STATEMENTS

Form and Line Reference	Explanation
PART III, LINE 8	MEDICARE SHORTFALL, WHICH IS THE EXCESS OF COSTS TO TREAT MEDICARE PATIENTS OVER THE REIMBURSEMENT RECEIVED FROM THE FEDERAL GOVERNMENT, SHOULD BE TREATED AS COMMUNITY BENEFIT FOR THE FOLLOWING REASONS - THE MEDICARE SHORTFALL REPRESENTS THE RELIEF OF A FINANCIAL BURDEN THAT WOULD OTHERWISE BE BORNE BY A GOVERNMENT PROGRAM - THE MEDICARE SHORTFALL REPRESENTS A SOCIETAL BENEFIT INsofar AS MANY OF THE PROGRAMS AND SERVICES WOULD NOT BE PROVIDED TO THE COMMUNITY, IF THE DECISION TO PROVIDE SUCH SERVICES WAS MADE ON A FINANCIAL BASIS - MEDICARE IS A SOCIETAL BENEFIT, PROVIDED BY THE FEDERAL GOVERNMENT, FOR THOSE WHO WOULD OTHERWISE BE UNINSURED AFTER AGING OUT OF TRADITIONAL MEANS OF HEALTH INSURANCE, SUCH AS INSURANCE PROVIDED BY AN EMPLOYER - MEDICARE IS NOT A TRUE MARKET PAYER, AS COMPARED TO COMMERCIAL PAYERS, WHEREBY REIMBURSEMENT RATES CAN BE NEGOTIATED AND ADJUSTED IN ORDER TO REDUCE INCURRED LOSSES MEMORIAL HOSPITAL USED THE MEDICARE ALLOWABLE COSTS PER ITS 2016 AS-FILED MEDICARE COST REPORTS, LESS ANY ADJUSTMENTS FOR SUBSIDIZED HEALTH SERVICES AND HEALTH PROFESSIONS EDUCATION, IF APPLICABLE ALLOWABLE COSTS ARE CALCULATED BY ALLOCATING TOTAL FACILITY COSTS TO REVENUE GENERATING UNITS WITHIN THE HOSPITAL THE MEDICARE COST REPORT DOES NOT REFLECT ALL OF THE COSTS ASSOCIATED WITH MEDICARE PROGRAMS

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

Form and Line Reference	Explanation
PART VI, LINE 2	<p>PROMEDICA HEALTH SYSTEM AND HOSPITALS DEMONSTRATE A COMMITMENT TO THE COMMUNITIES IT SERVES AND THEREFORE, BELIEVES IT IS CRITICAL TO UNDERSTAND THE HEALTH CARE NEEDS OF ITS PRIMARY SERVICE AREA TO THAT END, PROMEDICA HOSPITALS CONDUCT NEEDS ASSESSMENTS IN ITS PRIMARY SERVICE AREAS USING A VARIETY OF METHODOLOGIES TO ASSESS EACH COUNTY'S HEALTH CARE DATA, IDENTIFY GAPS IN HEALTH CARE INITIATIVES, AND MAKE RECOMMENDATIONS FOR THE BETTERMENT OF THE GENERAL COMMUNITY HEALTH ANALYSIS OF PUBLISHED COUNTY HEALTH DATA, INTERVIEWS WITH KEY STAKEHOLDERS, AND REVIEW OF HISTORICAL AND EXISTING PROMEDICA COMMUNITY ASSESSMENTS ARE ALL MEANS BY WHICH RECOMMENDATIONS FOR THE PROMEDICA COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLANS ARE DEVELOPED INFORMATION IS REVIEWED AND APPROVED BY HOSPITAL GOVERNANCE LEADERSHIP TO ASSURE THAT PLANS ARE DEVELOPED TO MEET THE NEEDS OF THE COMMUNITY PUBLISHED COUNTY HEALTH DATA COUNTY HEALTH DATA WERE OBTAINED FROM SEVERAL SOURCES, INCLUDING THE OHIO DEPARTMENT OF HEALTH DATA WAREHOUSE, THE MICHIGAN DEPARTMENT OF HEALTH, AND FORMAL COUNTY ASSESSMENTS CONDUCTED WITHIN THE INDIVIDUAL COUNTIES ALTHOUGH MOST COUNTIES CONDUCTING A FORMAL ASSESSMENT UTILIZE THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) QUESTIONNAIRE DEVELOPED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) AS THE BASIS OF THE COUNTY QUESTIONNAIRE, COUNTY COMMITTEES TYPICALLY ADD AND/OR CHANGE QUESTIONS TO MEET THE COUNTY'S PERCEIVED NEEDS PROMEDICA'S COMMUNITY GOALS ARE SET BASED ON THESE DATA PROMEDICA COMMUNITY HEALTH PLAN OVERALL, EMPHASIS IS PLACED ON CLINICAL PROGRAMS FOCUSED ON LEADING CAUSES OF DEATH, CHRONIC DISEASES, MENTAL HEALTH, AND HUNGER/OBESITY DUE TO THE LARGE NUMBERS OF INDIVIDUALS AFFECTED BY THESE DISEASES THE PRIMARY FOCUS FOR COMMUNITY HEALTH ACTIVITIES ARE RELATED TO EDUCATION, SCREENING, AND PREVENTION OF CHRONIC DISEASES, MENTAL HEALTH ISSUES, AND HUNGER/OBESITY, AND IMPROVING RELATED CONDITIONS THAT RESULT IN HIGH MORBIDITY AND MORTALITY IN OUR COMMUNITIES, WITH SPECIAL EMPHASIS PLACED ON SERVING UNDERSERVED POPULATIONS AS A SYSTEM, WE ARE ALSO COMMITTED TO WORKING BEYOND OUR FOUR WALLS, ON THE SOCIAL AND ECONOMIC ISSUES THAT IMPACT HEALTH IN ADDITION, PROMEDICA STRATEGIC PLANNING CONTINUES TO DEVELOP PATIENT-CENTERED, INTEGRATED CLINICAL SERVICE LINES INCLUDING CANCER, CARDIOVASCULAR, BEHAVIORAL HEALTH, SOCIAL DETERMINANTS OF HEALTH, AND MATERNAL FETAL MEDICINE</p>

Form and Line Reference	Explanation
PART VI, LINE 3	<p>THE OPPORTUNITY FOR FINANCIAL ASSISTANCE ADJUSTMENTS IS COMMUNICATED TO PATIENTS AT PROMEDICA HEALTH SYSTEM HOSPITALS THROUGH THE FOLLOWING METHODS A DURING THE PRE-REGISTRATION PROCESS FOR SCHEDULED INPATIENTS AND HIGH-DOLLAR OUTPATIENT CASES, THE CENTRALIZED PRE-REGISTRATION STAFF WILL NOTIFY A PATIENT FINANCIAL ADVOCATE TO CONTACT THE PATIENT PRIOR TO SERVICE TO DISCUSS POTENTIAL ELIGIBILITY FOR GOVERNMENT PROGRAMS AND FINANCIAL ASSISTANCE THE PRE-SERVICE FUNCTION INCLUDES ACCOUNT REGISTRATION, INSURANCE VERIFICATION, PRE-CERTIFICATION AND FINANCIAL COUNSELING B ADMITTING LOCATIONS WILL HAVE FINANCIAL ASSISTANCE FORMS AVAILABLE FOR SELF-PAY PATIENTS TO COMPLETE WHEN REGISTERED AS UNINSURED AT ADMITTING, UNINSURED PATIENTS ARE INFORMED OF THE OPPORTUNITY TO SEEK FINANCIAL ASSISTANCE C PATIENT FINANCIAL ADVOCATES ARE AVAILABLE AT THE HOSPITALS TO ASSIST UNINSURED PATIENTS IN COMPLETING THE FORMS PATIENT FINANCIAL ADVOCATES ATTEMPT TO MEET WITH IN-HOUSE PATIENTS TO ASSESS ELIGIBILITY AND TO ASSIST WITH APPLICATION FOR GOVERNMENT ASSISTANCE PROGRAMS, TO EXPLAIN PATIENT LIABILITY FOR CHARGES, TO PROVIDE AN ESTIMATE OF CHARGES WHEN FEASIBLE, TO EXPLAIN THE OPPORTUNITY FOR FINANCIAL ASSISTANCE, INCLUDING THE CRITERIA AND THE METHOD FOR APPLYING, AND TO EXPLAIN PAYMENT OPTIONS D A MESSAGE IS PRINTED ON THE PATIENT BILLING STATEMENTS TO NOTIFY THE UNINSURED PATIENT THAT FINANCIAL ASSISTANCE IS AVAILABLE, TO EXPLAIN THE ELIGIBILITY CRITERIA, AND TO DESCRIBE THE METHOD TO APPLY E A SUMMARY OF THE POLICY FOR UNINSURED PATIENTS IS INCLUDED IN THE STATEMENTS OF UNINSURED PATIENT, AVAILABLE VIA THE PROMEDICA WEB SITE, AVAILABLE AT HOSPITAL REGISTRATION LOCATIONS, OR BY CALLING THE PROMEDICA CUSTOMER SERVICE DEPARTMENT BUSINESS OFFICE PERSONNEL ALSO NOTIFY UNINSURED PATIENTS OF THE FINANCIAL ADJUSTMENT POLICY THROUGH THE CUSTOMER SERVICE AND COLLECTION DEPARTMENTS</p>



Form and Line Reference	Explanation
PART VI, LINE 4	<p>MEMORIAL HOSPITAL, LOCATED IN FREMONT, OHIO, SERVES AN AREA PRIMARILY AROUND SANDUSKY AND SENECA COUNTIES AND HAS A SERVICE AREA POPULATION OF APPROXIMATELY 71,000 APPROXIMATELY, 20% OF THE SERVICE AREA IS AGE 65 OR OVER, 40% IS BETWEEN AGE 35 AND 64, MEDIAN HOUSEHOLD INCOME IS APPROXIMATELY \$49,000, 51% OF THE ADULT POPULATION AGED 25+ HAS A HIGH SCHOOL DEGREE OR LOWER, 51% OF HOUSEHOLDS HAVE AN INCOME OF \$50,000 OR LESS SANDUSKY COUNTY HAS A POPULATION OF APPROXIMATELY 61,000 WITH APPROXIMATELY 6% OF FAMILIES BELOW THE POVERTY LEVEL AND AN APPROXIMATE 23% MEDICAID ELIGIBLE RATE APPROXIMATELY, 23% OF SANDUSKY COUNTY IS UNINSURED THE AVERAGE UNEMPLOYMENT RATE FOR SANDUSKY COUNTY IN 2016 WAS 5 6% THE LEADING CAUSES OF DEATH IN SANDUSKY AND SENECA COUNTIES, BASED ON AGE ADJUSTED MORTALITY RATES ARE HEART DISEASE, LUNG DISEASE, DIABETES, CANCER, STROKE, ALZHEIMER'S AND UNINTENTIONAL INJURIES/ACCIDENTS ACCORDING TO 2016 COUNTY HEALTH RANKINGS, SANDUSKY COUNTY RANKED 38 OF 88 COUNTIES FOR HEALTH OUTCOMES, 23 OF 88 FOR LENGTH OF LIFE, AND 50 OF 88 FOR QUALITY OF LIFE SENECA COUNTY HAS A POPULATION OF APPROXIMATELY 56,000 WITH APPROXIMATELY 6% OF FAMILIES BELOW THE POVERTY LEVEL AND AN APPROXIMATE 23% MEDICAID ELIGIBLE RATE APPROXIMATELY, 22% OF SENECA COUNTY IS UNINSURED THE AVERAGE UNEMPLOYMENT RATE FOR SENECA COUNTY IN 2016 WAS 5 6% ACCORDING TO 2016 COUNTY HEALTH RANKINGS, SENECA COUNTY RANKED 47 OF 88 COUNTIES FOR HEALTH OUTCOMES, 60 OF 88 FOR LENGTH OF LIFE, AND 34 OF 88 FOR QUALITY OF LIFE THERE ARE TEN HOSPITALS WITHIN A 30-MILE RADIUS OF MEMORIAL HOSPITAL BELLEVUE HOSPITAL, H B MAGRUDER MEMORIAL HOSPITAL, MERCY HOSPITAL - TIFFIN, FOSTORIA HOSPITAL ASSOCIATION, FIRELANDS REGIONAL MEDICAL CENTER, BAY PARK COMMUNITY HOSPITAL, ST CHARLES MERCY HOSPITAL, WOOD COUNTY HOSPITAL, FISHER-TITUS MEDICAL CENTER AND MERCY HOSPITAL OF WILLARD</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>MEMORIAL HOSPITAL IS AN INTEGRAL PART OF PROMEDICA HEALTH SYSTEM, INC WHICH PROMOTES THE HEALTH OF THE COMMUNITY AS AN INTEGRATED DELIVERY SYSTEM - IN 2016, THERE WERE MORE THAN 500 BOARD MEMBERS FOR PROMEDICA HEALTH SYSTEM, INC (PROMEDICA), INCLUDING ITS SUBSIDIARIES OF THESE, 99% LIVED WITHIN PROMEDICA'S 27-COUNTY SERVICE AREA, WITH THE MAJORITY RESIDING WITHIN METRO TOLEDO WHERE PROMEDICA'S ADULT AND PEDIATRIC TERTIARY HOSPITALS (THE TOLEDO HOSPITAL AND TOLEDO CHILDREN'S HOSPITAL) ARE LOCATED TRUSTEE REPRESENTATION IS COMPRISED OF DIVERSE MEMBERS, INCLUDING 87 PHYSICIANS, FROM NORTHWEST OHIO AND SOUTHEAST MICHIGAN ADDITIONALLY, PROMEDICA BOARD MEMBERS INCLUDED 186 WOMEN AND 71 RACIAL/ETHNIC MINORITIES - BOARD MEMBERS ARE NOT COMPENSATED BY PROMEDICA FOR THEIR SERVICE TO OUR HOSPITALS AND OTHER BUSINESS UNITS, THEIR DONATION OF TIME AND EXPERTISE, INCLUDING ATTENDING BOARD MEETINGS, RETREATS AND OTHER ACTIVITIES, ARE PERFORMED ON A VOLUNTEER BASIS IN 2016, PROMEDICA BOARD MEMBERS GAVE APPROXIMATELY 28,000 HOURS IN SERVICE TO THE ORGANIZATION, WHICH EQUATES TO AN ESTIMATED CONTRIBUTION OF MORE THAN \$3 MILLION TO OUR COMMUNITIES - PROMEDICA'S MEDICAL STAFF PRIVILEGES ARE EXTENDED TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITIES WHICH PROMEDICA SERVES QUALIFICATION MAY VARY BY HOSPITAL, BUT ANY PHYSICIAN WHO MEETS THOSE QUALIFICATIONS MAY BE GRANTED PRIVILEGES - IN 2016, PROMEDICA INVESTED SIGNIFICANT TIME AND FINANCIAL RESOURCES TO CONTINUE ROLLING OUT A NEW ELECTRONIC HEALTH RECORD (EHR), EPIC GO-LIVES FOR HOSPITALS ACROSS THE SYSTEM TOOK PLACE IN MARCH, MAY AND NOVEMBER AND INCLUDED MORE THAN 350 PROMEDICA PHYSICIANS PROVIDERS ACROSS OHIO THE SYSTEM'S REMAINING HOSPITALS AND PROVIDERS WILL GO-LIVE WITH EPIC IN THE SECOND QUARTER OF 2017 THIS 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 PROVIDED MORE THAN 7,000 HEALTH SCREENINGS TO COMMUNITY MEMBERS THROUGHOUT 2016, INCLUDING BLOOD PRESSURE, BLOOD GLUCOSE AND BODY MASS INDEX SCREENINGS AT NUMEROUS HEALTH FAIRS AND SPORTING EVENTS ADDITIONALLY, FREE SCREENING MAMMOGRAMS, AS WELL AS SKIN CANCER AND LUNG CANCER SCREENINGS AND COLORECTAL CANCER EDUCATION WERE PROVIDED FOR EARLY DETECTION PROSTATE CANCER SCREENING EDUCATION AND NUTRITIONAL PROGRAMS WERE DEVELOPED TO KEEP PEOPLE HEALTHY - PROMEDICA'S FOUNDATION RAISES FUNDS FOR PHILANTHROPY IN SUPPORT OF PROMEDICA'S MISSION TO IMPROVE HEALTH AND WELL-BEING ANNUAL DONOR PROGRAMS, CAPITAL CAMPAIGNS, PLANNED GIVING, AND EVENT FUNDRAISING ACTIVITIES ARE CONDUCTED TO RAISE FUNDS THAT SUPPORT PATIENTS AND FAMILIES, AS WELL AS LOCAL COMMUNITIES, THROUGH HEALTH-RELATED PROGRAMS, SERVICES, EQUIPMENT, AND FACILITY CONSTRUCTION/RENOVATION THAT HAVE BEEN IDENTIFIED, IN PART, THROUGH A COMMUNITY NEEDS ASSESSMENT</p>

Form and Line Reference

Explanation

PART VI, LINE 6

PROMEDICA HEALTH SYSTEM, INC (PROMEDICA) IS A MISSION-BASED, LOCALLY OWNED, NOT-FOR-PROFIT HEALTHCARE ORGANIZATION THAT WAS FORMED IN TOLEDO, OHIO IN 1986 IN 2016, PROMEDICA WAS COMPRISED OF MORE THAN 15,000 EMPLOYEES, APPROXIMATELY 2,700 VOLUNTEERS AND MORE THAN 2,300 HEALTHCARE PROVIDERS-INCLUDING APPROXIMATELY 900 PROVIDERS EMPLOYED BY PROMEDICA PHYSICIAN GROUP -WHO HAVE JOINED TOGETHER TO FORM A NETWORK ACROSS 27 COUNTIES IN NORTHWEST OHIO AND SOUTHEAST MICHIGAN AS AN INTEGRATED DELIVERY SYSTEM, PROMEDICA PROVIDERS SHARE RESOURCES SUCH AS ADVANCED TECHNOLOGY, QUALITY STANDARDS, SAFETY PRACTICES, MEDICAL EXPERTISE, AND SPECIALTY SERVICES TO HELP ENSURE AREA RESIDENTS HAVE READY ACCESS TO HIGH-QUALITY CARE IN THE MOST APPROPRIATE SETTING IN ORDER TO PROVIDE COST-EFFICIENT SERVICES - PROMEDICA MEMBERS INCLUDE THE TOLEDO HOSPITAL D/B/A PROMEDICA TOLEDO HOSPITAL, PROMEDICA TOLEDO CHILDREN'S HOSPITAL (OPERATING AS PART OF PROMEDICA TOLEDO HOSPITAL), PROMEDICA WILDWOOD ORTHOPAEDIC AND SPINE HOSPITAL, A DIVISION OF PROMEDICA TOLEDO HOSPITAL, FLOWER HOSPITAL D/B/A PROMEDICA FLOWER HOSPITAL, BAY PARK COMMUNITY HOSPITAL D/B/A PROMEDICA BAY PARK HOSPITAL, EMMA L BIXBY MEDICAL CENTER D/B/A PROMEDICA BIXBY HOSPITAL, HERRICK MEMORIAL HOSPITAL, INC D/B/A PROMEDICA HERRICK HOSPITAL, FOSTORIA HOSPITAL ASSOCIATION D/B/A PROMEDICA FOSTORIA COMMUNITY HOSPITAL, DEFIANCE HOSPITAL, INC D/B/A PROMEDICA DEFIANCE REGIONAL HOSPITAL, MERCY MEMORIAL HOSPITAL CORPORATION D/B/A PROMEDICA MONROE REGIONAL HOSPITAL, MEMORIAL HOSPITAL D/B/A PROMEDICA MEMORIAL HOSPITAL, PROMEDICA INSURANCE CORPORATION, PROMEDICA PHYSICIAN GROUP, A NETWORK OF SYSTEM-EMPLOYED PHYSICIANS AND ADVANCED PRACTICE PROVIDERS, AND PROMEDICA CONTINUING CARE SERVICES CORPORATION, WITH SERVICES SUCH AS SENIOR CARE, HOSPICE, REHABILITATION SERVICES, AND HOME CARE - IN 2016, PROMEDICA MANAGED APPROXIMATELY 4.7 MILLION PATIENT ENCOUNTERS AND CONTRIBUTED A TOTAL COMMUNITY BENEFIT OF NEARLY \$181 MILLION, WHICH INCLUDED FREE HEALTH SCREENINGS AND PARTICIPATION IN PUBLIC HEALTH FAIRS TO MEDICAL LECTURES AT AREA SENIOR CENTERS AND NUTRITION EDUCATION IN ELEMENTARY SCHOOLS, PLUS MUCH MORE - IN ADDITION, THE PROMEDICA ADVOCACY FUND ASSISTED LOCAL NONPROFIT AGENCIES WITH SIMILAR MISSIONS THROUGH GRANTS TOTALING NEARLY \$81,000 AS IN PRIOR YEARS, EMPHASIS WAS PLACED ON ORGANIZATIONS WORKING TO PROVIDE BASIC NEEDS SERVICES SUCH AS CLOTHING, SHELTER AND FOOD AS THESE ARE TIED CLOSELY TO PROMEDICA'S MISSION OF IMPROVING THE HEALTH AND WELL-BEING OF THE COMMUNITIES IT SERVES - 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 EBEID INSTITUTE'S MARKET ON THE GREEN PROVIDES BETTER ACCESS TO HEALTHY FOODS IN A DESIGNATED FOOD DESERT, AS WELL AS JOB TRAINING OPPORTUNITIES FOR RESIDENTS IN THE UPTOWN TOLEDO NEIGHBORHOOD ALL PROMEDICA FOUNDATIONS COLLABORATED WITH AFFILIATE HARBOR BEHAVIORAL HEALTH TO SPONSOR A YEAR-LONG CAMPAIGN TO HELP RAISE AWARENESS ABOUT MENTAL ILLNESSES AND ASSOCIATED HEALTH ISSUES IMPACTING INDIVIDUALS AND FAMILIES ACROSS OUR REGION THE UNMASKING MENTAL HEALTH INITIATIVE RAISED MORE THAN \$1 MILLION TO SUPPORT MENTAL HEALTH PROGRAMS AND SERVICES IN THE COMMUNITIES WE SERVE - WITH REGARD TO HEALTH PROFESSIONS EDUCATION, BIWEEKLY, MONTHLY AND ANNUAL PROGRAMS WERE OFFERED THROUGHOUT 2016 FOR CONTINUING MEDICAL EDUCATION CREDIT MORE THAN 1,500 CREDIT HOURS OF PHYSICIAN EDUCATION WERE OFFERED TO EMPLOYED PROMEDICA PHYSICIANS AND MEDICAL STAFF MEMBERS AS WELL AS NURSES AND OTHER ALLIED HEALTH PROFESSIONALS

**Additional Data****Software ID:****Software Version:****EIN:** 34-4430849**Name:** MEMORIAL HOSPITAL**Form 990 Schedule H, Part V Section A. Hospital Facilities**

<b>Section A. Hospital Facilities</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>											
Name, address, primary website address, and state license number											
1	MEMORIAL HOSPITAL 715 SOUTH TAFT AVE FREMONT, OH 43420 WWW PROMEDICA ORG 1263	X	X					X			

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

Form and Line Reference	Explanation
MEMORIAL HOSPITAL	
MEMORIAL HOSPITAL	PART V, SECTION B, LINE 6B THE HOSPITAL FACILITY CONDUCTED ITS 2016 CHNA WITH THE HOSPITAL COUNCIL OF NORTHWEST OHIO
MEMORIAL HOSPITAL	<p>PART V, SECTION B, LINE 11 MEMORIAL HOSPITAL CONDUCTED AND ADOPTED ITS THIRD COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) DURING TAX YEAR 2016 AND INTENDS TO ADDRESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS, LISTED IN ORDER OF PRIORITY - CANCER - ACCESS, EDUCATION AND SCREENING- RISKY BEHAVIOR IN YOUTH - TEEN PREGNANCY AND SEXUALLY TRANSMITTED DISEASES- OBESITY- MENTAL HEALTH - DEPRESSION SCREENINGS AND SUICIDE ACTIONS WERE TAKEN DURING TAX YEAR 2016 TO ADDRESS THE SIGNIFICANT HEALTH NEEDS IDENTIFIED THROUGH MEMORIAL HOSPITAL'S MOST RECENTLY CONDUCTED CHNA IN 2016 THE THIRD CHNA WAS CONDUCTED AND ADOPTED AT THE END OF TAX YEAR 2016, THEREFORE, THESE HEALTH NEEDS WILL BE ADDRESSED OVER THE NEXT THREE TAX YEARS MEMORIAL HOSPITAL DOES NOT INTEND TO ADDRESS ALL OF THE NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT GIVEN THAT SOME OF THE IDENTIFIED HEALTH NEEDS ARE EITHER BEING ADDRESSED DURING PHYSICIAN VISITS, GO BEYOND THE SCOPE OF THE HOSPITAL, OR ARE BEING ADDRESSED BY, OR WITH, OTHER ORGANIZATIONS IN THE COMMUNITY TO SOME EXTENT, RESOURCE RESTRICTIONS DO NOT ALLOW THE HOSPITAL TO ADDRESS ALL OF THE HEALTH NEEDS IDENTIFIED THROUGH THE HEALTH NEEDS ASSESSMENT, BUT MOST IMPORTANTLY TO PREVENT DUPLICATION OF EFFORTS AND INEFFICIENT USE OF RESOURCES, MANY OF THESE ISSUES ARE ADDRESSED BY, AND WITH, OTHER COMMUNITY ORGANIZATIONS AND COALITIONS THE 2016 SIGNIFICANT HEALTH NEEDS IDENTIFIED, SPECIFICALLY NOT ADDRESSED BY THE HOSPITAL IN ITS 2016 IMPLEMENTATION PLAN, INCLUDE HEALTH STATUS PERCEPTIONS, HEALTH CARE COVERAGE, CARDIOVASCULAR HEALTH, DIABETES, ARTHRITIS, TOBACCO USE, ALCOHOL CONSUMPTION, MARIJUANA AND OTHER DRUG USE, WOMEN'S HEALTH, MEN'S HEALTH, PREVENTIVE MEDICINE AND HEALTH SCREENINGS, ORAL HEALTH, PARENTING, YOUTH MENTAL HEALTH, YOUTH TOBACCO USE, YOUTH ALCOHOL CONSUMPTION, YOUTH MARIJUANA AND OTHER DRUG USE, YOUTH PERCEPTIONS, YOUTH SAFETY, YOUTH VIOLENCE ISSUES, CHILD HEALTH AND FUNCTIONAL STATUS, CHILD HEALTH INSURANCE/ACCESS/UTILIZATION/MEDICAL HOME, EARLY CHILDHOOD HEALTH, MIDDLE CHILDHOOD HEALTH, FAMILY FUNCTIONING/NEIGHBORHOOD/COMMUNITY CHARACTERISTICS, AND PARENT HEALTH MEMORIAL HOSPITAL DID TAKE THE FOLLOWING ACTIONS DURING TAX YEAR 2016 WITH RESPECT TO ITS PREVIOUSLY CONDUCTED CHNA IN 2015 HEALTH NEED IDENTIFIED CANCER - INCREASE ACCESS, EDUCATION, AND SCREENING STRATEGY #1 - OPEN THE DOROTHY L. KERN CANCER CENTER JANUARY 2016 TO IMPROVE COMMUNITY ACCESS TO CANCER TREATMENT AND EDUCATION ACTIONS TAKEN - THE DOROTHY L. KERN (DLK) CANCER CENTER OPENED IN JANUARY 2016 TO IMPROVE COMMUNITY ACCESS TO LOCAL CANCER TREATMENT AND EDUCATION THE FIRST RADIATION TREATMENT WAS ON FEBRUARY 1, 2016 WITH 214 TOTAL PATIENTS TREATED AT THE CANCER CENTER IN 2016 STRATEGY #2 - PROVIDE EDUCATION AND CANCER RESOURCE MATERIALS ON LUNG, BREAST, COLORECTAL AND PROSTATE CANCER SCREENINGS ACTIONS TAKEN - CONTINUING MEDICAL EDUCATION (CME) WAS PRESENTED ON 2/18/16 ON LUNG, BREAST AND PROSTATE CANCER, UPDATE ON CURRENT TREATMENT APPROACHES PRESENTED BY KRISHNA REDDY, MD, WITH 26 ATTENDEES, SEVEN (7) WERE PHYSICIANS - SMOKING CESSATION AND DIETARY EDUCATION WERE PROVIDED AT DLK CANCER CENTER - PREVENTION CANCER SCREENING CONTINUING MEDICAL EDUCATION PRESENTED ON 9/24/16, TO APPROXIMATELY 29 PARTICIPANTS - EDUCATION TABLE SET WAS DISPLAYED IN LOBBY OF MEMORIAL HOSPITAL WITH RESOURCE MATERIALS FOR PROSTATE CANCER AWARENESS MONTH, BREAST CANCER AWARENESS AND LUNG CANCER THESE RESOURCES WERE ALSO PROVIDED AT TWO (2) LOCAL FARMERS MARKET - THE NUMBER OF ARTICLES PUBLISHED REGARDING CANCER SCREENING BENEFITS INCLUDED PROSTATE CANCER AWARENESS EDUCATION SENT IN 3,150 NEWSLETTERS, TO 75 COMPANIES AND APPROXIMATELY 9,000 EMPLOYEES, BREAST CANCER AWARENESS INFORMATION SENT TO APPROXIMATELY 9,000 EMPLOYEES, AND BREAST AND COLORECTAL CANCER AWARENESS SENT TO AN ADDITIONAL APPROXIMATELY 100 PEOPLE STRATEGY #3 - USE APPROVED AND FUNDED RESOURCES FROM SUSAN G. KOMEN TO PROVIDE FREE BREAST EXAMS AND MAMMOGRAMS WITH AN INCREASE OF 10% FROM PREVIOUS YEAR FOR UNDERSERVED WOMEN ACTIONS TAKEN - NINE (9) NO COST MAMMOGRAMS WERE DONE WITH KOMEN GRANT FUNDS IN 2016 STRATEGY #4 - BEGIN TOMOSYNTHESIS MAMMOGRAPHY BY THE FIRST QUARTER OF 2016 TO DECREASE PATIENT CALL BACKS (FOR REPEAT X-RAYS) ACTIONS TAKEN - TOMOSYNTHESIS MAMMOGRAPHY STARTED AND THERE HAS BEEN A DECREASE IN THE PATIENT CALL BACKS FROM THE PREVIOUS YEAR DECREASED CALL BACKS BY 7% IN FOURTH QUARTER OF 2016 HEALTH NEED IDENTIFIED RISKY BEHAVIOR IN YOUTH - REDUCE TEEN PREGNANCY AND SEXUALLY TRANSMITTED DISEASES STRATEGY #1 - EDUCATE PHYSICIANS ON SEXUAL ACTIVITY/BELIEFS OF SANDUSKY COUNTY YOUTH ACTIONS TAKEN - CONTINUING MEDICAL EDUCATION (CME) PRESENTED BY DR. IRACEMA AREVALO TO SEVEN (7) PHYSICIANS AND 19 ALLIED HEALTHCARE PROFESSIONALS ON AUGUST 18, 2016 - PROVIDED EDUCATIONAL MATERIALS TO TWO (2) PRIMARY CARE PHYSICIANS THAT WERE NOT ABLE TO ATTEND CME STRATEGY #2 - PROVIDE EDUCATIONAL MATERIALS FOR PARENTS AND HEALTHCARE PROVIDERS TO USE IN CLINICAL/HOME SETTING TO INITIATE DISCUSSIONS OF RISKY SEXUAL BEHAVIOR IN YOUTH ACTIONS TAKEN - PROVIDED EDUCATIONAL MATERIAL THROUGH EMERGENCY DEPARTMENT VISITS AS THE NURSES DEEMED APPROPRIATE APPROXIMATELY SEVEN (7) YOUTHS RECEIVED EDUCATIONAL MATERIAL IN EMERGENCY CENTER - COMMUNITY YOUTH INVITED TO ATTEND THE SEXUAL ACTIVITY/BELIEFS OF SANDUSKY COUNTY YOUTH CME ON AUGUST 18 TWO (2) TEENS ATTENDED THE EVENT HEALTH NEED IDENTIFIED OBESITY STRATEGY #1 - PROVIDE FOOD CHOICES MEETING "MINDFUL" NUTRITIONAL STANDARDS ACTIONS TAKEN - INCREASED HEALTHY FOOD OPTIONS IN HOSPITAL VENDING FROM 50% TO 75%, WITH HEALTHY VENDING FOOD PURCHASED INCREASED 5% "MINDFUL" TRAINING COMPLETED WITH ALL HOSPITAL STAFF WITH "KNOW IT ALL BITE" INITIATED THROUGH A GOOGLE APP MARKETED TO STAFF "SIMPLY TO GO" HEALTHY FOOD OPTION IMPLEMENTED IN CAFETERIA "MINDFUL" FOOD OPTIONS PURCHASED IN CAFETERIA INCREASED 10% STRATEGY #2 - PROVIDE EXERCISE OPPORTUNITIES FIVE (5) DAYS PER WEEK TO UNDERPRIVILEGED CHILDREN IN SANDUSKY COUNTY DURING THE SUMMER SCHOOL BREAK BY PARTICIPATING WITH THE FREMONT CITY SCHOOLS "PURPLE PRIDE" PROGRAM ACTIONS TAKEN - PARTICIPATED IN PURPLE PRIDE PROGRAM, IN COORDINATION WITH THE FREMONT CITY SCHOOLS - 3,200 SUMMER MEALS WERE PROVIDED IN THREE HOUSING COMPLEXES SERVING UNDERSERVED YOUTH - OFFERED PHYSICAL ACTIVITY TO CHILDREN AT EACH HOUSING COMPLEX SITE MONDAY THROUGH FRIDAY, PRIOR TO MEAL DELIVERY THE NUMBER OF CHILDREN THAT PARTICIPATED IN EXERCISE PROGRAM WAS APPROXIMATELY 56 CHILDREN PER DAY, OVER A TOTAL OF 43 DAYS HEALTH NEED IDENTIFIED MENTAL HEALTH - DEPRESSION SCREENING AND SUICIDE PREVENTION STRATEGY #1 - CONDUCT TWO DEPRESSION SCREENING EVENTS IN SANDUSKY COUNTY ACTIONS TAKEN - PROVIDED DEPRESSION SCREENINGS AT "CLUES TO THE BLUES" EVENT - PROVIDED DEPRESSION SCREENINGS TO ALL CARDIAC REHAB PATIENTS STRATEGY #2 - DISTRIBUTE RESOURCE MATERIALS RELATED TO DEPRESSION AND SUICIDE TO AT LEAST FIVE COMMUNITY EVENTS ACTIONS TAKEN - RESOURCES DISTRIBUTED AT THREE EVENTS OCTOBER 6 AT TERRA STATE COLLEGE, OCTOBER 13 AT BELLEVUE HOSPITAL AND OCTOBER 27 AT RED RIBBON SPOOKTACULAR FAMILY EVENT - PARTICIPATED IN CLUES TO THE BLUES COMMUNITY EDUCATION ON APRIL 25 AND 26 IN COLLABORATION WITH BELLEVUE HOSPITAL WITH DEPRESSION AND SUICIDE INFORMATION GIVEN TO OVER 100 PARTICIPANTS - PROVIDED JUNE 30 SUICIDE/DEPRESSION PRESENTATION AND LED A LOCAL SUICIDE SUPPORT GROUP, "SHUTTING OUT THE DARK" - SUICIDE AND DEPRESSION MATERIAL RECORDED BY LOCAL NEWS MEDIA AND PLACED ON WEBSITE STRATEGY #3 - RECRUIT PHYSICIAN LEADER TO PROMOTE USE OF PHQ SCREENING TOOL IN PRIMARY CARE THROUGH CME ACTIONS TAKEN - DR. AREVALO RECRUITED TO PROVIDE CME WITH ASSISTANCE FROM MENTAL HEALTH CLINICIAN - PHQ (PATIENT HEALTH QUESTIONNAIRE FOR MENTAL HEALTH) SCREENINGS IMPLEMENTED IN PCP OFFICES AS PART OF JOINT GRANT BETWEEN HEALTH DEPARTMENT AND MENTAL HEALTH COALITION TARGETING SUICIDE PREVENTION, FUNDED BY PROMEDICA DONATIONS FROM UNMASKING MENTAL HEALTH EVENT</p>
MEMORIAL HOSPITAL	<p>PART V, SECTION B, LINE 16A THE FAP WAS WIDELY AVAILABLE AT THE FOLLOWING URL <a href="http://WWW.PROMEDICA.ORG/PAGES/PATIENT-RESOURCES/BILLING-INSURANCE/FINANCIAL-ASSISTANCE/DEFAULT.ASPX">WWW.PROMEDICA.ORG/PAGES/PATIENT-RESOURCES/BILLING-INSURANCE/FINANCIAL-ASSISTANCE/DEFAULT.ASPX</a> MEMORIAL HOSPITAL PART V, SECTION B, LINE 16B THE FAP APPLICATION FORM WAS WIDELY AVAILABLE AT THE FOLLOWING URL <a href="http://WWW.PROMEDICA.ORG/PAGES/PATIENT-RESOURCES/BILLING-INSURANCE/FINANCIAL-ASSISTANCE/DEFAULT.ASPX">WWW.PROMEDICA.ORG/PAGES/PATIENT-RESOURCES/BILLING-INSURANCE/FINANCIAL-ASSISTANCE/DEFAULT.ASPX</a> MEMORIAL HOSPITAL PART V, SECTION B, LINE 16C A PLAIN LANGUAGE SUMMARY OF THE FAP WAS WIDELY AVAILABLE AT THE FOLLOWING URL <a href="http://WWW.PROMEDICA.ORG/PAGES/PATIENT-RESOURCES/BILLING-INSURANCE/FINANCIAL-ASSISTANCE/DEFAULT.ASPX">WWW.PROMEDICA.ORG/PAGES/PATIENT-RESOURCES/BILLING-INSURANCE/FINANCIAL-ASSISTANCE/DEFAULT.ASPX</a></p>

Schedule I (Form 990)

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

OMB No 1545-0047

2016

Open to Public Inspection

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

Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization MEMORIAL HOSPITAL

Employer identification number

34-4430849

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: (1) PROMEDICA FOUNDATION, 2142 N COVE BLVD, TOLEDO, OH 43606, 34-1517672, 501(C)(3), 233,160, OPERATING GRANT.

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

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

Part III can be duplicated if additional space is needed

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

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

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

**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 MEMORIAL HOSPITAL	Employer identification number 34-4430849
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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>	Yes								
<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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<b>4c</b>	No								
<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 MEMORIAL HOSPITAL, USES THE FOLLOWING TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - COMPENSATION SURVEY OR STUDY - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
PART I, LINE 4A	UNDER A VOLUNTARY TERMINATION AGREEMENT ENTERED INTO BY THE EMPLOYEE AND THE ORGANIZATION OR UPON A QUALIFYING TERMINATION DEFINED AS AN INVOLUNTARY SEPARATION FROM SERVICE OTHER THAN FOR CAUSE, THE EMPLOYEE IS ENTITLED TO SEVERANCE PAY BASED UPON YEARS OF SERVICE. THE TERMS AND CONDITIONS TO RECEIVE SEVERANCE PAYMENTS REQUIRE THE EMPLOYEE TO SIGN A RELEASE OF CLAIMS FORM THAT COVERS ALL SITUATIONS SURROUNDING THE EMPLOYEE'S EMPLOYMENT AND SEPARATION FROM PROMEDICA. SEVERANCE PAYMENTS WERE MADE DURING THE YEAR TO THE FOLLOWING LISTED PERSONS IN PART VII: KATHLEEN S HANLEY \$462,102; KARLA FALLS \$145,784.
PART I, LINE 4B	ELIGIBLE EMPLOYEES PARTICIPATE IN VARIOUS NONQUALIFIED DEFERRED COMPENSATION PLANS ORGANIZED UNDER CODE SECTION 457(F). THE EXACT PURPOSE OF EACH PLAN VARIES, BUT THEY INCLUDE: COMPENSATION LIMITATION MAKE-UP PLANS, VOLUNTARY DEFERRAL PLANS, DEFERRAL OF A PORTION OF INCENTIVE BONUS TYPE PLANS, ETC. ANY AMOUNT ULTIMATELY PAID UNDER THE PROGRAM TO THE EMPLOYEE IS REPORTED AS COMPENSATION ON FORM 990, SCHEDULE J, PART II, COLUMN B IN THE YEAR PAID. SUPPLEMENTAL NONQUALIFIED PLAN PAYMENTS WERE MADE DURING THE YEAR TO THE FOLLOWING LISTED PERSONS IN PART VII: KATHLEEN S HANLEY \$572,279.

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 34-4430849  
**Name:** MEMORIAL HOSPITAL

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> IRACEMA AREVALO MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	268,362	0	16,114	6,508	19,118	310,102	0
<b>1</b> KEVIN C WEBB PHD EX OFFICIO	(i)	0	0	0	0	0	0	0
	(ii)	497,931	205,085	13,735	120,129	14,857	851,737	0
<b>2</b> PAMELA M JENSEN PRESIDENT, EX OFFICIO	(i)	0	0	0	0	0	0	0
	(ii)	217,086	64,054	34,019	50,051	15,740	380,950	0
<b>3</b> ALAN M SATTLER TREASURER (THRU 2/16)	(i)	0	0	0	0	0	0	0
	(ii)	453,183	182,107	5,772	53,128	23,550	717,740	0
<b>4</b> GARY AKENBERGER INTERIM TREASURER (3/16 TO 7/16)	(i)	0	0	0	0	0	0	0
	(ii)	334,448	103,978	22,790	70,694	21,859	553,769	0
<b>5</b> JEFFREY C KUHN SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	468,368	174,744	31,808	121,789	21,406	818,115	0
<b>6</b> MICHAEL P BROWNING TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	212,431	75,000	9,093	0	4,420	300,944	0
<b>7</b> TRACY BARTSON NURSE MIDWIFE, ACUTE CARE	(i)	3,444	0	0	5,661	16,488	25,593	0
	(ii)	115,546	0	342	3,764	6,226	125,878	0
<b>8</b> DAVID BREWER FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	123,836	0	5,614	12,582	22,941	164,973	0
<b>9</b> JILL TROSIN FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	105,920	37,864	2,056	15,760	6,750	168,350	0
<b>10</b> KARLA FALLS FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	5,831	70,008	151,692	1,847	0	229,378	145,784
<b>11</b> KATHLEEN S HANLEY FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	15,801	203,480	1,036,718	26,039	12,364	1,294,402	534,189

**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  
MEMORIAL HOSPITAL

Employer identification number

34-4430849

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 2	CATHERINE R KNIPP AND DARYL L KNIPP HAVE A FAMILY RELATIONSHIP

# 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

<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 MEMORIAL HOSPITAL AS THE SOLE MEMBER, PHS HAS THE RIGHT TO (A) NOMINATE AND ELECT A MINORITY OF THE MEMBERS AND REMOVE (WITH CAUSE) THE MEMBERS OF THE BOARD OF TRUSTEES OF MEMORIAL HOSPITAL, AND (B) APPROVE THE NOMINEES TO FILL ANY VACANCIES ON THE BOARD OF TRUSTEES, A MAJORITY OF WHOM ARE NOMINATED BY MEMORIAL HOSPITAL

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART IX, LINE 11G	PHYSICIAN SERVICES PROGRAM SERVICE EXPENSES 2,199,408 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,199,408 NON PHYSICIAN SERVICES PROGRAM SERVICE EXPENSES 3,035,362 MANAGEMENT AND GENERAL EXPENSES 502,225 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,537,587 OTHER GENERAL SERVICES PROGRAM SERVICE EXPENSES 3,503,848 MANAGEMENT AND GENERAL EXPENSES 943,649 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 4,447,497



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	BENEFICIAL INTEREST IN FOUNDATION -855,889

## 990 Schedule O, Organizational Information

Return Reference	Explanation
FORM 990, PART III, LINE 4	<p>PROMEDICA HEALTH SYSTEM, INC - PROGRAM SERVICE ACCOMPLISHMENTS ESTABLISHED IN 1986, PROMEDICA HEALTH SYSTEM, INC (PROMEDICA) IS A MISSION-BASED, LOCALLY OWNED, NOT-FOR-PROFIT HEALTHCARE ORGANIZATION HIGHLY FOCUSED ON ACHIEVING CORE VALUES HEADQUARTERED IN TOLEDO, OHIO, PROMEDICA SERVES 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 PROVIDER S, 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, DI ETARY, 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 P UBLIC SCHOOL SYSTEM (TPS), PROMEDICA IS FUNDING NINE ADDITIONAL SCHOOL NURSES, ENABLING AL L TPS ELEMENTARY SCHOOLS TO HAVE A FULL-TIME SCHOOL NURSE STUDIES HAVE SHOWN THAT FULL-TI ME 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 R EGIONAL LEADER IN RESEARCH AND INNOVATIONS, PROMEDICA PARTICIPATED IN MORE THAN 220 INDUSTRY-SPONSORED CLINICAL RESEARCH TRIALS AS WELL AS APPROXIMATELY 100 INTERNAL RESEARCH PROJE CTS CONDUCTED BY PHYSICIANS, NURSES AND OTHER HEALTH PROFESSIONALS - ADDITIONALLY, PROMEDICA INNOVATION'S BUSINESS INCUBATOR ALLOWS CLIENT COMPANIES IN THE HEALTHCARE FIELD TO ACC ELERATE DEVELOPMENT AND COMMERCIALIZATION OF MEDICAL DEVICES AND HEALTH INFORMATION TECHNOLOGY TO IMPROVE PATIENT CARE LOCALLY AND NATIONALLY - FLOWER HOSPITAL EXPANDED ITS DIAGNO STIC IMAGING CAPABILITIES BY INSTALLING A 64-SLICE CT SCANNER THAT WILL IMPROVE IMAGE QUAL ITY 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 PR OMEDICA MEMORIAL HOSPITAL, EXPANDING CANCER CARE TO PATIENTS IN THE FREMONT, OHIO, AREA T HE CANCER CENTER OFFERS OUTPATIENT RADIATION, CHEMOTHERAPY, AND INFUSION SERVICES AS WELL AS COMPLEMENTARY SERVICES SUCH AS GENETIC TESTING AND COUNSELING, HEALING CARE, AND SURVIV ORSHIP CARE PLANNING - PROMEDICA BECAME A MAJOR SPONSOR OF THE LUCAS COUNTY TRANSPORTATIO N PROGRAM THAT HELPS INDIVIDUALS WHO NEED A RIDE TO WORK SO THEY CAN REMAIN EMPLOYED AND U LTIMATELY 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, THRO UGH COMMUNITY HEALTH IMPROVEMENT SERVICES, HEALTH PROFESSIONS EDUCATION, SUBSIDIZED HEALTH SERVICES, RESEARCH, CASH AND IN-KIND CONTRIBUTIONS, AND OTHER COMMUNITY BENEFIT OPERATION S, PROMEDICA CONTRIBUTED \$53,649,000 IN 2016 THESE PROGRAMS INCLUDED FREE COMMUNITY HEALT H SCREENINGS, SUCH AS DIABETES TESTING, BLOOD PRESSURE, BONE DENSITY, BODY MASS, AND CANCER CHECKUPS, MAMMOGRAM SCREENINGS FOR LOW-INCOME AND UNINSURED WOMEN, CHILDHOOD IMMUNIZATIO NS, 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
MEMORIAL HOSPITAL - PROGRAM SERVICE ACCOMPLISHMENTS	<p>MEMORIAL HOSPITAL (D/B/A PROMEDICA MEMORIAL HOSPITAL) IS A MEMBER OF PROMEDICA HEALTH SYSTEM, INC (PROMEDICA), A MISSION-BASED, LOCALLY OWNED, NONPROFIT HEALTHCARE ORGANIZATION HIGHLY FOCUSED ON ACHIEVING CORE VALUES HEADQUARTERED IN TOLEDO, OHIO, PROMEDICA SERVES 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 A 100 BED HOSPITAL IN FREMONT, OHIO, PROMEDICA MEMORIAL HOSPITAL (MH) PROVIDES EXTENSIVE HEALTHCARE SERVICES SUCH AS EMERGENCY MEDICINE, SURGICAL SERVICES, OUTPATIENT PHYSICAL REHABILITATION, HEART, VASCULAR AND PULMONARY CARE, LABOR AND DELIVERY, MENTAL HEALTH SERVICES, A WOUND CARE CLINIC, AND A FULL RANGE OF LABORATORY AND RADIOLOGY SERVICES IN 2016, THE DOROTHY L KERN CANCER CENTER OPENED NEAR THE CAMPUS OF MH, 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 SURVIVORSHIP CARE PLANNING THE PARTNERSHIP FOR EXCELLENCE (TPE) RECOGNIZED MH WITH A GOLD COMMITMENT TO EXCELLENCE AWARD FOR PERFORMANCE EXCELLENCE THAT DEMONSTRATES A CLEAR COMMITMENT TO PROVIDING EXCEPTIONAL, SAFE PATIENT CARE WITHIN THE COMMUNITY MH ALSO ACHIEVED DESIGNATION AS A NURSES IMPROVING CARE FOR HEALTH SYSTEM ELDERLY (NICHE) THE NICHE PROGRAM IS DESIGNED TO HELP IMPROVE CARE FOR PATIENTS THAT ARE 65 YEARS AND OLDER THROUGH RESEARCH AND IMPLEMENTATION SPECIFIC INDUSTRY BEST PRACTICES MH SERVED 1,527 INPATIENTS AND 59,545 OUTPATIENTS IN 2016 FURTHER, 22,256 INDIVIDUALS SOUGHT EMERGENCY CARE AT MH THE HOSPITAL CONTRIBUTED \$2,499,000 IN COMMUNITY BENEFIT THROUGH COMMUNITY BENEFIT EXPENDITURES, AND GOVERNMENT-SPONSORED, MEANS-TESTED HEALTH CARE THROUGH COMMUNITY HEALTH IMPROVEMENT SERVICES, HEALTH PROFESSIONS EDUCATION, AND OTHER COMMUNITY BENEFIT OPERATIONS, MH CONTRIBUTED \$431,000 TO THE COMMUNITY DURING 2016 INCLUDED IN THIS FIGURE ARE PROGRAMS AND EVENTS SUCH AS - SUMMER CAMPS FOCUSING ON NUTRITION, ACTIVITIES AND SELF-ESTEEM FOR YOUTH OF THE COMMUNITY - STAFF INVOLVEMENT AND SUPPORT OF RED RIBBON WEEK - YOUTH MENTORING PROGRAMS IN SANDUSKY COUNTY - HEALTH SCREENINGS FOR BLOOD PRESSURE, BLOOD SUGAR AND CHOLESTEROL AT LOCAL FAIRS AND COMMUNITY EVENTS, AS WELL AS FIRST AID COVERAGE FOR SPECIAL EVENTS - SCREENINGS FOR SKIN AND BREAST CANCER - PARTICIPATION IN THE NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) WALK TO RAISE FUNDS TO SUPPORT MENTAL HEALTH COMMUNITY PROGRAMS - USE APPROVED AND FUNDED RESOURCES FROM SUSAN G KOMEN TO PROVIDE BREAST EXAMS AND MAMMOGRAMS MH PROVIDED \$2,593,000 O</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
MEMORIAL HOSPITAL - PROGRAM SERVICE ACCOMPLISHMENTS	F COMMUNITY BENEFIT THROUGH COSTS - NOT REIMBURSED BY THE GOVERNMENT - FOR TREATING MEDICA ID PATIENTS COMMUNITY BENEFIT DOES NOT INCLUDE THE COSTS FOR ACCOUNTS WRITTEN OFF TO BAD DEBT FOR PATIENTS WHO DO NOT PAY THEIR BILLS MH'S COST OF BAD DEBT FOR 2016 WAS \$1,135,00 0 THIS AMOUNT IS NOT INCLUDED IN THE COMMUNITY BENEFIT AMOUNT OF \$2,499,000 NOTED ABOVE ALSO IN 2016, THE TOTAL COSTS - NOT REIMBURSED BY THE GOVERNMENT - FOR TREATING MEDICARE P ATIENTS WAS \$6,751,000 AND IS NOT INCLUDED IN THE COMMUNITY BENEFIT AMOUNT OF \$2,499,000 N OTED ABOVE DURING 2016, MH EXPENDED \$11,244,000 IN NET PAYROLL, PROVIDING 325 JOBS IN NOR THWEST OHIO A TOTAL OF \$682,000 WAS WITHHELD FROM HOSPITAL EMPLOYEES IN STATE AND LOCAL T AXES IN SUMMARY, MH DEMONSTRATES PROMEDICA'S MISSION AND CORE VALUES BY PROVIDING HIGH-QU ALITY 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 PURC HASE ESSENTIAL MEDICAL CARE THEREFORE, WE PROVIDE THESE HEALTHCARE SERVICES, RECRUIT AND TRAIN HEALTHCARE PROFESSIONALS TO SERVE THE BROADER COMMUNITY, PROVIDE APPROPRIATE FINANCI AL ASSISTANCE, OFFER SERVICES AND CONTRIBUTIONS TO OTHER NONPROFIT ORGANIZATIONS THAT ALLO W THEM TO PROVIDE KEY SERVICES TO THEIR CONSTITUENTS, AND PRESENT FREE EDUCATIONAL CLASSES , HEALTH FAIRS AND OTHER ACTIVITIES TO OUR LOCAL COMMUNITY TO HELP ENSURE ALL MEMBERS HAVE EQUAL ACCESS TO CARE

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

<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  
MEMORIAL HOSPITAL

Employer identification number

34-4430849

**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> Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b> Yes	
<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> Yes	
<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> Yes	
<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

See Additional Data Table

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) 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:** 34-4430849  
**Name:** MEMORIAL HOSPITAL

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) 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) 800 STEWART RD MONROE, MI 48162 27-1302183	CANCER CENTER	MI	501(C)(3)	10	MERCY MEMORIAL HOSPITAL CORPORATION	Yes	
(6) 718 N MACOMB MONROE, MI 48162 38-2934134	LONG TERM CARE	MI	501(C)(3)	10	MERCY MEMORIAL HOSPITAL CORPORATION	Yes	
(7) 718 N MACOMB MONROE, MI 48162 38-1984289	HOSPITAL	MI	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
(8) 1901 INDIAN WOOD CIR MAUMEE, OH 43537 20-3376102	HEALTH INSURANCE	OH	501(C)(3)	10	PROMEDICA INSURANCE CORP INC AND SUBSIDIARIES	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	

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

	<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(1)</b>	PROMEDICA FOUNDATION	B	233,160	FMV
<b>(1)</b>	PROMEDICA FOUNDATION	C	1,388,828	FMV
<b>(2)</b>	PROMEDICA HEALTH SYSTEM INC	C	5,000,000	FMV
<b>(3)</b>	PROMEDICA HEALTH SYSTEM INC	J	178,089	FMV
<b>(4)</b>	PROMEDICA PHYSICIAN GROUP	J	132,845	FMV
<b>(5)</b>	PROMEDICA PHYSICIAN GROUP	O	178,610	FMV
<b>(6)</b>	PROMEDICA COURIER SERVICES INC	P	91,556	FMV
<b>(7)</b>	PROMEDICA HEALTH SYSTEM INC	P	7,068,578	FMV
<b>(8)</b>	PROMEDICA INSURANCE CORP INC & SUBSIDIARIES	P	134,344	FMV
<b>(9)</b>	PROMEDICA PHYSICIAN GROUP	P	2,948,583	FMV
<b>(10)</b>	THE TOLEDO HOSPITAL	P	2,035,592	FMV