














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<div>Form 990</div> <div></div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Return of Organization Exempt From Income Tax</div> <div>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</div> <div> The organization may have to use a copy of this return to satisfy state reporting requirements</div>	<div>OMB No 1545-0047</div> <div>2010</div> <div>Open to Public Inspection</div>
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<b>A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010</b>		
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization ADENA HEALTH SYSTEM	<b>D Employer identification number</b>  31-4379443
	Doing Business As	<b>E Telephone number</b>  (740) 779-4478
	Number and street (or P O box if mail is not delivered to street address) 272 HOSPITAL ROAD	Room/suite
	City or town, state or country, and ZIP + 4 CHILLICOTHE, OH 456019031	
	<b>G</b> Gross receipts \$ 380,151,784	
	<b>F</b> Name and address of principal officer Mark Shuter 272 Hospital Road Chillicothe, OH 456019031	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number 
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( )  (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b>  WWW ADENA ORG		
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other 		<b>L</b> Year of formation 1895
		<b>M</b> State of legal domicile OH

Part I	Summary		
Activities & Governance	<b>1</b> Briefly describe the organization’s mission or most significant activities "To Heal, To Educate, To Care" The Organization is a regional healthcare system with 1 hospital and several ambulatory centers, in addition to multiple physician practices AHS offers a wide scope of diagnostic and rehabilitative services both for inpatients and outpatients, including comprehensive cardiology and cancer care		
	<b>2</b> Check this box <input type="checkbox"/> 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>	15
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	7
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . . .	<b>5</b>	2,682
<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	349	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	46,218	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	9,049	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	3,976,944	13,748,492
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	308,960,773	360,483,761
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	705,713	3,840,247
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	1,751,094	1,862,741
		315,394,524	379,935,241
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	118,723	126,002
	<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)	165,434,321	187,026,318
	<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) <input type="checkbox"/> 0		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .	134,030,977	167,743,075
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	299,584,021	354,895,395
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	15,810,503	25,039,846
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	<b>20</b> Total assets (Part X, line 16) . . . . .	376,144,767	419,282,931
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	212,818,035	227,217,017
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	163,326,732	192,065,914

<b>Part II Signature Block</b>					
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			2011-11-11 Date	
	 Keith T Coleman CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name 				Firm's EIN 
	Firm's address 				Phone no 

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

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐

1

Briefly describe the organization's mission

"To Heal, To Educate, To Care" is the mission of Adena Health System. Adena Health System is a regional healthcare system providing a wide scope of services to a 13 county area in south-central Ohio

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 294,741,518 including grants of \$ 126,002 ) (Revenue \$ 321,529,984 )

Health Care Programs, General/Other: Routine hospital services - Room and board testing and monitoring by various ancillary specialties, physical therapy and surgical services. There were 15,150 inpatients and 872,390 outpatients treated in 2010.

4b

(Code ) (Expenses \$ 4,021,994 including grants of \$ 0 ) (Revenue \$ 32,310,981 )

Emergency Services - Treatment of emergency accident and illness as well as less urgent conditions in the absence of a family physician. The number of visits in 2010 was 48,471.

4c

(Code ) (Expenses \$ 3,100,336 including grants of \$ 0 ) (Revenue \$ 6,642,796 )

The Hospice and Home Health departments provide medical care, medications, home health needs, bereavement counseling, prescriptions, food and shelter to patients. There were 10,431 Hospice patient days in 2010.

4d

Other program services (Describe in Schedule O )

(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )










4e

Total program service expenses \$ 301,863,848

Form 990 (2010)

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> 	4	Yes
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	11f	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> 	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> 	20a	Yes
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).	20b	No

Part IV

Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance					
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>					
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	100		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.	2a	2,682		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?					
8					
9 Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b			
11 Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders.	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b			
c	Enter the amount of reserves on hand.	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?					
14a					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b			No

Part VI

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .	1a	15	
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	1b	7	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5		No
6	Does the organization have members or stockholders? . . . . .	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .			
a	The governing body? . . . . .	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9		No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶OH
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Ken Dicken Controller 272 HOSPITAL ROAD CHILLICOTHE, OH 456019031 (740) 779-7500

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]



## Part VII

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								10,258,529	0	531,552

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 205

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

## **Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Kings Medical Company PO Box 72483 Cleveland, OH 44192	MRI Services	2,276,325
Premier Health Care Services Inc 332 Congress Park Drive Dayton, OH 45459	ER coverage, house coverage	1,194,233
Tatum LLC PO BOX 847872 Dallas, TX 752847872	Staffing Services	968,562
The Pendleton Group Inc 200 Chartwell Pt Road Seneca, SC 29672	Consulting	857,151
Design Group 515 E Main St Columbus, OH 43215	Architectural	714,791
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶6		

Part VIII

Statement of Revenue

					(A)	(B)	(C)	(D)				
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections  512, 513, or 514				
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	0	13,748,492							
	b	Membership dues . . . . .	1b	91,540								
	c	Fundraising events . . . . .	1c	3,475								
	d	Related organizations . . . . .	1d	13,511,245								
	e	Government grants (contributions)	1e	37,846								
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	104,386								
	g	Noncash contributions included in lines 1a-1f \$		0								
	h	Total. Add lines 1a-1f . . . . .										
	Program Service Revenue	2a	Business Code						360,483,761	360,483,761	0	0
		Net Patient Service Revenue 622110										
b												
c												
d												
e												
f		All other program service revenue			0	0	0	0				
g		Total. Add lines 2a-2f . . . . .			360,483,761							
Other Revenue		3	Investment income (including dividends, interest and other similar amounts) . . . . .			3,904,283	0	0				
	4	Income from investment of tax-exempt bond proceeds . .			0	0	0	0				
	5	Royalties . . . . .			0	0	0	0				
	6a	(i) Real			93,442	0	0	93,442				
		93,442										
		b Less rental expenses 0										
		c Rental income or (loss) 93,442										
	d	Net rental income or (loss) . . . . .										
	7a	(i) Securities			-64,036	0	0	-64,036				
		0										
		b Less cost or other basis and sales expenses 0										
		c Gain or (loss) 0										
	d	Net gain or (loss) . . . . .										
	8a	Gross income from fundraising events (not including \$ 3,475 of contributions reported on line 1c) See Part IV, line 18 . . . . .			76,307	38,388	0	37,919				
		a										
		b Less direct expenses . . . . .										
	c	Net income or (loss) from fundraising events . .										
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .										
		b Less direct expenses . . . . .										
		c Net income or (loss) from gaming activities . .										
	10a	Gross sales of inventory, less returns and allowances . . . . .			153,413	61,367	0	92,046				
a												
b Less cost of goods sold . . . . .												
c	Net income or (loss) from sales of inventory . .											
Miscellaneous Revenue				Business Code								
11a	Other revenue 622110			46,218	0	46,218	0					
b	Food & Nutrition 622110			1,151,382	0	0	1,151,382					
c	Consulting Fees 622110			150,162	0	0	150,162					
d	All other revenue . . . . .			291,572	0	0	291,572					
e	Total. Add lines 11a-11d . . . . .			1,639,334								
12	Total revenue. See Instructions . . . . .			379,935,241	360,483,761	46,218	5,656,770					

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	87,610	87,610		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	38,392	38,392		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees . . . . .	4,148,210	1,816,944	2,331,266	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0	0	0	0
7	Other salaries and wages	145,020,519	131,392,590	13,627,929	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	10,921,095	9,453,218	1,467,877	0
9	Other employee benefits . . . . .	18,953,650	16,404,914	2,548,736	0
10	Payroll taxes . . . . .	7,982,844	6,907,177	1,075,667	0
a	Fees for services (non-employees)				
	Management . . . . .	0	0	0	0
b	Legal . . . . .	313,248	0	313,248	0
c	Accounting . . . . .	99,996	0	99,996	0
d	Lobbying . . . . .	3,192	0	3,192	0
e	Professional fundraising services See Part IV, line 17 . . . . .	0			0
f	Investment management fees . . . . .	0	0	0	0
g	Other . . . . .	0	0	0	0
12	Advertising and promotion . . . . .	1,449,678	19,395	1,430,283	0
13	Office expenses . . . . .	524,227	384,145	140,082	0
14	Information technology . . . . .	120,774	11,567	109,207	0
15	Royalties . . . . .	0	0	0	0
16	Occupancy . . . . .	4,123,799	2,015,163	2,108,636	0
17	Travel . . . . .	1,957,671	1,364,766	592,905	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0	0	0	0
19	Conferences, conventions, and meetings . . . . .	0	0	0	0
20	Interest . . . . .	7,056,694	5,701,809	1,354,885	0
21	Payments to affiliates . . . . .	0	0	0	0
22	Depreciation, depletion, and amortization . . . . .	17,721,977	14,319,358	3,402,619	0
23	Insurance . . . . .	2,949,404	2,721,737	227,667	0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	Operating Supplies	55,190,052	54,599,654	590,398	0
b	Purchased Services	33,221,401	22,967,191	10,254,210	0
c	Provision for Bad Debt	21,840,196	21,840,196	0	0
d	Repair, Maintenance & Rental	16,756,843	7,630,607	9,126,236	0
e	Professional Services	2,090,116	2,090,116	0	0
f	All other expenses	2,323,807	97,299	2,226,508	0
25	Total functional expenses. Add lines 1 through 24f	354,895,395	301,863,848	53,031,547	0
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

						(A)		(B)
						Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .				11,211	1	11,632
	2	Savings and temporary cash investments . . . . .				70,226,184	2	77,635,482
	3	Pledges and grants receivable, net . . . . .				4,528,253	3	4,565,558
	4	Accounts receivable, net . . . . .				40,905,671	4	47,965,899
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				0	5	0
	6	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). Schedule L . . . . .				0	6	0
	7	Notes and loans receivable, net . . . . .				0	7	0
	8	Inventories for sale or use . . . . .				5,126,945	8	6,449,362
	9	Prepaid expenses and deferred charges . . . . .				3,991,008	9	2,951,771
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a	313,868,389				
	b	Less: accumulated depreciation . . . . .	10b	170,078,555		141,608,590	10c	143,789,834
	11	Investments—publicly traded securities . . . . .				105,417,405	11	127,550,069
	12	Investments—other securities. See Part IV, line 11 . . . . .					12	0
	13	Investments—program-related. See Part IV, line 11 . . . . .					13	0
	14	Intangible assets . . . . .				0	14	0
	15	Other assets. See Part IV, line 11 . . . . .				4,329,500	15	8,363,324
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .				376,144,767	16	419,282,931
Liabilities	17	Accounts payable and accrued expenses . . . . .				42,444,283	17	30,848,157
	18	Grants payable . . . . .				0	18	0
	19	Deferred revenue . . . . .				0	19	0
	20	Tax-exempt bond liabilities . . . . .				151,775,981	20	179,713,947
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				0	22	0
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				0	23	0
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				0	24	0
	25	Other liabilities. Complete Part X of Schedule D . . . . .				18,597,771	25	16,654,913
	26	Total liabilities. Add lines 17 through 25 . . . . .				212,818,035	26	227,217,017
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.							
	27	Unrestricted net assets . . . . .				162,554,983	27	191,651,223
	28	Temporarily restricted net assets . . . . .				771,749	28	414,691
	29	Permanently restricted net assets . . . . .				0	29	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.							
	30	Capital stock or trust principal, or current funds . . . . .					30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .					31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .					32	
	33	Total net assets or fund balances . . . . .				163,326,732	33	192,065,914
	34	Total liabilities and net assets/fund balances . . . . .				376,144,767	34	419,282,931

**Part XI**    **Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI . . . . . ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	379,935,241
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	354,895,395
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	25,039,846
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	163,326,732
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>5</b>	3,699,336
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	<b>6</b>	192,065,914

**Part XII**    **Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

		Yes	No
<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		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>c</b>	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . . .	Yes	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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 separated basis		
<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? . . . . .		No
<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 . . . . .		

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization  
ADENA HEALTH SYSTEM

Employer identification number  
31-4379443

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 11, 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 )

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 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 )

10

☐

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

11

☐

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 that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?  
(ii) a family member of a person described in (i) above?  
(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part III

Support Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6 )						

Section B. Total Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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 		
b 33 1/3% support tests—2009. 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 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		



Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE C  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

**If the organization answered “Yes,” to 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,” to 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,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then**

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

Name of the organization ADENA HEALTH SYSTEM	Employer identification number 31-4379443
---	--

**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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 funtion 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 <b>Form 1120-POL</b> for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> 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-

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

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV	Yes		3,192
j Total lines 1c through 1i				3,192
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
SchC_P2B_S00_L01	Schedule C, Part II-B, Line 1	The Ohio Hospital Association does lobbying on behalf of hospital related causes. This activity is paid for through dues paid to the Ohio Hospital Association.

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ADENA HEALTH SYSTEM

Employer identification number  
31-4379443

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 and enforcing conservation easements during the year ►\_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, 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" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

Part III

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

3

Using the organization's 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 XIV

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" to 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 XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance . . . . .	859,540	762,259	615,256		
b Contributions . . . . .	50,593	170,668	263,999		
c Investment earnings or losses . . . . .	101,333	85,016	641		
d Grants or scholarships . . . . .	32,167	0	18,520		
e Other expenditures for facilities and programs . . . . .	0	158,403	99,117		
f Administrative expenses . . . . .	0	0	0		
g End of year balance . . . . .	979,299	859,540	762,259		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 1 00 %

b

Permanent endowment ▶ 0 %

c

Term endowment ▶ 0 %

3a

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

(i) unrelated organizations . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

Yes

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .	0	2,393,357		2,393,357
b Buildings . . . . .	0	146,117,647	44,957,301	101,160,346
c Leasehold improvements . . . . .	0	10,308,569	8,277,763	2,030,806
d Equipment . . . . .	0	145,591,477	112,579,943	33,011,534
e Other . . . . .	0	9,457,339	4,263,548	5,193,791
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				143,789,834

Schedule D (Form 990) 2010



Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV

Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Ident ifier	Return Reference	Explanat ion
SchD_P05_S00_L04	Schedule D, Part V, Line 4	A dena Health Foundation Endowment Funds are used to provide scholarships and offset operating expenses of PACCAR Medical Education Center



SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization  
ADENA HEALTH SYSTEM

Employer identification number  
31-4379443

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐

Mail solicitations

e

☐

Solicitation of non-government grants

b

☐

Internet and e-mail solicitations

f

☐

Solicitation of government grants

c

☐

Phone solicitations

g

☐

Special fundraising events

d

☐

In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes

☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total . . . . . ▶						

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		Charity Ball	Plant Sale	0	(Add col (a) through col (c))
		(event type)	(event type)	(total number)	
1	Gross receipts . . . .	18,802	35,256		54,058
2	Less Charitable contributions . . . .	3,475	0		3,475
3	Gross income (line 1 minus line 2) . . . .	15,327	35,256		50,583
Direct Expenses	4	Cash prizes . . . .	0	0	0
	5	Non-cash prizes . . . .	0	0	0
	6	Rent/facility costs . . . .	1,420	120	1,540
	7	Food and beverages . . . .	773	0	773
	8	Entertainment . . . .	0	0	0
	9	Other direct expenses . . . .	13,134	35,136	48,270
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			50,583
	11	Net income summary Combine lines 3 and 10 in column (d). . . . . ▶			0

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 Gross revenue . . . . .				
Direct Expenses	2 Cash prizes . . . . .				
	3 Non-cash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div> %	<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div> %	<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div> %	
7 Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					
8 Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶					

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

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

b If "No," Explain \_\_\_\_\_

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

b If "Yes," Explain \_\_\_\_\_

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

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

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

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

14

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

Name

Address

15a

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

☐ Yes ☐ No

b

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

c

If "Yes," enter name and address

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

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

☐ Yes ☐ No

b

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

**Part IV** Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public  
Inspection

**Name of the organization**  
ADENA HEALTH SYSTEM

**Employer identification number**  
31-4379443

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	Yes	
1b	If "Yes," is it a written policy? . . . . .	Yes	
2	If the organization has multiple hospitals, 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 hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> Generally tailored to individual hospitals		
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year  <b>a</b> Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care  <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %  <b>b</b> Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care . . . . .  <input checked="" type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %  <b>c</b> If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine 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"? . . . . .	Yes	No
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	Yes	
5b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	Yes	
5c	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? . . . . .		No
6a	Does the organization prepare a community benefit report during the tax year? . . . . .	Yes	
6b	If "Yes," did the organization make it available to the public? . . . . .  Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H	Yes	

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)			18,880,607	5,463,774	13,416,833	4 03 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			58,371,013	32,842,863	25,528,150	7 66 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			0	0	0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	77,251,620	38,306,637	38,944,983	11 69 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			481,448	0	481,448	0 14 %
f Health professions education (from Worksheet 5)			0	0	0	0 %
g Subsidized health services (from Worksheet 6)			0	0	0	0 %
h Research (from Worksheet 7)			0	0	0	0 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			54,505	0	54,505	0 02 %
j Total Other Benefits	0	0	535,953	0	535,953	0 16 %
k Total. Add lines 7d and 7j	0	0	77,787,573	38,306,637	39,480,936	11 85 %

Part II

Community Building Activities during the tax year, and describe in Part VI how its 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
1Physical improvements and housing						
2Economic development	1		25,000		25,000	0 01 %
3Community support						
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development						
9Other						
10Total	1	0	25,000	0	25,000	0 01 %

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 (at cost)	2	9,565,272
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3	0
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	99,139,634
6	Enter Medicare allowable costs of care relating to payments on line 5	6	127,405,825
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-28,266,191
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 checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.	9b	Yes

Part IV

Management Companies and Joint Ventures

(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				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

## Section A. Hospital Facilities

How many hospital facilities did the organization operate during the tax year? 1

**Schedule H (Form 990) 2010**

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 15

Name and address	Type of Facility (Describe)
1 See Additional Data Table	

Part VI

Supplemental Information

Complete this part to provide the following information

- 1
- Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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

Identifier	ReturnReference	Explanation
SchH_P01_S00_L03c	Schedule H, Part I, Line 3c	We have inserted the wording from our consolidated financial statements that deals with charity care "The System provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than established rates Because the System does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient revenue Beginning in January 2008, the System began allocating charity write-offs based on an "ability to pay" This determination was derived from an analysis prepared by one of the System's collection vendors From this analysis, management was able to determine that collections on patient accounts from guarantors with credit scores below a certain level was extremely doubtful and could be assumed to be a result of inability to pay rather than unwillingness to pay The System began allocating those claims to the charity category " The credit scoring is only applicable to hospital charges and is not used for professional fee obligations
SchH_P01_S00_L04	Schedule H, Part I, Line 4	While there is no written policy to handle the resolution of claims for medical indigent cases, the business office will address the guarantor's needs on a case by case basis
SchH_P01_S00_L06a	Schedule H, Part I, Line 6a	Annually, Adena Health System provides a Community Benefit Report to the community of Chillicothe listing all system services and accomplishments including community benefit services
SchH_P01_S00_L07	Schedule H, Part I, Line 7	The cost-to-charge ratio derived from Worksheet 2 was used to convert charges to costs
SchH_P01_S00_L072f	Schedule H, Part I, Line 7, Column f	Bad debt expense was deducted from total operating expenses when calculating the percentages in this column
SchH_P02_S00_L00	Schedule H, Part II	The hospital supported an economic development initiative which promotes additional business and job creation for the southern Ohio area This would lead to additional opportunities for the hospital to promote its services to the community
SchH_P03_S0A_L03	Schedule H, Part III, Section A, Line 3	All self pay claims are turned over to a collection vendor who uses a credit scoring system If the score is below a certain amount, the claim is considered charity after the patient supplies appropriate documentation This is why the hospital believes the bad debt at cost reported in Part III Line 2 does not contain any amounts that would be attributable to patients under the hospital's financial assistance policy
SchH_P03_S0A_L04	Schedule H, Part III, Section A, Line 4	To derive our cost of bad debt, we followed the cost to charge formula outlined in Worksheet 2 and applied the calculated ratio to the bad debt provision We do not have separate financial statements for Adena Health System It is included in the consolidated statements The billing for Adena Health System is centralized and billing and collection procedures are uniform throughout the system The footnote in our financial statements includes the following about our bad debt expense and allowance for uncollectibles "An allowance for uncollectible accounts is established on an aggregate basis by using historical write-off factors applied to unpaid accounts based on aging Loss rate factors are based on historical loss experience and adjusted for economic conditions and other trends affecting the System's ability to collect outstanding amounts Uncollectible accounts are written off against the allowance for doubtful accounts in the period they are determined to be uncollectible "
SchH_P03_S0B_L08	Schedule H, Part III, Section B, Line 8	In addition to the hospital's regular Medicare shortfall that would be included on our Medicare Cost Report, we have also included the Medicare Advantage plan results and our professional fees billed to Medicare and Medicare Advantage plans Our service area is a very rural 13 county area in southern Ohio The population is an aging population which results in Medicare as our largest payer group In addition, the economic conditions that result from Appalachian designation create a recruiting issue To combat this issue, we are forced to not only employ physicians but must pay a premium to get them to agree to serve the area's residents Based on these issues, we believe serving our Medicare population is a community benefit Also, the hospital used the methodology required for completing the Medicare Cost Report when determining the amount on Part III - Line 6
SchH_P03_S0C_L09b	Schedule H, Part III, Section C, Line 9b	The System's collection based debt policy clearly states "if agencies identify accounts that qualify for charity care or financial assistance, they are to cease further collection activities and return accounts to Adena Health System for disposition
SchH_P05_S0A_L00	Schedule H, Part V, Section A	Adena Health System is a licensed general medical and surgical hospital with a 24 hour Emergency Department In addition it offers a wide range of ancillary services for both inpatients and outpatients
SchH_P05_S0B_L00	Schedule H, Part V, Section B	We chose not to complete this section because it is optional for 2010
SchH_P06_S00_L02	Schedule H, Part VI, Line 2	Adena Medical Center (AMC) in Chillicothe, OH, is one of two hospitals operated by the Adena Health System and served by the Adena Health Foundation AMC is a 261-bed inpatient facility featuring an emergency department, inpatient rehabilitation unit and medical/surgical, diagnostic and treatment services, as well as family practice and specialty physicians Adena Health System recently commissioned the Ohio University's Voinovich School of Leadership and Public Affairs to develop a snapshot assessment of the communities served by the health system Adena also bases need on applications it receives from locally based nonprofit organizations, including schools A recent ranking of Ohio counties placed eight of the counties in the Adena service area in the bottom quartile for health outcomes, based on mortality and morbidity measures The same study, prepared by Ohio University's Voinovich School of Leadership and Public Affairs, ranked six of the counties in the bottom quartile for health factors, including health behaviors, clinical care, socioeconomic factors and physical environment All of the counties in the area fall below the state average of 25.4 physicians per 10,000 people And in the majority of counties served by Adena, more than 10 percent of families live below the poverty level
SchH_P06_S00_L03	Schedule H, Part VI, Line 3	Part VI - Line 3 - The availability of financial assistance is communicated in the following manner * Statements from Adena as well as collection vendors explain and list the 100% guidelines on the backside of the statement * There is signage explaining the program at all the registration areas * A contracted vendor supplies staff at the Cashier area to explain options available to the patient * We send an application with the self-pay discount letters in case the patient/guarantor can't set up a payment plan * The Customer Service staff is educated on all the options and can explain the programs when patients call * Our physician offices, as well as collection vendors have financial aid applications available We utilize a "hindsight" vendor that screens all bad debt accounts, after the year-end, against the state Medicaid eligibility and Federal Poverty Guidelines to attempt one last effort to obtain financial assistance for individuals
SchH_P06_S00_L04	Schedule H, Part VI, Line 4	The Adena Medical Center is a 261-bed inpatient facility in Chillicothe, OH featuring an emergency department, diagnostic and treatment services, advanced surgical suites, intensive/cardiac care, medical office building and the Adena Health Pavilion, which includes outpatient surgery, physician offices and the Adena Sleep Center Currently under construction on the campus of the medical center is the \$21 million, 35,000-square-foot freestanding Adena Cancer Center, which is scheduled to open in late 2011 In October 2010, Adena Medical Center achieved 5-Star ratings from HealthGrades for Chronic Obstructive Pulmonary Disease survival six months after hospitalization, Respiratory failure survival while in the hospital, Respiratory failure survival one month after hospitalization, Respiratory failure survival six months after hospitalization, heart failure survival while in the hospital and heart failure survival six months after hospitalization A ranking of Ohio counties, which was conducted last year and released this year, placed eight of the counties in the Adena service area in the bottom quartile for health outcomes, based on mortality and morbidity measures The same study ranked six of the counties in the bottom quartile for health factors, including health behaviors, clinical care, socioeconomic factors and physical environment All of the counties in the area fall below the state average of 25.4 physicians per 10,000 people And in the majority of counties served by Adena, more than 10 percent of families live below the poverty level Adena employs more than 2,400 people and uses a physician-led, patient-centered model of care while working collaboratively with local hospitals and health care organizations In 2010, nearly 1 million services were provided to patients and the health system is planning for increased patient volumes of up to 30 percent during the next five years
SchH_P06_S00_L05	Schedule H, Part VI, Line 5	Our mission is to be a catalyst for advancing the health of people in the counties we serve, while our vision is to be regionally recognized as beneficial, respected and needs-driven To do so we provide a number of benefits to our communities Among those benefits are charity care provided to qualifying patients In 2010, AMC charity care, based on gross charges, amounted to \$29.3 million Here are other benefits offered to patients in the 13-county region served by Adena, followed by snapshots of some of those offerings * Free or low-cost health screenings * Staff time and materials for community education effort * Community outreach through illness prevention and health information * Grants to other non-profit and public service organizations * Scholarships for students and teachers * Financial assistance to schools to promote student health * Community Benefit program expenses Additionally, Adena Health System sponsored eight school districts at the 2010 Coordinated School Health Conference, including Greenfield Village Exempt Schools in the market area served by GAMC School districts that participated in the conference completed an action plan and developed a goal that would impact a significant health issue within the school district The plans included action steps, timelines, needed resource needs and evaluation process, with implementation during the 2010-2011 school year
SchH_P06_S00_L06	Schedule H, Part VI, Line 6	The Adena Medical Center is a 261-bed inpatient facility in Chillicothe, OH featuring an emergency department, diagnostic and treatment services, advanced surgical suites, intensive/cardiac care, medical office building and the Adena Health Pavilion, which includes outpatient surgery, physician offices and the Adena Sleep Center Currently under construction is the \$21 million, 35,000-square-foot freestanding Adena Cancer Center, which is scheduled to open in late 2011 In October 2010, Adena Medical Center achieved 5-Star ratings from Health Grades for Chronic Obstructive Pulmonary Disease survival six months after hospitalization, Respiratory failure survival while in the hospital, Respiratory failure survival one month after hospitalization, Respiratory failure survival six months after hospitalization, heart failure survival while in the hospital and heart failure survival six months after hospitalization Here's snapshot of the other facilities Greenfield Area Medical Center (GAMC) Located in Greenfield, OH, is one of two hospitals operated by the Adena Health System and served by the Adena Health Foundation GAMC is a 25-bed inpatient facility featuring an emergency department, inpatient rehabilitation unit and medical/surgical, diagnostic and treatment services, as well as family practice and specialty physicians GAMC is located in Highland County and also serves parts of Fayette and Ross counties Adena Health Centers Located in Chillicothe and at regional sites in Circleville, Jackson, Oak Hill, Washington Court House and Waverly, OH, featuring physician offices, diagnostic and treatment services, physical, occupation and speech therapies Urgent care services are offered in Chillicothe and Waverly Adena Home Care and Hospice Provides highly personalized, quality care to patients of four service lines -- home health, hospice, home respiratory and home infusion Adena Rehabilitation and Wellness Center Provides physical, occupational, massage and industrial rehabilitation, as well as orthopaedics, sports medicine, women's health, vestibular, fibromyalgia and chronic pain programs, as well as industrial and specialized hand programs Adena Counseling Center Provides a wide range of outpatient counseling services, including group, individual and family counseling A variety of support groups also meet at the center Off-Campus Physician Offices A number of physician offices are located throughout the region served by Adena They include offices for family physicians, endocrinologists, gerontologists and urologists
SchH_P06_S00_L07	Schedule H, Part VI, Line 7	Adena Health System complied with the Ohio Hospital Association's request for data, but we did not file our Community Benefit Report with anyone



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Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

DLN: 93493315000151

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization  
ADENA HEALTH SYSTEM

Employer identification number  
31-4379443

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. . . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Economic DevelopmentAlliance of Southern Ohio45 East Main Street Chillicothe, OH 45601	20-3786756	501(c)(3)	25,000		Book		To help the developement of jobs for Southern Ohio
(2) Adena Mansion & Gardens Society848 Adena Road Chillicothe, OH 45601	27-1330314		10,100	0			Sponsorship to help manage the Adena historical mansion
(3) Vinton County Local School District307 West High Street McArthur, OH 45651	31-0714641	501(c)(3)	10,000		Book		To help support programs for the benefit of students
(4) Chillicothe Education Foundation45 East Main Street Chillicothe, OH 45601	31-1480939	501(c)(3)	9,000		Book		To help students develop into future highly effective workers and managers
(5) Vinton County Health Department31927 St Rt 93 McArthur, OH 45651	31-6400088	501(3)(c)	6,231		Book		Educate Children to understand proportions and serving sizes and to make healthier food choices

2

Enter total number of section 501(c)(3) and government organizations . . . . .

45

3

Enter total number of other organizations . . . . .

0

**Part III**

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) 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) The Franklin Fund is money left to Adena Health System for the purpose of paying the healthcare bills of patients who meet certain qualifications	19	38,392	0	Gross Charges	

**Part IV**

**Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I, Part I, Line 2	Each grantee is required to submit 2 progress reports and a final report with an accounting for the use of funds. In addition to progress reports, Community Health staff visit each grantee at least twice during the project period. Summary reports are prepared for the for the Health System's Board of Trustees.

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
ADENA HEALTH SYSTEM

Employer identification number  
  
31-4379443

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
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 the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	Yes
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	Yes
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in 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	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								
( 2 )								
( 3 )								
( 4 )								
( 5 )								
( 6 )								
( 7 )								
( 8 )								
( 9 )								
( 10 )								
( 11 )								
( 12 )								
( 13 )								
( 14 )								
( 15 )								
( 16 )								

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
SchJ_P01_S00_L01a	Schedule J, Part I, Line 1a	Adena Health System provides for a membership to the local Country Club for all Officers and Key Employees. This benefit is taxed.
SchJ_P01_S00_L04	Schedule J, Part I, Line 4	Rachel Rhude, the former Chief Nursing Officer, received severance pay. The severance agreement included 12 months of compensation with an additional guarantee of 6 months if not employed at the end of 12 months.
SchJ_P01_S00_L06	Schedule J, Part I, Line 6	Schedule J, Part I, Line 6 - The Adena Health System Management Incentive Plan was established to communicate strategic performance priorities to the management team and to encourage the highest level of performance in the delivery of health care services. The Incentive Award is funded by an Incentive Pool based upon Margin Percentage recommended by Management and approved by the Executive Compensation Committee. The Incentive Pool shall be based upon the percentage of "salary at risk" and number of participants for each eligibility level. Prior to the beginning of each Plan Year, organizational goals shall be developed to support and further the accomplishments of the System's mission, strategic plan, financial goals, and business outcomes. At the end of each Plan Year, Management, with the support of the CFO and CHRO, shall submit a report summarizing the performance level of the System and the recommended funding level for the Incentive Pool. This proposal is approved by the Executive Compensation Committee.

Schedule K (Form 990)	Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.										OMB No 1545-0047	
											2010	
	Department of the Treasury Internal Revenue Service										Open to Public Inspection	
Name of the organization ADENA HEALTH SYSTEM										Employer identification number 31-4379443		

Part I

Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A County of Ross Ohio	31-6400085	778260EX3	09-17-2008	141,346,983	Restructuring 2001 and 2006 Issues		X		X		X
B County of Ross Ohio	31-6400085		09-15-2010	29,985,000	Cancer Care Building and additional Cath Lab		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	200,000		0					
2	Amount of bonds legally defeased	0		0					
3	Total proceeds of issue	196,848,510		30,012,389					
4	Gross proceeds in reserve funds	10,920,538		0					
5	Capitalized interest from proceeds	0		0					
6	Proceeds in refunding escrow	0		0					
7	Issuance costs from proceeds	1,366,439		411,604					
8	Credit enhancement from proceeds	487,668		0					
9	Working capital expenditures from proceeds	0		0					
10	Capital expenditures from proceeds	55,557,232		1,803,746					
11	Other spent proceeds	0		0					
12	Other unspent proceeds	0		27,797,040					
13	Year of substantial completion	2010		2012					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X				
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X			X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III

Private Business Use

			A		B		C		D	
			Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?			X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X			X				

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X				
b	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %					
6	Total of lines 4 and 5	0 %		0 %					
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X				
2	Is the bond issue a variable rate issue?		X	X					
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?	X			X				
b	Name of provider	Bayerische Landesbank							
c	Term of GIC	3							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
5	Were any gross proceeds invested beyond an available temporary period?		X		X				
6	Did the bond issue qualify for an exception to rebate?		X		X				

Part V

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
SchK_P02_S00_L03	Schedule K, Part II, Line 3	This represents the original issue, plus the unused proceeds from issue 2006, plus investment earnings through December 31, 2010
SchK_P02_S00_L06	Schedule K, Part II, Line 6	The 2001 and 2006 issues were refunded on October 29, 2008 This was \$116,560,000 of principal and \$149,427 of interest
SchK_P02_S00_L11	Schedule K, Part II, Line 11	\$11,750,000 of issue was used to pay off qualified hedges in the 2001 and 2006 Bonds
SchK_P03_S00_L02	Schedule K, Part III, Line 2	The System leases approximately 300 square feet to a for profit company that operates a coffee kiosk This is considered deminimis space and so 0% is in line 4 of part III
SchK_P04_S00_L04a	Schedule K, Part IV, Line 4a	The proceeds invested in a GIC were from the 2006 issue The unused portion was transferred to the 2010 issue The GIC matured in July 2009, 36 months after the 2006 issue
See Additional Data Table		

Part V

Supplemental Information

Identifier	Return Reference	Explanation
SchK_P02_S00_L03	Schedule K, Part II, Line 3	This represents the original issue, plus the unused proceeds from issue 2006, plus investment earnings through December 31, 2010
SchK_P02_S00_L06	Schedule K, Part II, Line 6	The 2001 and 2006 issues were refunded on October 29, 2008 This was \$116,560,000 of principal and \$149,427 of interest
SchK_P02_S00_L11	Schedule K, Part II, Line 11	\$11,750,000 of issue was used to pay off qualified hedges in the 2001 and 2006 Bonds
SchK_P03_S00_L02	Schedule K, Part III, Line 2	The System leases approximately 300 square feet to a for profit company that operates a coffee kiosk This is considered deminimis space and so 0% is in line 4 of part III
SchK_P04_S00_L04a	Schedule K, Part IV, Line 4a	The proceeds invested in a GIC were from the 2006 issue The unused portion was transferred to the 2010 issue The GIC matured in July 2009, 36 months after the 2006 issue



Schedule L  
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization  
ADENA HEALTH SYSTEM

Employer identification number  
31-4379443

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . .

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

\$

\$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1) Matt Cosenza Sign-on bonus		X	7,500	1,827		No	Yes		Yes	
(2) Doug Folzenlogen Sign-on bonus		X	25,000	9,286		No	Yes		Yes	
(3) John Young Sign-on bonus		X	40,000	23,590		No	Yes		Yes	
Total . . . . .				34,703						

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

**Part IV**

**Business Transactions Involving Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

**Part V**

**Supplemental Information**  
Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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Additional Data

Software ID: 10000077  
Software Version: v1.00  
EIN: 31-4379443  
Name: ADENA HEALTH SYSTEM

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Steve Burkhardt	Officer of Horizon Chillicothe Telephone Company	954,009	Business Vendor		No
Jennifer White	Daughter in-law of Board member Tom White	100,873	Employee compensation		No
Robin Berno	Spouse of Director Jack Berno	90,630	Employee compensation		No
Dean Kuchta	Spouse of Key Employee Karen Bolton	73,758	Employee compensation		No
Kristen Davis	Daughter of COO Jeff Graham	40,395	Employee compensation		No
Jennifer Strickland	Spouse of Board member David Strickland	26,628	Employee compensation		No
Roger Nusbaum	Son of Board member Tim Nusbaum	25,904	Employee compensation		No

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public  
Inspection

<b>Name of the organization</b> ADENA HEALTH SYSTEM	<b>Employer identification number</b> 31-4379443
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Identifier	Return Reference	Explanation
F990_P06_S0A_L06	Form 990, Part VI, Section A, Line 6	The organization is composed of 9 member churches. All of the churches are in the Chillicothe, Ohio area.

Identifier	Return Reference	Explanation
F990_P06_S0A_L07a	Form 990, Part VI, Section A, Line 7a	The corporate member churches may only elect one person per church to act as their Trustee. The Trustee at Large get appointed as follows. Section 3.03 of the code of Regulations of AHS - "The Board shall elect six (6) at-large Trustee positions. Two of these positions shall be filled with physicians who are members of the active Medical Staff recommended by the Medical Staff in accordance with the Medical Staff bylaws. When a vacancy occurs among the four (4) at large Trustees, with the exception of members eligible for reappointment, the Trustee Committee shall nominate to the board a candidate for the vacant position."

Identifier	Return Reference	Explanation
F990_P06_S0A_L07b	Form 990, Part VI, Section A, Line 7b	Section 2 04 Rights of the Corporate Members (a) The right to elect nine trustees of the Corporation as specified in these Bylaw s (b) The right to approve any lease, sale exchange, transfer,or other disposition of all or substantially all of the assets of the Corporation (c) The right to approve any proposed merger or consolidation of the Corporation (d) The right to approve any proposed dissolution of the Corporation (e) The right to approve any proposed change to the fundamental purpose of the corporation as stated in Section 1 01 (f) The right to approve any proposed amendments to the Code of Regulations

Identifier	Return Reference	Explanation
F990_P06_S0B_L11a	Form 990, Part VI, Section B, Line 11a	The 990 was reviewed with the trustees at a board meeting prior to filing. Each board member was provided with a copy of the 990.

Identifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	The Corporate Compliance Office of Adena Health System annually coordinates the distribution and return of the conflict of interest statements. The Corporate Compliance Officer is responsible for reviewing the responses and communicating any extra steps that need to take place regarding any of the responses. At every Board meeting and committee of the Board, the agenda item of conflict of interest is included and called out. Conflict Board members abstain from voting on the particular items. All Adena Health System employees are subject to the Conflict of Interest policy.



Identifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	Compensation is determined through market surveys on all executives(including CEO) The market surveys are conducted by a 3rd party- Mercer Mercer makes recommendations to the Executive Compensation Committee w hich is a subcommittee of the board The CEO is not present for the CEO recommendation for integrity purposes The Executive Compensation Committee approves the salary and all aspects of compensation The Chief Human Resources Officer works with the Human Resources department to implement any changes The CEO contract is a 8 year contract The Committee review s and approves all aspects of the contract w hich must be approved and signed by all parties prior to processing the changes The process was last undertaken in April 2010

Identifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	The organization prepares an annual report to the public which includes its statement of revenues and expenses. Additionally, its governing documents and conflict of interest policy is available upon request. The financial statements are not available.

Identifier	Return Reference	Explanation
F990_P11_S00_L05	Form 990, Part XI, Line 5	1 Pension-related Changes Other than Net Periodic Cost (565,139) 2 Change in unrealized investment 5,334,582 3 The Women's Board /VAC financial information is included in this 990 The excess of revenue over expenses was (109,643) 4 Restricted Funds financial information is included in the 990 The excess of revenue over expenses was (357,058) 5 Contributions from Adena Health Foundation (603,406)

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization  
ADENA HEALTH SYSTEM

Employer identification number  
31-4379443

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)					
(a) Name, address, and EIN 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) Adena Medical Group LLC Dept L637 Columbus, OH 43260 27-1370967	Healthcare providers	OH	-22,804,100	7,929,097	Adena Health System

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.)							
(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 organization	
						Yes	No
(1) Greenfield Area Medical Center  550 Mirabeau St  Greenfield, OH 45123 31-0993422	Hospital	OH	501(c)(3)	3	N/A	Yes	
(2) Adena Health Foundation  272 Hospital Road  Chillicothe, OH 45601 75-3008742	Foundation	OH	501(c)(3)	11a	N/A	Yes	

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.)

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

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.)

(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
(1) Southern Ohio Healthcare Network 272 Hospital Road Chillicothe, OH45601 26-1566590	Fiberoptic network grants	OH	N/A	C			

Part V

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

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

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

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

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

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

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

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

Yes

Yes

No

No

Yes

No

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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

[illegible]

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

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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**Software ID:** 10000077  
**Software Version:** v1.00  
**EIN:** 31-4379443  
**Name:** ADENA HEALTH SYSTEM

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1)	Adena Health Foundation	c	603,406	Cash
(2)	Greenfield Area Medical Center	l	3,005,147	Medicare cost report allocation method, estimate of fmV
(3)	Greenfield Area Medical Center	m	24,000	Medicare cost report allocation method
(4)	Adena Health Foundation	p	252,843	Actual operating cost funded by
(5)	Greenfield Area Medical Center	c	12,907,839	Book Value of liability forgiven
(6)	Greenfield Area Medical Center	q	11,412,770	Book Value of liability forgiven
(7)	Greenfield Area Medical Center	r	14,851,536	Book Value of liability forgiven

Additional Data

Software ID: 10000077

Software Version: v1.00

EIN: 31-4379443

Name: ADENA HEALTH SYSTEM

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	(C) Position (check all that apply)						(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			
Deborah Barrington Director/Chairman	2	X		X				0	0	0
Jack Berno Employed M D	40	X						305,979	0	8,932
Steve Burkhardt Director/Treasurer	2	X		X				0	0	0
Doug Folzenlogen Employed M D	40	X						325,527	0	33,886
James Grove Director	2	X						0	0	0
Chad Harris Director	2	X						0	0	0
Tom Kellenberger Director	2	X						0	0	0
Mike Lilly Director	2	X						0	0	0
Tim Nausbaum Director	2	X						0	0	0
Mathew Schmidt Director	2	X						0	0	0
Allen Shaw Employed M D	40	X						247,112	0	15,142
Dave Strickland Director	2	X						0	0	0
Ginny Wettersten Director/Secretary	2	X		X				0	0	0
Tom White Director	2	X						0	0	0
Eric Wissler Director/Vice-Chairman	2	X		X				0	0	0
Keith Coleman Chief Financial Officer	40			X				354,835	0	45,076
Mark Shuter Chief Executive Officer	40			X				716,522	0	45,529
Karen Bolton General Counsel	40				X			205,951	0	28,570
Marcus Bost Chief Information Officer	40				X			184,393	0	29,523
John Fortney Chief Medical Officer	40				X			376,426	0	23,356
Jeff Graham Chief Operating Officer	40				X			245,724	0	35,708
Denise Minor Chief Nursing Officer	40				X			171,801	0	26,706
Barbara Purdom Chief Human Resources Officer	40				X			231,339	0	33,073
Patricia Roam Corporate Compliance Officer	40				X			150,184	0	14,308
Faitha Shelton System Director Practice Operations	40				X			152,689	0	32,279

**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	(C) Position (check all that apply)						(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			
Elisabeth Williams Chief Strategy Officer	40				X			215,337	0	33,061
Rob Bradley Employed M D	40					X		1,044,317	0	33,886
Brian Cohen Employed M D	40					X		2,450,714	0	25,506
Matt Cosenza Employed M D	40					X		911,608	0	15,142
James Fleming Employed M D	40					X		922,745	0	35,286
John Young Employed M D	40					X		889,153	0	11,920
Rachel Rhude Chief Nursing Officer	0						X	156,173	0	4,663

Additional Data

Software ID: 10000077  
Software Version: v1.00  
EIN: 31-4379443  
Name: ADENA HEALTH SYSTEM

Form 990 Schedule H, Part V Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, measured by total revenue per facility, from largest to smallest)	
How many non-hospital facilities did the organization operate during the tax year? <u>15</u>	
Name and address	Type of Facility (Describe)
Adena Urgent Care 55 Centennial Blvd Chillicothe, OH 45601	Ambulatory Care Center
Adena Health Center - Waverly 12340 State Route 104 Waverly, OH 45690	Ambulatory Care Center
Adena Health Center - Jackson 1000 Veterans Drive Jackson, OH 45640	Ambulatory Care Center
Adena Health Pavilion 4437 State Route 159 Chillicothe, OH 45601	General Medicine and Surgical
Adena Medical Office Building 4439 State Route 159 Chillicothe, OH 45601	Physician Offices
Adena Rehabilitation and Wellness Center 445 Shawnee Lane Chillicothe, OH 45601	Rehabilitation Center
Adena Counseling Center 455 Shawnee Lane Chillicothe, OH 45601	Counseling Center
Adena Hospice and Home Health 111 W Water Street Chillicothe, OH 45601	Hospice and Home Health Care
Adena Family Medicine - Greenfield Physician Offices Greenfield, OH 45123	Physician Offices
Adena Pickaway-Ross Family Physicians 100 N Walnut Street Chillicothe, OH 45601	Physician Offices
Adena Ross Urology 8 Medical Drive Chillicothe, OH 45601	Physician Offices
Adena Family Medicine of Chillicothe 626 Central Center Chillicothe, OH 45601	Physician Offices
Adena Family Medicine - Oak Hill 315 Washington Street Oak Hill, OH 45656	Physician Offices
Adena Family Medicine - Circleville 798 N Court Street Circleville, OH 43113	Physicians Offices
Adena Family Medicine - Washington Court House 1430 Columbus Ave Suite 102 Medical Arts Bldg 1 Washington Court House, OH 43160	Physician Offices

Software ID: 10000077  
Software Version: v1.00  
EIN: 31-4379443  
Name: ADENA HEALTH SYSTEM

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Jack Berno	(i) (ii)	288,589 0	8,173 0	9,217 0	9,989 0	0 0	315,968 0	0 0
Doug Folzenlogen	(i) (ii)	308,065 0	9,176 0	8,286 0	35,093 0	0 0	360,620 0	0 0
Allen Shaw	(i) (ii)	239,252 0	0 0	7,860 0	16,018 0	0 0	263,130 0	0 0
Mark Shuter	(i) (ii)	532,750 0	72,002 0	111,770 0	23,953 0	22,827 0	763,302 0	0 0
Keith Coleman	(i) (ii)	309,798 0	42,337 0	2,700 0	25,363 0	20,964 0	401,162 0	0 0
Karen Bolton	(i) (ii)	178,904 0	24,767 0	2,280 0	16,419 0	13,135 0	235,505 0	0 0
Marcus Bost	(i) (ii)	146,988 0	21,889 0	15,516 0	23,691 0	6,711 0	214,795 0	0 0
John Fortney	(i) (ii)	319,013 0	49,008 0	8,405 0	24,607 0	0 0	401,033 0	0 0
Jeff Graham	(i) (ii)	214,375 0	29,009 0	2,340 0	19,704 0	17,251 0	282,679 0	0 0
Denise Minor	(i) (ii)	160,686 0	10,801 0	314 0	23,731 0	3,895 0	199,427 0	0 0
Barbara Purdom	(i) (ii)	201,588 0	27,648 0	2,103 0	25,568 0	8,612 0	265,519 0	0 0
Patricia Roam	(i) (ii)	129,664 0	7,680 0	12,840 0	11,351 0	3,688 0	165,223 0	0 0
Faitha Shelton	(i) (ii)	136,680 0	15,856 0	153 0	24,071 0	9,028 0	185,788 0	0 0
Elisabeth Williams	(i) (ii)	191,944 0	21,060 0	2,333 0	25,188 0	8,950 0	249,475 0	0 0
Brian Cohen	(i) (ii)	2,442,254 0	0 0	8,460 0	26,757 0	0 0	2,477,471 0	0 0
Matt Cosenza	(i) (ii)	899,964 0	2,500 0	9,144 0	16,393 0	0 0	928,001 0	0 0
Rob Bradley	(i) (ii)	1,035,759 0	0 0	8,558 0	35,137 0	0 0	1,079,454 0	0 0
James Fleming	(i) (ii)	903,294 0	12,788 0	6,663 0	35,137 0	0 0	957,882 0	0 0
John Young	(i) (ii)	842,543 0	13,333 0	33,277 0	13,171 0	0 0	902,324 0	0 0
Rachel Rhude	(i) (ii)	0 0	0 0	156,173 0	0 0	4,663 0	160,836 0	0 0