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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
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Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Summa Health Group Return		D Employer identification number 90-0640432	
	Doing business as			
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number (234) 312-5867	
	City or town, state or province, country, and ZIP or foreign postal code Akron, OH 443092090		G Gross receipts \$ 1,181,068,470	
	F Name and address of principal officer Thomas Malone MD 1077 Gorge Blvd PO Box 2090 Akron, OH 443092090		H(a) Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No H(b) Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ 5864	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ www.summahealth.org				

K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation	M State of legal domicile
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Part I



Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities The mission of Summa Health is to provide the highest quality, compassionate care to patients and members and contribute to a healthier community			
	2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	54	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	33	
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	8,069	
6	Total number of volunteers (estimate if necessary)	1,249		
7a	Total unrelated business revenue from Part VIII, column (C), line 12	9,977,266		
7b	Net unrelated business taxable income from Form 990-T, line 34	3,186,581		
Revenue	8	Contributions and grants (Part VIII, line 1h)	8,800,411	8,525,120
	9	Program service revenue (Part VIII, line 2g)	1,101,296,459	1,002,586,876
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,934,346	10,685,360
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,701,542	28,711,727
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,143,732,758	1,050,509,083
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	260,359
14		Benefits paid to or for members (Part IX, column (A), line 4)		0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	488,396,107	457,028,302
16a		Professional fundraising fees (Part IX, column (A), line 11e)		0
b		Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 2,518,737		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	600,542,226	541,818,043
18		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,089,198,692	999,200,538
19		Revenue less expenses Subtract line 18 from line 12	54,534,066	51,308,545
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	1,221,959,811	1,165,798,880
	21	Total liabilities (Part X, line 26)	636,147,164	687,554,548
	22	Net assets or fund balances Subtract line 21 from line 20	585,812,647	478,244,332

Part II

Signature Block

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

Sign Here		Signature of officer	2015-11-13
			Date
		Brian K Derrick CFO	
		Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Jennifer D Rhoderick	Preparer's signature Jennifer D Rhoderick	Date	Check <input type="checkbox"/> if self-employed	PTIN P00395735
	Firm's name ▶ Ernst & Young LLP			Firm's EIN ▶ 34-6565596	
	Firm's address ▶ 111 Monument Circle Suite 4000 Indianapolis, IN 46204			Phone no (317) 681-7000	

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

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

SUMMA HEALTH'S MISSION IS TO PROVIDE THE HIGHEST QUALITY, COMPASSIONATE CARE TO PATIENTS AND MEMBERS AND CONTRIBUTE TO A HEALTHIER COMMUNITY

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 431,222,356 including grants of \$ 0) (Revenue \$ 585,674,801)

OUTPATIENT SERVICES - IN 2014, SUMMA HEALTH SYSTEM, SUMMA BARBERTON CITIZENS HOSPITAL, THE WADSWORTH-RITTMAN AREA HOSPITAL ASSOCIATION AND SUMMA PHYSICIANS, INC PROVIDED MORE THAN 1 5 MILLION OCCASIONS OF SERVICE, INCLUDING 174,502 EMERGENCY ROOM VISITS, 15,740 SURGICAL OPERATIONS, AND MORE THAN 1 3 MILLION OTHER OUTPATIENT VISITS

4b

(Code) (Expenses \$ 292,261,904 including grants of \$ 0) (Revenue \$ 385,444,800)

INPATIENT SERVICES - FOR 2014, SUMMA HEALTH SYSTEM (SHS), SUMMA BARBERTON CITIZENS HOSPITAL (SBH) AND THE WADSWORTH-RITTMAN AREA HOSPITAL ASSOCIATION (WRH) HAD 752 BEDS IN SERVICE, ADMITTED 38,838 ADULT PATIENTS, AND DELIVERED 4,005 NEWBORNS THE ADULT PATIENTS RECEIVED 173,312 DAYS OF CARE, INPATIENT SURGERIES TOTALED 7,393, EMERGENCY ADMITS TOTALED 27,007 AND THE AVERAGE LENGTH OF STAY WAS 4 46 DAYS

4c

(Code) (Expenses \$ 44,543,076 including grants of \$ 0) (Revenue \$ 12,397,313)

RESEARCH/EDUCATION - SUMMA HEALTH HAS A HISTORY OF SPONSORING AND SUPPORTING BASIC AND CLINICAL RESEARCH TO UNDERSTAND DISEASES AND TREATMENT CENTERS, PROGRAMS AND LABS FACILITATE RESEARCH IN A NUMBER OF MEDICAL FIELDS SUMMA HEALTH FOSTERS A LEARNING ENVIRONMENT FOR THE NEXT GENERATION OF CAREGIVERS AT THREE OF SUMMA HEALTH'S HOSPITALS, OVER 200 MEDICAL SCHOOL GRADUATES TRAIN IN 17 ACCREDITED RESIDENCY PROGRAMS SUMMA HEALTH PROVIDES CLINICAL LEARNING EXPERIENCES TO MORE THAN 250 NURSING AND ALLIED HEALTH STUDENTS

See Additional Data

4d

Other program services (Describe in Schedule O)

(Expenses \$ 11,825,302 including grants of \$ 354,193) (Revenue \$ 16,839,420)













4e

Total program service expenses

779,852,638

Form 990 (2014)

Part IV Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	Yes	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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.		
2b	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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	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)?		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	54	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	33	
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	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	OH , FL
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 made these available. Check all that apply.	Own website Another's website Upon request Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	Brian K Derrick

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

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

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

[illegible]

Part VII

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

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

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	12,330,894	10,274,701	735,548

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶433

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

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year		
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶0		

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c	1,094,300			
	d	Related organizations 1d	212,564			
	e	Government grants (contributions) 1e	1,030,136			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	6,188,120			
	g	Noncash contributions included in lines 1a-1f \$	53,042			
	h	Total. Add lines 1a-1f	8,525,120			
Program Service Revenue	2a	Net Patient Revenue	Business Code			
			621110	963,085,182	962,995,673	89,509
	b	Program Related Investments	900099	19,696,629	19,557,600	139,029
	c	Rental Income from Affiliates	900099	5,130,396	5,130,396	
	d	Reference Lab	621500	8,334,419	8,334,419	
	e	ARRA Meaningful Use	900099	2,786,574	2,786,574	
	f	All other program service revenue		3,553,676	3,553,676	0
	g	Total. Add lines 2a-2f		1,002,586,876		0
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	3,776,554		127,314	3,649,240
	4	Income from investment of tax-exempt bond proceeds	1,585,638			1,585,638
	5	Royalties				
	6a	Gross rents	(i) Real	(ii) Personal		
			7,584,498			
			7,727,512			
			-143,014	0		
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)	-143,014			-143,014
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
			127,650,469			
			122,327,301			
			5,323,168	0		
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)	5,323,168			5,323,168
	8a	Gross income from fundraising events (not including \$ 1,094,300 of contributions reported on line 1c) See Part IV, line 18				
		a	126,881			
	b	Less direct expenses b	504,574			
	c	Net income or (loss) from fundraising events	-377,693			-377,693
	9a	Gross income from gaming activities See Part IV, line 19				
		a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances				
		a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory				
	Miscellaneous Revenue		Business Code			
	11a	Other Revenue	900099	21,887,008	1,030,719	20,856,289
	b	Cafeteria Sales	721210	5,607,207	256,276	5,350,931
	c	Parking	812930	1,587,800		1,587,800
	d	All other revenue		150,419	0	150,419
	e	Total. Add lines 11a-11d		29,232,434		
	12	Total revenue. See Instructions		1,050,509,083	994,023,919	37,982,778

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	279,773	279,773		
2	Grants and other assistance to domestic individuals See Part IV, line 22	74,420	74,420		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	7,068,840	5,930,757	1,138,083	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	499,082	499,082		
7	Other salaries and wages	378,564,064	316,083,657	60,750,681	1,729,726
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,378,480	5,351,545	1,026,935	
9	Other employee benefits	40,353,961	33,616,673	6,450,875	286,413
10	Payroll taxes	24,163,875	20,273,491	3,890,384	
11	Fees for services (non-employees)				
a	Management	2,816,572	2,363,104	453,468	
b	Legal	1,744		1,744	
c	Accounting	260,265		260,265	
d	Lobbying	24,535		24,535	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	2,597		2,597	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	263,181,337	140,429,345	122,675,762	76,230
12	Advertising and promotion	487,238	386,709	74,208	26,321
13	Office expenses	15,993,983	13,141,525	2,521,794	330,664
14	Information technology	5,516,259	4,611,885	884,998	19,376
15	Royalties				
16	Occupancy	24,255,173	20,350,090	3,905,083	
17	Travel	1,413,491	1,175,376	225,549	12,566
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,656,228	1,389,575	266,653	
20	Interest	17,651,973	14,810,005	2,841,968	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	44,912,203	37,681,338	7,230,865	
23	Insurance	6,639,720	5,570,725	1,068,995	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	Medical Supplies	149,925,542	149,925,542		
b	Licenses, dues, memberships	2,915,676	2,446,252	469,424	
c	Taxes	1,552,072	1,302,188	249,884	
d	Recruitment	53,298	44,717	8,581	
e	All other expenses	2,558,137	2,114,864	405,832	37,441
25	Total functional expenses. Add lines 1 through 24e	999,200,538	779,852,638	216,829,163	2,518,737
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		60,183	1	72,162
	2	Savings and temporary cash investments		190,532,021	2	322,575,306
	3	Pledges and grants receivable, net		6,995,713	3	9,308,859
	4	Accounts receivable, net		175,269,983	4	159,136,952
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		24,277,038	7	15,155,310
	8	Inventories for sale or use		10,793,973	8	10,757,612
	9	Prepaid expenses and deferred charges		9,388,108	9	6,462,851
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a1,159,056,120			
	b	Less accumulated depreciation	10b733,013,103	426,884,049	10c	426,043,017
	11	Investments—publicly traded securities		270,068,608	11	135,242,113
	12	Investments—other securities See Part IV, line 11		9,386,412	12	11,806,000
	13	Investments—program-related See Part IV, line 11		30,770,383	13	34,220,043
	14	Intangible assets		2,462,688	14	2,345,714
	15	Other assets See Part IV, line 11		65,070,652	15	32,672,941
	16	Total assets. Add lines 1 through 15 (must equal line 34)		1,221,959,811	16	1,165,798,880
Liabilities	17	Accounts payable and accrued expenses		79,128,980	17	106,690,047
	18	Grants payable			18	
	19	Deferred revenue		2,374,731	19	1,762,007
	20	Tax-exempt bond liabilities		343,097,418	20	348,796,530
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		17,859,615	23	16,861,900
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24) Complete Part X of Schedule D		193,686,420	25	213,444,064
	26	Total liabilities. Add lines 17 through 25		636,147,164	26	687,554,548
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		538,731,106	27	429,271,710
	28	Temporarily restricted net assets		29,111,026	28	28,611,311
	29	Permanently restricted net assets		17,970,515	29	20,361,311
	Organizations that do not follow SFAS 117 (ASC 958), 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		585,812,647	33	478,244,332
	34	Total liabilities and net assets/fund balances		1,221,959,811	34	1,165,798,880

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,050,509,083
2	Total expenses (must equal Part IX, column (A), line 25)	2	999,200,538
3	Revenue less expenses Subtract line 2 from line 1	3	51,308,545
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	585,812,647
5	Net unrealized gains (losses) on investments	5	-1,694,621
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-157,003,807
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	478,244,332

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <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		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b	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	Yes	

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 90-0640432
Name: Summa Health Group Return

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code)	(Expenses \$ 11,825,302	including grants of \$ 354,193)	(Revenue \$ 16,839,420)
<p>SUMMA HEALTH IS AN INTEGRATED HEALTHCARE DELIVERY SYSTEM THAT PROVIDES COORDINATED, VALUE-BASED CARE ACROSS THE CONTINUUM FOR THE PEOPLE AND POPULATIONS WE SERVE WE HOLD OURSELVES CLINICALLY AND FINANCIALLY ACCOUNTABLE FOR HEALTH OUTCOMES IN OUR COMMUNITIES SUMMA HEALTH SERVES MORE THAN ONE MILLION PATIENTS EACH YEAR IN COMPREHENSIVE EMERGENCY, ACUTE, CRITICAL, OUTPATIENT AND LONG-TERM/HOMECARE SETTINGS AND REPRESENTS MORE THAN 1,700 REGISTERED, INPATIENT BEDS ON THE CAMPUSES OF SUMMA HEALTH SYSTEM, SUMMA BARBERTON CITIZEN'S HOSPITAL, THE WADSWORTH-RITTMAN AREA HOSPITAL ASSOCIATION, SUMMA REHAB HOSPITAL*, WESTERN RESERVE HOSPITAL*, AND CRYSTAL CLINIC ORTHOPAEDIC CENTER* IN ADDITION, OUTPATIENT CARE IS PROVIDED IN MORE THAN 16 COMMUNITY HEALTH CENTERS AND EMERGENCY DEPARTMENTS (EDS), SOME INTEGRATED IN THE HEALTHCARE FACILITIES, OTHERS ARE FREE-STANDING *SUMMA REHAB HOSPITAL, * WESTERN RESERVE HOSPITAL AND *CRYSTAL CLINIC ORTHOPAEDIC CENTER ARE JOINT VENTURES IN WHICH SUMMA HEALTH HAS AN INTEREST, AND ARE REFERENCED IN THIS DOCUMENT FOR THE PURPOSE OF IDENTIFYING ALL ENTITIES AFFILIATED WITH SUMMA HEALTH SUMMA'S PROPORTIONATE INTEREST OF THESE JOINT VENTURES' CHARITY CARE AND OTHER COMMUNITY BENEFITS ARE INCLUDED ON SCHEDULE H OF SUMMA HEALTH'S IRS FORM 990 GROUP RETURN PROVIDING SUPERIOR, MULTI-SPECIALTY PATIENT CARE, MEDICAL RESEARCH AND CONTINUING MEDICAL EDUCATION, SUMMA HEALTH RANKS AS A HIGHLY RECOGNIZED HEALTHCARE PROVIDER IN SEVERAL DISCIPLINES INCLUDING BARIATRIC SURGERY, CARDIOVASCULAR, EMERGENCY, ONCOLOGY, ORTHOPAEDIC SURGERY, PRIMARY CARE SPORTS MEDICINE, STROKE AND NURSING BY PRESTIGIOUS ORGANIZATIONS SUCH AS THE SOCIETY OF CHEST PAIN CENTERS AMERICAN COLLEGE OF SURGEONS AMERICAN HEART ASSOCIATION AMERICAN STROKE ASSOCIATION NATIONAL ACCREDITATION PROGRAM OF BREAST CENTERS AMERICAN NURSING CREDENTIALING CENTER PREMIER HEALTHCARE ALLIANCE OHIO PATIENT SAFETY INSTITUTE US NEWS AND WORLD REPORT CONQUER CANCER FOUNDATION AMERICAN SOCIETY OF CLNICAL ONCOLOGY AMERICAN COLLEGE OF RADIATION AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER NURSES IMPROVING CARE FOR HEALTHSYSTEM ELDERSMERICAN SOCIETY FOR METABOLIC AND BARIATRIC SURGERY CENTER OF EXCELLENCE CARECHEX METABOLIC AND BARIATRIC SURGERY ACCREDITATION AND QUALITY IMPROVEMENT PROGRAM THE JOINT COMMISSION SUMMA HEALTH IS SUMMIT COUNTY'S LARGEST EMPLOYER AND A LEADING ECONOMIC ENGINE FOR THE REGION SUMMA HEALTH INCLUDES THE FOLLOWING SUMMA HEALTH SYSTEM SUMMA HEALTH SYSTEM IS A SINGLE LEGAL ENTITY THAT INCLUDES TWO HOSPITAL CAMPUSES AND SEVERAL OFF-SITE LOCATIONS SUMMA HEALTH SYSTEM OPERATES BOTH HOSPITAL LOCATIONS AS WELL AS THE HOSPITAL-BASED OFF-SITE LOCATIONS UNDER THE SAME MEDICARE PROVIDER NUMBER SUMMA HEALTH SYSTEM EMPLOYS MORE THAN 9,000 INDIVIDUALS WITH SUMMA HEALTH SYSTEM ACCOUNTING FOR APPROXIMATELY 7,000 OF THESE EMPLOYEES SUMMA HEALTH SYSTEM HAS A MEDICAL STAFF OF MORE THAN 1,000 PROFESSIONALS WORKING ON ITS CAMPUSES SUMMA HEALTH SYTSEM HAS 946 REGISTERED BEDS AND 46 LICENSED BASSINETS THE BUILDINGS AND FACILITIES ON BOTH CAMPUSES TOTAL APPROXIMATELY 1 7 MILLION SQUARE FEET SUMMA HEALTH SYSTEM OFFERS GENERAL MEDICAL, SURGICAL, OBSTETRICAL, TRAUMA, AND CRITICAL CARE SERVICES SUMMA AKRON CITY HOSPITAL PROVIDES ACUTE CARE SERVICES ON A CAMPUS OF APPROXIMATELY 60 ACRES THE CAMPUS IS HOME TO SPECIALTY HEALTH CENTERS OFFERING A WIDE RANGE OF OUTPATIENT SERVICES SUMMA HEALTH SYSTEM RECEIVED THE FOLLOWING RECOGNITION IN 2014 SUMMA AKRON CITY & ST THOMAS HOSPITALS RANKED SIXTH BEST HOSPITAL IN OHIO BY U S NEWS & WORLD REPORT IT IS RANKED NATIONALLY IN 2 SPECIALTIES OF ENDOCRINOLOGY (DIABETES CARE) AND GASTROENTEREOLOGY, AND AS HIGH PERFORMING IN 9 OTHER ADULT SPECIALTIES CARDIOLOGY & HEART SURGERY, EAR, NOSE & THROAT, GERIATRICS, GYNECOLOGY, NEPHROLOGY, NEUROLOGY & NEUROSURGERY, ORTHOPEDICS, PULMONOLOGY, AND UROLOGY SUMMA BECAME ONE OF EIGHT COMMUNITY ONCOLOGY PRACTICES IN THE COUNTRYRECOGNIZED BY THE CONQUER CANCER FOUNDATION FOR ITS COMMITMENT TO HIGH-QUALITY CLINICAL TRIALS SUMMA ST THOMAS HOSPITAL CAMPUS PROVIDES VARIOUS DIAGNOSTIC SERVICES ALONG WITH BEHAVIORAL HEALTH AND SUBSTANCE ABUSE CARE SUMMA ST THOMAS HOSPITAL WAS ONE OF THE FIRST IN THE COUNTRY TO RECOGNIZE THE MEDICAL ASPECTS OF ALCOHOLISM AS A DISEASE AND IS THE FOUNDING LOCATION OF ALCOHOLICS ANONYMOUS THE HOSPITAL OPENED THE NATION'S FIRST ALCOHOLISM TREATMENT WARD AND CONTINUES ITS LONGSTANDING DEDICATION TO THIS PROGRAM TODAY SUMMA HEALTH SYSTEM IS A MAJOR TEACHING AFFILIATE FOR NORTHEAST OHIO MEDICAL UNIVERSITY (NEOMED), SPONSORING AND/OR CO-SPONSORING 17 RESIDENCIES AND FELLOWSHIPS ALONG WITH PROVIDING EDUCATIONAL ROTATIONS FOR MEDICAL STUDENTS SUMMA BARBERTON CITIZEN'S HOSPITAL SUMMA BARBERTON CITIZEN'S HOSPITAL IS A 500,000 SQUARE FOOT ACUTE CARE TEACHING HOSPITAL LOCATED ON NEARLY 16 ACRES, LOCATED APPROXIMATELY 10 MILES SOUTHWEST OF AKRON, OHIO THE HOSPITAL HAS MORE THAN 1,600 EMPLOYEES AND HAS A MEDICAL STAFF OF MORE THAN 500 PROFESSIONALS IT HAS 235 REGISTERED ADULT BEDS AND 14 AVAILABLE BASSINETS SUMMA BARBERTON CITIZEN'S HOSPITAL RECEIVED THE FOLLOWING RECOGNITION IN 2014 MAINTAINED ACCREDITATION FOR CHEST PAIN CENTER BY THE SOCIETY OF CARDIOVASCULAR PATIENT CARE, NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS, BREAST IMAGING CENTER OF EXCELLENCE (ACR), COMMISSION ON CANCER ACCREDITATION, HOSTED "LOVE YOUR LUNGS" IN RECOGNITION OF NATIONAL SMOKE OUT DAY AND WAS AN ACTIVE MEMBER OF ANNUAL MUMFEST AND OTHER COMMUNITY EVENTS THE WADSWORTH-RITTMAN AREA HOSPITAL ASSOCIATION THE WADSWORTH-RITTMAN AREA HOSPITAL ASSOCIATION WAS MERGED INTO SUMMA BARBERTON CITIZEN'S HOSPITAL DURING 2014 IT'S CAMPUS HAS APPROXIMATELY 200,000 SQUARE FOOT, ON APPROXIMATELY 38 ACRES LOCATED APPROXIMATELY 20 MILES WEST OF AKRON, OHIO, THE FACILITY HOUSES A WIDE RANGE OF DIAGNOSTIC SERVICES INCLUDING RADIOLOGY, GENERAL MEDICAL, AMBULATORY SURGERY AND A 24/7 EMERGENCY DEPARTMENT WADSWORTH-RITTMAN AREA HOSPITAL ASSOCIATION PARTICIPATED IN MANY COMMUNITY EVENTS THROUGHOUT THE YEAR INCLUDING SPONSOR FOR BLUETIP FESTIVAL, "SCARE ON THE SQUARE," "CANDLELIGHT WALK," YEAR-LONG BICENNENTIAL CELEBRATIONS AND HOSTED "LOVE YOUR LUNGS" IN RECOGNITION OF NATIONAL SMOKE OUT DAY CHARITY CARE IN 2014, SUMMA HEALTH PROVIDED FINANCIAL ASSISTANCE AT AN ESTIMATED NET COST OF NEARLY \$14 MILLION THIS AMOUNT REPRESENTS THE NET COST ASSOCIATED WITH PROVIDING THE CARE AND DOES NOT INCLUDE BAD DEBT PATIENTS WITH INCOME UP TO 200% OF THE FEDERAL POVERTY INCOME GUIDELINES OR WHO HAVE A HOSPITAL BILL THAT EXCEEDS 25% OF THEIR GROSS ANNUAL FAMILY INCOME ARE ELIGIBLE TO APPLY FOR FULLY DISCOUNTED CHARITY CARE ASSISTANCE IN ADDITION, THERE IS A SLIDING SCALE DISCOUNT PROGRAM FOR THOSE WITH INCOMES BETWEEN 200% AND 400% OF THE FEDERAL POVERTY INCOME GUIDELINES IN 2014, THE FINANCIAL ASSISTANCE PROGRAM (INCLUDING HOSPITAL CARE ASSURANCE PROGRAM) BENEFITED APPROXIMATELY 28,000 PATIENT ENCOUNTERS</p>			
(Code)	(Expenses \$ 0	including grants of \$ 0)	(Revenue \$ 0)
<p>Part III Line 4D - Other Program Services - continued MEDICAID SHORTFALL HISTORICALLY, OHIO MEDICAID REIMBURSEMENTS HAVE NOT COVERED THE COST OF PROVIDING THE CARE TO PROGRAM BENEFICIARIES, CREATING A BUDGETARY SHORTFALL AS ONE OF NORTHEAST OHIO'S TOP PROVIDERS OF HOSPITAL CARE FOR MEDICAID PATIENTS, SUMMA HEALTH'S UNPAID COSTS FOR MEDICAID TOALED MORE THAN \$6 8 MILLION BAD DEBT SUMMA HEALTH IS COMMITED TO PROVIDING QUALITY AND ACCESSIBLE HEALTHCARE THIS INCLUDES COVERING THE EXPENSE OF PAYMENTS THAT WERE EXPECTED BUT NOT RECEIVED WHILE SUMMA HEALTH RECOGNIZES BAD DEBT IS PART OF DOING BUSINESS, IT AGREES WITH THE OHIO HOSPITAL ASSOCIATION THAT IT IS IMPORTANT TO REPORT THESE COSTS TO SHOW THE TOTAL PICTURE OF CARE SUMMA HEALTH PROVIDES TO THE COMMUNITY WITHOUT FULL REIMBURSEMENT IN 2014, THE COST FOR PROVIDING CARE WRITTEN OFF AS A BAD DEBT EXPENSE WAS APPROXIMATELY \$24 MILLION COMMUNITY HEALTH IMPROVEMENT SERVICES AN IMPORTANT PART OF SUMMA HEALTH'S MISSION IS OFFERING A PREVENTION AND WELLNESS PROGRAM TO BUILD A HEALTHIER COMMUNITY IN 2014, SUMMA HEALTH PROVIDED MORE THAN \$1 2 MILLION TO HELP FUND HEALTH IMPROVEMENT ACTIVITIES SUCH AS FREE AND LOW-COST HEALTH SCREENING, HEALTH EDUCATION SERVICES AND WELLNESS PROGRAMMING SUBSIDIZED HEALTH SERVICES SUMMA HEALTH IS COMMITED TO PROVIDING SUBSIDIZED HEALTH SERVICES - CLINICIAL SERVICES THAT MEET AN IDENTIFIED COMMUNITY NEED AND ARE PROVIDED DESPITE FINANCIAL LOSS VITAL SERVICES SUCH AS THE CENTER FOR SENIOR HEALTH, CARE CENTER FOR PATIENTS WITH HIV OR AIDS, AND DIABETES EDUCATION ARE OFFERED, EVEN THOUGH THEY ARE NOT PROFITABLE INCOME FROM OTHER SERVICES IS USED TO COVER THESE COSTS IN 2014, THE COST FOR SUBSIDIZED SERVICES WAS APPROXIMATELY \$24 MILLION FINANCIAL AND IN-KIND DONATIONS ANNUALLY, SUMMA HEALTH CONTRIBUTES FINANCIAL ASSISTANCE AND IN-KIND SERVICES TO SUPPORT COMMUNITY ORGANIZATIONS THAT PROMOTE HEALTH, WELLNESS, AND AN IMPROVED QUALITY OF LIFE FROM THE LOCAL CHAPTERS OF NATIONAL GROUPS SUCH AS UNITED WAY, THE AMERICAN HEART ASSOCIATION AND THE AMERICAN CANCER SOCIETY, TO AKRON COMMUNITY HEALTH RESOURCES (AKRON'S ONLY FEDERALLY-FUNDED HEALTH CENTER) SUMMA HEALTH PARTICIPATES IN NUMEROUS COMMUNITY PROGRAMS AND HELPS OTHER NONPROFITS FULFILL THEIR MISSIONS IN 2014, THESE CONTRIBUTIONS WERE MORE THAN \$1 MILLION RESEARCH SUMMA HEALTH'S QUALITY MEDICAL CARE IS DERIVED IN PART FROM ITS ABILITY TO TRANSLATE RESULTS FROM CAREFULLY PLANNED AND EXECUTED RESEARCH INTO EFFECTIVE PATIENT CARE STRATEGIES RESEARCH AND INNOVATION IS AN INTEGRAL FOCUS OF THE ACADEMIC AND CLINICAL ENVIRONMENT AT SUMMA HEALTH AND HELPS SET THE HIGHEST STANDARDS FOR MEDICAL CARE IN THE COMMUNITY SUMMA HEALTH'S REPUTATION FOR EXCELLENCE IN SUCH CRITICAL SPECIALITIES AS CARDIOLOGY, DIABETES, EMERGENCY SERVICES, ORTHOPAEDICS, ONCOLOGY, SENIOR HEALTH, SURGERY, AND WOMEN'S HEALTH CONTINUES TO GROW THROUGH RESEARCH AND INNOVATION SUMMA HEALTH INVESTED MORE THAN \$6 4 MILLION IN RESEARCH IN 2014 IN ADDITION TO SUPPORT FROM SUMMA FOUNDATION, MAJOR RESEARCH PROGRAMS ARE SUPPORTED BY GRANTS FROM THE NATIONAL INSTITUTES OF HEALTH, THE DEPARTMENT OF DEFENSE AND INDUSTRY SPONSORS EDUCATION SUMMA HEALTH SUPPORTS THE EDUCATION OF PHYSICIANS AND OTHER HEALTHCARE PROFESSIONALS SUMMA HEALTH SYSTEM IS THE LARGEST OF THE MAJOR TEACHING AFFILIATES OF THE NORTHEST OHIO MEDICAL UNIVERSITY (NEOMED, A CONSORTIUM OF THE UNIVERSITY OF AKRON, KENT STATE UNIVERSITY AND YOUNGSTOWN STATE UNIVERSITY, AND OFFERS EDUCATION TO NEOMED'S COLLEGES OF MEDICINE AND PHARMACY STUDENTS, AS WELL AS TO MEDICAL STUDENTS FROM SCHOOLS AROUND THE COUNTRY IN ADDITION, SUMMA HEALTH OFFERS 17 ACCREDITED RESIDENCY TRAINING PROGRAMS IN NUMEROUS SPECIALTIES, TRAINING THE NEXT GENERATION OF PRIMARY CARE AND SPECIALTY PHYSICIANS FOR THE REGION AND BEYOND NURSING EDUCATION ALSO IS OFFERED IN COLLABORATION WITH OUR LOCAL UNIVERSITY PARTNERS IN 2014, APPROXIMATELY 230 RESIDENTS AND FELLOWS TRAINED AT SUMMA HEALTH'S THREE MAIN HOSPITALS ON AVERAGE, APPROXIMATELY 40% OF THESE RESIDENTS REMAIN IN OUR LOCAL AND SURROUNDING COMMUNITIES SUMMA HEALTH'S 2014 INVESTMENT IN HEALTH PROFESSIONS EDUCATION TOALED \$24 MILLION SUMMA HEALTH IS ONE OF FIVE FOUNDING MEDICAL AND EDUCATIONAL INSTITUTIONS RESPONSIBLE FOR THE CREATION OF THE AUSTEN BIOINNOVATION INSTITUTE IN AKRON (ABIA), A UNIQUE COLLABORATION THAT EXPANDS UPON THE REGION'S RICH LEGACY IN INDUSTRIAL AND MATERIALS SCIENCE TO PIONEER THE NEXT GENERATION OF LIFE ENHANCING AND LIFE SAVING INNOVATIONS SUMMA HEALTH SERVICES FOLLOWING IS A DESCRIPTION OF SUMMA HEALTH'S NOTABLE ACCOMPLISHMENTS BY PRIMARY SERVICE LINES IN 2014 CARDIOVASCULAR - AN UPGRADED HEART RHYTHM SERVICES (HRS) LAB OPENED IN JANUARY ON THE CAMPUS OF SUMMA AKRON CITY HOSPITAL SUMMA'S CARDIOVASCULAR INSTITUTE APPLIED FOR, AND WAS ACCEPTED TO, THE CENTERS FOR MEDICARE AND MEDICAID INNOVATION'S BUNDLED PAYMENTS FOR CARE INITIATIVE PROGRAM SUMMIT COUNTY'S FIRST TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR) PERFORMED IN THE NEW HYBRID OPERATING ROOM SUITE IN DECEMBER 2014 EMERGENCY/TRAUMA SERVICES - EMS DEVELOPED AND IMPLEMENTED EMS DIRECT ACTIVATION OF THE CARDIAC CATHETERIZATION LAB FOR CHEST PAIN PATIENTS, RESULTING IN AN OVERALL DECREASE TIME OF TEN MINUTES THIS RESULTED IN RECOGNITION BY THE AMERICAN HEART ASSOCIATION'S PLATINUM ACHIEVEMENT AWARD NEUROSCIENCE - IN ADDITION TO THE JOINT COMMISSION'S STROKE RECERTIFICATION, THE "TARGET STROKE AWARD" AND "GET WITH THE GUIDELINES GOLD PLUS AWARD" WERE RECEIVED FROM AHA ONCOLOGY - SUMMA HEALTH APPROVED THE VERO LINEAR ACCELERATOR TO EXPAND THE RADIOSURGERY PROGRAM, MAKING SUMMA AKRON CITY HOSPITAL THE FIRST COMMUNITY HOSPITAL IN THE COUNTRY TO HAVE THIS SPECIALIZED TECHNOLOGY IN 2014, SUMMA BECAME ONE OF EIGHT COMMUNITY ONCOLOGY PRACTICES IN THE COUNTRYRECOGNIZED BY THE CONQUER CANCER FOUNDATION FOR ITS COMMITMENT TO HIGH-QUALITY CLINICAL TRIALS SUBSTANTIAL INVESTMENT TO PROVIDE ADVANCED CANCER CARE TO PATIENTS IN THE REGION WITH ONCOLOGY ADDED TEN NEW ONCOLOGY SPECIALISTS, FROM SURGEONS TO RADIOLOGISTS, AND APPROVING OVER \$4 MILLION TO ADD 3D MAMMOGRAPHY TECHNOLOGY AND A NEW BREAST CENTER IN AKRON ORTHOPAEDICS - CRYSTAL CLINIC ORTHOPAEDIC CENTER WAS RECOGNIZED BY COMPARION MEDICAL ANALYTICS/CARECHEX FOR BEST QUALITY IN ORTHOPEDIC CARE AND JOINT REPLACEMENT SURGERY RESPIRATORY - EXPANDED ITS SMOKING CESSATION PROGRAM ACROSS THE SYSTEM, AND IMPLEMENTED A SCREENING CHEST SCAN (CT) PROGRAM FOR LUNG CANCER SENIORS, POST ACUTE AND TRANSITIONAL CARE - IN ADDITION TO THE PALLIATIVE CARE RECOGNITION BY THE JOINT COMMISSION, SUMMA HEALTH'S HOSPITALS ACHIEVED NICHE (NURSES IMPROVING CARE FOR HEALTH SYSTEM ELDERSM) DESIGNATION FOR THE UPCOMING YEAR SENIOR SERVICES LEADER SELECTED AS "PRACTICE CHANGE LEADER" FOR HER WORK IN DEVELOPING NEW MODEL OF PRIMARY CARE FOR FRAIL CHRONICALLY ILL ELDERLY PATIENTS WOMEN'S SERVICES - MET OR EXCEEDED THE OHIO HOSPITAL AVERAGE IN SIX PERINATAL MEASURES, LEADING TO THE OHA'S PATIENT SAFETY INSTITUTE'S BEST PRACTICE AWARD NOTED ABOVE ALSO SUCCESSFULLY IMPLEMENTED A LARGE INFORMATICS UPGRADE TO THE OBSTETRICAL ELECTRONIC DOCUMENTATION AND FETAL SURVEILLANCE SYSTEM TO IMPROVE SAFETY AND REPORTING RELIABILITY INTRODUCED RELAX BIRTH, AN INNOVATIVE BIRTHING OPTION FOR WOMEN DEVELOPED WOMEN'SHEALTH APP FOR PATIENT EDUCATION LED OR PARTICIPATED IN SEVERAL OB/GYN RESEARCH EFFORTS</p>			

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	0	including grants of \$	0) (Revenue \$	0)
Part III Line 4D - Other Program Services - Final Section SUMMARY ALTHOUGH REIMBURSEMENT FOR SERVICES RENDERED IS CRITICAL TO THE OPERATIONS AND STABILITY OF SUMMA HEALTH, NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL SERVICES SUMMA HEALTH PROVIDED SERVICES TO ALL PATIENTS ON A NON-DISCRIMINATORY BASIS AND WITHOUT REGARD TO ANY PATIENT'S ABILITY TO PAY FOR SUCH SERVICES OR THE INDIVIDUAL'S PARTICIPATION IN A GOVERNMENT-SPONSORED OR SUBSIDIZED HEALTHCARE SYSTEM PATIENTS WERE ENCOURAGED TO APPLY FOR UNCOMPENSATED CARE AND, DEPENDING ON THEIR LEVEL OF INCOME AND NUMBER OF DEPENDENTS, ALL (OR A PORTION) OF THEIR BILL WAS REDUCED GROSS ANNUAL FAMILY INCOME WAS COMPARED USING A SLIDING SCALE BASED ON THE FEDERAL POVERTY INCOME GUIDELINES TO DETERMINE ITHE CHARITY DISCOUNT FOR WHICH THE PATIENT MAY BE ELIGIBLE IN 2014, SUMMA HEALTH PROVIDED CHARITY CARE TO THE INDIGENT (INCLUDING UNREIMBURSED MEDICAID) AT THE COST OF APPROXIMATELY \$14 2 MILLION THIS AMOUNT DOES NOT INCLUDE SERVICES PROVIDED WRITTEN OFF AS BAD DEBT IN ADDITON TO UNCOMPENSATED MEDICAL CARE, SUMMA HEALTH PROVIDED WELLNESS PROGRAMS, COMMUNITY EDUCATION PROGRAMS AND SPECIAL PROGRAMS FOR THE ELDERLY, HANDICAPPED, AND MEDICALLY UNDERSERVED SUMMA HEALTH ALSO OPERATED A VARIETY OF BROAD COMMUNITY SUPPORT ACTIVITIES THESE PROGRAMS WERE OFFERED AT A REDUCED PRICE OR PROVIDED TO THE COMMUNITY FREE OF CHARGE SUMMA HEALTH OPERATES ITS FACILITIES IN A MANNER CONSISTENT WITH THE COMMUNITY BENEFIT REQUIREMENTS OF REV RULE 69-545 AND SUBSEQUENT CASE LAW AND IRS GUIDELINES SUMMA HEALTH'S HOSPITALS PROVIDE EMERGENCY SERVICES WHICH ARE OPEN AND AVAILABLE TO ALL PERSONS OF THE COMMUNITY, REGARDLESS OF THEIR ABILITY TO PAY THE BOARD OF DIRECTORS CONSISTED OF PERSONS WHO ARE BROADLY REPRESENTATIVE OF THE COMMUNITY AND MEDICAL STAFF SUMMA PHYSICIANS INC - PROGRAM SERVICE ACCOMPLISHMENTS SUMMA PHYSICIANS INC (SPI) IS A SUMMA HEALTH ENTITY COMPRISED OF MULTI-SPECIALTY PHYSICIANS AND PRACTICES IN TOTAL, SPI EMPLOYS NEARLY 300 PHYSICIANS AND MORE THAN 700 SUPPORT STAFF IN MORE THAN 30 SPECIALTIES AND SUB-SPECIALTIES SPI PROMOTES STRONG AFFILIATION AND EMPLOYMENT OF PHYSICIANS TO ENSURE COMMUNITY AND HOSPITAL NEEDS FOR PHYSICIAN SERVICES ARE MET IN 2014, SPI CONTINUED ITS DEVELOPMENT OF PRIMARY CARE PODS AND THE MEDICAL HOME MODEL OF CARE, TO FURTHER ENHANCE THE FOCUSED PATIENT CARE MODEL, BETTER COMMUNICATE QUALITY INITIATIVES AND ENHANCE PHYSICIAN RECRUITMENT SUMMA FOUNDATION - PROGRAM SERVICE ACCOMPLISHMENTS THROUGH PHILANTHROPY, SUMMA FOUNDATION SUPPORTS MEDICAL EDUCATION, RESEARCH, TECHNOLOGY, AND CLINICAL INNOVATION ENCOMPASSING FUNDRAISING, RESOURCE DEVELOPMENT, COMMUNITY BENEFIT, DIVERSITY AND GOVERNMENT RELATIONS, SUMMA FOUNDATION WORKS TO DEVELOP NEW, DIVERSIFIED AND INCREASED RESOURCES AND BUILD RELATIONSHIPS THAT INFLUENCE HEALTH POLICY TO ADVANCE THE REGIONAL PRIORITIES OF SUMMA HEALTH DEVELOPMENT THE FOUNDATION'S DEVELOPMENT DEPARTMENT OFFERS A SPECTRUM OF PHILANTHROPIC OPTIONS FOR DONORS DESIGNED TO CREATE A POSITIVE IMPACT ON SUMMA HEALTH'S OPERATIONS, PROGRAMS, PROJECTS AND PERCEPTIONS AND TO AFFECT POSITIVE CHANGE IN THE COMMUNITIES SUMMA HEALTH SERVES DEVELOPMENT HOUSES THE GRANT AND PROPOSAL DEVELOPMENT OFFICES CREATED TO IDENTIFY THE RESOURCES AND EXPERTISE OF EXTERNAL AND INTERNAL PARTNERS TO GENERATE FUNDING OR RESEARCH, EDUCATION AND CLINICAL AND SYSTEM PROJECTS PHILANTHROPIC COMMITMENTS TO THE SUMMA FOUNDATION IN 2014 TOTALED \$9 1 MILLION COMMUNITY BENEFIT AND DIVERSITY THIS DEPARTMENT LEADS EFFORTS TO ADDRESS HEALTH DISPARITIES AND OTHER IMPORTANT COMMUNITY NEEDS AND RAISE AWARENESS OF HEALTH AND HEALTHCARE ISSUES AFFECTING THE COMMUNITIES SERVED BY SUMMA HEALTH COMMUNITY BENEFIT AND DIVERSITY PROVIDE WELLNESS AND EDUCATIONAL TOOLS, FACILITATE ECONOMIC DEVELOPMENT PROGRAMS, DEVELOP COMMUNITY PARTNERSHIPS, COMMUNICATE SUMMA HEALTH'S BENEFIT TO THE COMMUNITY AND ENGAGE THE COMMUNITY AND ITS WORKFORCE WITHIN THE SYSTEM AND THROUGHOUT THE REGION GOVERNMENT RELATIONS THIS DEPARTMENT IS DEDICATED TO ELEVATING SUMMA HEALTH AS A CREDIBLE LEADER AND PARTNER IN THE HEALTH POLICY PLANNING PROCESS THIS DEPARTMENT COLLABORATES WITH THE SYSTEM DEVELOPMENT TEAM TO BEST POSITION SUMMA EDUCATION, RESEARCH AND CLINICAL INNOVATION PRIORITIES WITH PUBLIC SECTOR FUNDING OPPORTUNITIES					

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS CLARK	4 00									
DIRECTOR/CHAIR SF	0	X		X				0	0	0
(1) DANIEL FINELLI MD	4 00									
DIRECTOR/VICE CHAIR SHS, SBH, WRH	2 00	X		X				0	0	0
(2) ROBERT A GERBERRY	4 00									
DIR SPI, SECTY SHS, SBH, WRH & GENERAL COUNSEL	46 00	X		X				0	190,386	5,140
(3) RUSSELL GREGORY	2 00									
DIRECTOR/VICE CHAIR SHS, SBH, WRH (End 8/14)	2 00	X		X				0	0	0
(4) SCOTT HONNOLD	2 00									
DIRECTOR/TREAS SF	0	X		X				0	0	0
(5) THOMAS KNOLL	4 00									
DIRECTOR/CHAIR SHS, SBH, WRH	46 00	X		X				0	116,210	0
(6) WILLIAM A POWEL III	4 00									
DIR SPI, SECTY SHS, SBH, WRH & GEN COUNSEL (end 11/14)	46 00	X		X				0	1,199,700	64,853
(7) MONA SARKAR	2 00									
DIRECTOR/SECTY SF	0	X		X				0	0	0
(8) THOMAS J STRAUSS	4 00									
DIR SF, SYSTEM PRES/CEO (END 12/14)	46 00	X		X				0	4,104,922	122,274
(9) STEPHEN WILT	2 00									
DIRECTOR/VICE CHAIR SF	0	X		X				0	0	0
(10) KEN BABBY	2 00									
DIRECTOR SF	0	X						0	0	0
(11) SUSAN BAKER	2 00									
DIRECTOR SHS, SBH, WRH	0	X						0	0	0
(12) DANIELLE BARRAN	2 00									
DIRECTOR SF	0	X						0	0	0
(13) WILLIAM BAUMAN MD	50 00									
DIRECTOR SHS, SBH, WRH, SPI	0	X						657,388	0	18,979
(14) JULIA BIANCHI	2 00									
DIRECTOR SF	0	X						0	0	0
(15) JASON BUTTERWORTH	2 00									
DIRECTOR SF	0	X						0	0	0
(16) CANDACE CAMPBELL-JACKSON	2 00									
DIRECTOR SHS, SBH, WRH	0	X						0	0	0
(17) GEORGE DAVERIO JR	2 00									
DIRECTOR SF	0	X						0	0	0
(18) ROBERT DEBSKI MD	50 00									
DIRECTOR SHS, SBH, WRH	0	X						358,870	0	9,764
(19) R JAMES DOM DERA MD	2 00									
DIRECTOR SHS, SBH, WRH	12 00	X						300	65,000	0
(20) C GORDON EWERS	2 00									
DIRECTOR SF	0	X						0	0	0
(21) STEVEN GAICH MD	50 00									
DIRECTOR SPI	0	X						348,135	0	10,999
(22) SAMIR GIBARA	2 00									
DIRECTOR SF	0	X						0	0	0
(23) MARK GOLDFARB	2 00									
DIRECTOR SF	0	X						0	0	0
(24) IRIS HARVEY	2 00									
DIRECTOR SF	0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) ROBERT HEMPHILL MD DIRECTOR SF	2 00 0	X						0	0	0
(1) MARY ANN JACKSON DIRECTOR SF	2 00 0	X						0	0	0
(2) PHILIP KAUFMANN DIRECTOR SF	2 00 0	X						0	0	0
(3) JOSEPH KOENIG MD DIRECTOR SPI	50 00 0	X						777,028	0	18,762
(4) MARK KROHN DIRECTOR SF	2 00 0	X						0	0	0
(5) DAVID LIEBERTH DIRECTOR SHS, SBH, WRH	2 00 2 00	X						0	0	0
(6) HITESH MAKKAR MD DIRECTOR SHS, SBH, WRH	2 00 0	X						0	29,585	0
(7) DALE MURPHY MD DIRECTOR SPI (END 6/14)	50 00 0	X						337,815	0	3,966
(8) VIVIAN CELESTE NEAL DIRECTOR SHS, SBH, WRH (End 11/14)	2 00 0	X						0	0	0
(9) CHARLES PARSONS DIRECTOR SHS, SBH, WRH	2 00 0	X						0	0	0
(10) MARTIN PAUL DIRECTOR SHS, SBH, WRH (End 1/14)	2 00 1 00	X						0	0	0
(11) JONATHON PAVLOFF DIRECTOR SF	2 00 0	X						0	0	0
(12) KATHLEEN RAYNOR DIRECTOR SF	2 00 0	X						0	0	0
(13) ERIK STEELE DO DIRECTOR SHS, SBH, WRH, SYSTEM CMO	46 00 4 00	X						0	724,281	23,472
(14) GEORGE STRICKLER DIRECTOR SF	2 00 0	X						0	0	0
(15) SUSAN TAFT DIRECTOR SHS, SBH, WRH	2 00 0	X						0	0	0
(16) PAUL TESTA DIRECTOR SF	2 00 0	X						0	0	0
(17) SCOTT WEINER MD DIRECTOR SHS, SBH, WRH	50 00 0	X						792,864	0	21,334
(18) CHARLES ALDERSON CFO, SBH & WRH (END 5/14)	50 00 0			X				277,168	0	11,301
(19) THOMAS DEBORD PRESIDENT SBH & WRH (END 4/14)	50 00 0			X				557,476	0	15,041
(20) BRIAN DERRICK TREAS SHS, SBH, WRH & SYSTEM CFO	4 00 46 00			X				0	813,681	61,887
(21) PHYLIS FERRARA PRESIDENT & CDO, SF	50 00 0			X				395,076	0	11,953
(22) THOMAS MALONE MD PRESIDENT, SHS, SBH, WRH	46 00 4 00			X				0	766,092	8,747
(23) JAY WILLIAMSON MD PRESIDENT, SPI	50 00 0			X				360,745	0	12,192
(24) BRYAN FREDERICKS COO, SPI (END 8/14)	50 00 0				X			378,318	0	13,221

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(51) KATHLEEN JOBE CNO, SBH, WRH	46 00 4 00				X			241,733	0	12,465
(1) JOSEPH P MYERS MD CMO, SBH, WRH	50 00 0				X			365,131	0	14,535
(2) JASON NIEHAUS SVP HOSPITAL OPS & SITE ADMINISTRATION	50 00 0				X			361,432	0	41,006
(3) THOMAS P O'NEILL CFO, SHS	46 00 4 00				X			0	496,651	34,058
(4) MARY WARD Senior VP, Chief nursing officer	46 00 4 00				X			0	596,134	51,032
(5) JOSEPH ZARCONI MD SYSTEM VP, MED ED & CHIEF ACADEMIC OFFICER	50 00 0				X			590,168	0	53,675
(6) MARK POZSGAY DO BARIATRIC SURGERY	50 00 0					X		1,179,119	0	19,182
(7) JOHN ZOGRFAKIS MD BARIATRIC SURGERY	50 00 0					X		1,150,041	0	20,144
(8) ADRIAN DAN MD BARIATRIC SURGERY	50 00 0					X		944,537	0	22,127
(9) ERIC MILLER MD ORTHOPAEDIC SURGERY	50 00 0					X		905,152	0	6,075
(10) JOEL PORTER MD COLORECTAL SURGERY	50 00 0					X		577,561	0	10,400
(11) ROBERT D HARRIGAN FORMER OFFICER	0 00 0 00						X	0	1,172,059	5,833
(12) ALFRED G KIOUS MD FORMER OFFICER	0 00 0						X	424,271	0	2,091
(13) STEVE SCHMIDT FORMER OFFICER	0 00 0						X	350,566	0	9,040

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization Summa Health Group Return	Employer identification number 90-0640432
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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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations 3
- g

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total 3					0	

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	6,941,569	5,638,036	5,122,826	7,808,474	8,525,120	34,036,025
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	6,941,569	5,638,036	5,122,826	7,808,474	8,525,120	34,036,025
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)						1,251,485
6 Public support. Subtract line 5 from line 4						32,784,540

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	6,941,569	5,638,036	5,122,826	7,808,474	8,525,120	34,036,025
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,494,312	1,752,613	1,814,584	1,047,164	236,286	6,344,959
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	0	0	0	0	0	0
11	Total support Add lines 7 through 10						40,380,984
12	Gross receipts from related activities, etc (see instructions)					12	8,069,018
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	1481 19 %
15	Public support percentage for 2013 Schedule A, Part II, line 14	1577 74 %
16a	33 1/3% support test—2014. 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 <input checked="" type="checkbox"/>	
b	33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>	
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 <input type="checkbox"/>	

Part IIISupport 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		No
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		No
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		No
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		No
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		No
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		No
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		No
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		No
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		No
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		No
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		No
b A family member of a person described in (a) above?		No
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		No

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input checked="" type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	Yes	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	Yes	
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test

Return Reference	Explanation
Schedule A, Part IV, Section A, Line 1 Supported Orgs Listed By Name	Summa Health System is designated as a supported organization by name in the Articles of Incorporation. An historic and continuing relationship of support exists between Summa Physicians, Inc. and the other two supported hospitals listed on Part I Line 11g.
Schedule A, Part IV, Section E, Line 2a Org Activities Directly Further The Exempt Purposes	Summa Physicians, Inc. (SPI) promotes the stronger affiliation and employment of physicians to ensure the supported hospitals listed in Part I Line 11G meet community and hospital needs for physician services, and also develops physician coverage in new markets. SPI directors and officers serve as directors and officers on the boards of the supported organizations, ensuring responsiveness. SPI's program service accomplishments include hospital-based practices, mission-based practices, and strategic-based practices, all based exclusively in the identified supported hospitals and constituting substantially all of SPI's activities.
Schedule A, Part IV, Section E, Line 2b Activities That One Or More Supp Org Engaged In	But for SPI's work to ensure a strong affiliation and employment of physicians to ensure the supported hospitals listed in Part I Line 11G meet community and hospital needs for physician services, the important relationships between the three supported hospitals and their physicians would have to be managed by each hospital individually.

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 90-0640432
Name: Summa Health Group Return

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) Summa Health System	340714755	3	Yes		0	0
(A) Summa Barberton Citizens Hospital	261375072	3		No	0	0
(B) The Wadsworth-Rittman Area Hospital Association	346549371	3		No	0	0

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.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

www.irs.gov/form990.

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization Summa Health Group Return	Employer identification number 90-0640432
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<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 function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(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?	Yes		24,535
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i.			24,535
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912.			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	Part II-B, Line 1(f) The amount on Line 1(f) represents the portion of annual dues to organizations such as AHA and OHA allocable to lobbying activities

[illegible]

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization Summa Health Group Return	Employer identification number 90-0640432
---	--

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 value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <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 education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

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

1b

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

(i) Revenue included 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 (ASC 958) relating to these items

a

Revenue included in Form 990, Part VIII, line 1 ▶ \$ _____

b

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

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

Cat No 52283D

Schedule D (Form 990) 2014

Part III

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

- 3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	
- 2a

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

☐ Yes

☐ No
- b

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

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	17,564,267	16,730,854	15,896,470	15,633,841	13,145,135
b Contributions	1,927,170	70,706	347,618	113,108	2,481,326
c Net investment earnings, gains, and losses	474,998	762,707	486,766	149,521	7,380
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	19,966,435	17,564,267	16,730,854	15,896,470	15,633,841

- 2

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

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 100 %

c

Temporarily restricted endowment ▶ 0 %

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

3a

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

(i) unrelated organizations

3a(i)

☐ Yes

☐ No

(ii) related organizations

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No

4

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

Part VI

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		68,866,660		68,866,660
b Buildings		619,871,688	386,214,881	233,656,807
c Leasehold improvements		3,792,745	2,358,267	1,434,478
d Equipment		438,184,166	326,556,370	111,627,796
e Other		28,340,861	17,883,585	10,457,276
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				426,043,017

Part XI

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

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

Part XII

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

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

Part XIII

Supplemental Information

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

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	Endowment funds provide income to be used to fulfill the tax-exempt purposes of Summa Foundation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	The System and most of its subsidiaries are not-for-profit corporations as described in Section 501 (c)(3) of the Internal Revenue Code (Code) and are exempt from federal income taxes pursuant to Section 501(A) of the Code. The System also has certain subsidiaries that are taxable for federal income tax purposes. Summa Insurance Company ("SIC"), together with affiliates of Summa Health System Corporation ("SHSC"), file a consolidated federal income tax return in accordance with a tax sharing agreement dated January 1, 2010. The entities utilize a consolidated approach to the allocation of federal income taxes, whereas SHSC's tax sharing agreement with its subsidiaries allows it to make certain code elections in its consolidated federal tax return. In the event such code elections are made, any benefit or liability is the responsibility of SHSC and is accrued and paid by the participating subsidiaries. SIC is not subject to state income taxes and it is licensed as a health insurance company under Chapter 1751 of the Ohio Revised code. Deferred tax assets and liabilities are recognized for the future tax consequences attributable to differences between the financial statement carrying amounts of existing assets and liabilities and the respective tax basis and operating loss and tax credit carryforwards. Deferred tax assets and liabilities are measured using enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. The effect of deferred tax assets and liabilities of a change in tax rates is recognized in income in the period that includes the enactment date. The system recognizes interest income, interest expense, and penalties related to uncertain tax positions with the provision for income tax.

[illegible]

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 90-0640432
Name: Summa Health Group Return

Form 990, Schedule D, Part X, - Other Liabilities

1	(a) Description of Liability	(b) Book Value
	Lease Escalation Liability	267,397
	Capital Lease Obligations	42,201,489
	Asset Retirement Obligation FI	2,496,880
	Interest Rate Swap	13,122,444
	Post Retirement Benefits	1,160,261
	Contingent Liabilities	1,124,370
	Malpractice Liability	13,420,301
	Unsecured Payables	134,952,661
	Purchase Option Liability	4,698,261
	Other Obligations	0

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization
Summa Health Group Return

Employer identification number
90-0640432

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Central America and the Caribbean	1		Program Services	Self Insurance	11,539,048
(2) Central America and the Caribbean	0		Investments		273,422
(3)					
(4)					
(5)					
3a Sub-total	1	0			11,812,470
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	1	0			11,812,470

Part II

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

2

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

3

Enter total number of other organizations or entities ▶

Part III

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☒ Yes ☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐ Yes ☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐ Yes ☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*

☐ Yes ☒ No

Part V

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 3(f) Expenditures	Insurance Premiums Paid \$11,539,048

SCHEDULE G
(Form 990 or 990-EZ)

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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Summa Health Group Return

Employer identification number
90-0640432

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 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 email 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.

(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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))	
		<u>Gala</u> (event type)	<u>Golf Outing</u> (event type)	<u>2</u> (total number)		
	1	Gross receipts	948,379	212,450	60,352	1,221,181
	2	Less Contributions . . .	875,088	173,750	45,462	1,094,300
	3	Gross income (line 1 minus line 2)	73,291	38,700	14,890	126,881
Direct Expenses	4	Cash prizes				
	5	Noncash prizes . . .		11,393		11,393
	6	Rent/facility costs . . .	90,446	653	2,440	93,539
	7	Food and beverages .	117,002	25,214	21,290	163,506
	8	Entertainment	43,045	41,269	3,095	87,409
	9	Other direct expenses .	118,073	15,064	15,590	148,727
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶				(504,574)
	11	Net income summary Subtract line 10 from line 3, column (d) ▶				-377,693

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><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

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

☐ Yes ☐ No

13

Indicate the percentage of gaming activities conducted in

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

14

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

Name

Address

15a

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

☐ Yes ☐ No

b

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

\$ and the \$

c

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

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

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

☐ Yes ☐ No

b

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

\$

Part IV

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

Return Reference	Explanation
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Schedule G (Form 990 or 990-EZ) 2014

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Summa Health Group Return

Employer identification number
90-0640432

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	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care	3a	Yes	
4	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"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	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?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

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 Worksheet 1)			10,164,695	4,101,329	6,063,366	0 61 %
b Medicaid (from Worksheet 3, column a)			149,050,198	143,675,017	5,375,181	0 54 %
c Costs of other means-tested government programs (from Worksheet 3, column b) .					0	0 %
d Total Financial Assistance and Means-Tested Government Programs .	0	0	159,214,893	147,776,346	11,438,547	1 14 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,217,388	2,470	1,214,918	0 12 %
f Health professions education (from Worksheet 5)			34,930,876	12,057,655	22,873,221	2 29 %
g Subsidized health services (from Worksheet 6)			24,099,600		24,099,600	2 41 %
h Research (from Worksheet 7)			8,209,362	1,742,494	6,466,868	0 65 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,038,832	113,959	924,873	0 09 %
j Total Other Benefits	0	0	69,496,058	13,916,578	55,579,480	5 56 %
k Total . Add lines 7d and 7j .	0	0	228,710,951	161,692,924	67,018,027	6 71 %

Part IICommunity Building Activities

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

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

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

Yes

No

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

24,156,835

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

0

4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME).

5

206,264,692

6Enter Medicare allowable costs of care relating to payments on line 5.

6

188,718,748

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7

17,545,944

8Describe 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.

☐ Cost accounting system

☒ Cost to charge ratio

☐ Other

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?

9a

Yes

No

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

9b

Yes

No

Part IVManagement Companies and Joint Ventures

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1Crystal Clinic Ortho Center LLC	Orthopaedic Service	49.65 %	0 %	50.35 %
2Summa Western Reserve Hospital LLC	General Hospital	40 %	0 %	60 %
3Ohio Sleep Disorders LLC	Sleep Medicine	66.67 %	0 %	33.33 %
4Digestive Health Center LLC	Digestive Disease	5 %	0 %	44 %
5Medina-Summit ASC LLC	Ambulatory Surgery Center	20 %	0 %	70 %
6				
7				
8				
9				
10				
11				
12				
13				

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?

6
Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group

1

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>http //www.summahealth.org/ABOUT-US/ABOUT-SUMMA/COMMUNITY-BENEFIT-AND-DIVERSITY/COMMUNITYNEEDSASSESS</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>13</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a	<u>http //www.summahealth.org/ABOUT-US/ABOUT-SUMMA/COMMUNITY-BENEFIT-AND-DIVERSITY/COMMUNITYNEEDSASSESS</u>		
b	If "Yes" (list url) _____	10b	No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

1

Name of hospital facility or letter of facility reporting group

		Yes	No
Financial Assistance Policy (FAP)			
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>2 0</u> % and FPG family income limit for eligibility for discounted care of <u>4 0</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance?	15	Yes
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a	<input type="checkbox"/> The FAP was widely available on a website (list url) _____		
b	<input type="checkbox"/> The FAP application form was widely available on a website (list url) _____		
c	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) _____		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

1

Name of hospital facility or letter of facility reporting group

	Yes	No
<div>19</div> <div>Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?</div> <div>If "Yes," check all actions in which the hospital facility or a third party engaged</div> <div><div>a</div><div><input type="checkbox"/></div><div>Reporting to credit agency(ies)</div></div> <div><div>b</div><div><input type="checkbox"/></div><div>Selling an individual's debt to another party</div></div> <div><div>c</div><div><input type="checkbox"/></div><div>Actions that require a legal or judicial process</div></div> <div><div>d</div><div><input type="checkbox"/></div><div>Other similar actions (describe in Section C)</div></div>	<div>19</div>	No
<div>20</div> <div>Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)</div> <div><div>a</div><div><input checked="" type="checkbox"/></div><div>Notified individuals of the financial assistance policy on admission</div></div> <div><div>b</div><div><input checked="" type="checkbox"/></div><div>Notified individuals of the financial assistance policy prior to discharge</div></div> <div><div>c</div><div><input checked="" type="checkbox"/></div><div>Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills</div></div> <div><div>d</div><div><input checked="" type="checkbox"/></div><div>Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy</div></div> <div><div>e</div><div><input type="checkbox"/></div><div>Other (describe in Section C)</div></div> <div><div>f</div><div><input type="checkbox"/></div><div>None of these efforts were made</div></div>		
<div>Policy Relating to Emergency Medical Care</div>		
<div>21</div> <div>Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?</div> <div>If "No," indicate why</div> <div><div>a</div><div><input type="checkbox"/></div><div>The hospital facility did not provide care for any emergency medical conditions</div></div> <div><div>b</div><div><input type="checkbox"/></div><div>The hospital facility's policy was not in writing</div></div> <div><div>c</div><div><input type="checkbox"/></div><div>The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</div></div> <div><div>d</div><div><input type="checkbox"/></div><div>Other (describe in Section C)</div></div>	<div>21</div> <div>Yes</div>	
<div>Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)</div>		
<div>22</div> <div>Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care</div> <div><div>a</div><div><input type="checkbox"/></div><div>The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged</div></div> <div><div>b</div><div><input type="checkbox"/></div><div>The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged</div></div> <div><div>c</div><div><input type="checkbox"/></div><div>The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged</div></div> <div><div>d</div><div><input checked="" type="checkbox"/></div><div>Other (describe in Section C)</div></div>		
<div>23</div> <div>During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?</div> <div>If "Yes," explain in Section C</div>	<div>23</div>	No
<div>24</div> <div>During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?</div> <div>If "Yes," explain in Section C</div>	<div>24</div>	No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group

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

5

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes
	If "Yes," indicate what the CHNA report describes (check all that apply)		
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)		
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) WWW SUMMAHEALTH ORG /about-us/about-summa/community-benefit-and-diversity/communityneedsassessment20		
b	<input type="checkbox"/> Other website (list url)		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
	WWW SUMMAHEALTH ORG /about-us/about-summa/community-benefit-and-diversity/communityneedsassessment20		
a	If "Yes" (list url) diversity/communityneedsassessment20		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V

Facility Information (continued)

Name of hospital facility or letter of facility reporting group

2

		Yes	No
Financial Assistance Policy (FAP)			
13 Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>2 0</u> % and FPG family income limit for eligibility for discounted care of <u>4 0</u> %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14		No
15 Explained the method for applying for financial assistance?	15	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Included measures to publicize the policy within the community served by the hospital facility?	16		No
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a <input type="checkbox"/> The FAP was widely available on a website (list url) _____			
b <input type="checkbox"/> The FAP application form was widely available on a website (list url) _____			
c <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) _____			
d <input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input type="checkbox"/> Other (describe in Section C)			
Billing and Collections			
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a <input checked="" type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input checked="" type="checkbox"/> Actions that require a legal or judicial process			
d <input type="checkbox"/> Other similar actions (describe in Section C)			
e <input type="checkbox"/> None of these actions or other similar actions were permitted			

Part V

Facility Information (continued)

2

Name of hospital facility or letter of facility reporting group

	Yes	No
<div>19</div> <div>Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?</div> <div>If "Yes," check all actions in which the hospital facility or a third party engaged</div> <div><div>a</div><div><input checked="" type="checkbox"/></div><div>Reporting to credit agency(ies)</div></div> <div><div>b</div><div><input type="checkbox"/></div><div>Selling an individual's debt to another party</div></div> <div><div>c</div><div><input checked="" type="checkbox"/></div><div>Actions that require a legal or judicial process</div></div> <div><div>d</div><div><input type="checkbox"/></div><div>Other similar actions (describe in Section C)</div></div> <div>20</div> <div>Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)</div> <div><div>a</div><div><input checked="" type="checkbox"/></div><div>Notified individuals of the financial assistance policy on admission</div></div> <div><div>b</div><div><input type="checkbox"/></div><div>Notified individuals of the financial assistance policy prior to discharge</div></div> <div><div>c</div><div><input type="checkbox"/></div><div>Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills</div></div> <div><div>d</div><div><input checked="" type="checkbox"/></div><div>Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy</div></div> <div><div>e</div><div><input type="checkbox"/></div><div>Other (describe in Section C)</div></div> <div><div>f</div><div><input type="checkbox"/></div><div>None of these efforts were made</div></div>	19	Yes
<div>Policy Relating to Emergency Medical Care</div>		
<div>21</div> <div>Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?</div> <div>If "No," indicate why</div> <div><div>a</div><div><input checked="" type="checkbox"/></div><div>The hospital facility did not provide care for any emergency medical conditions</div></div> <div><div>b</div><div><input type="checkbox"/></div><div>The hospital facility's policy was not in writing</div></div> <div><div>c</div><div><input type="checkbox"/></div><div>The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</div></div> <div><div>d</div><div><input type="checkbox"/></div><div>Other (describe in Section C)</div></div>	21	No
<div>Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)</div>		
<div>22</div> <div>Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care</div> <div><div>a</div><div><input type="checkbox"/></div><div>The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged</div></div> <div><div>b</div><div><input type="checkbox"/></div><div>The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged</div></div> <div><div>c</div><div><input checked="" type="checkbox"/></div><div>The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged</div></div> <div><div>d</div><div><input type="checkbox"/></div><div>Other (describe in Section C)</div></div> <div>23</div> <div>During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?</div> <div>If "Yes," explain in Section C</div> <div>24</div> <div>During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?</div> <div>If "Yes," explain in Section C</div>	23	No
	24	No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group

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

6

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes
	If "Yes," indicate what the CHNA report describes (check all that apply)		
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)		
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) www.summhealth.org/about-us/about-summa/community-benefit-and-diversity/communityneedsassessment2013		
b	<input type="checkbox"/> Other website (list url)		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
	www.summhealth.org/about-us/about-summa/community-benefit-and-diversity/communityneedsassessment2013		
a	If "Yes" (list url) diversity/communityneedsassessment2013		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V

Facility Information (continued)

Name of hospital facility or letter of facility reporting group

3

		Yes	No
Financial Assistance Policy (FAP)			
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>2 0</u> % and FPG family income limit for eligibility for discounted care of <u>4 0</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	No
15	Explained the method for applying for financial assistance?	15	Yes
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility?	16	No
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a	<input type="checkbox"/> The FAP was widely available on a website (list url) _____		
b	<input type="checkbox"/> The FAP application form was widely available on a website (list url) _____		
c	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) _____		
d	<input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

3

Name of hospital facility or letter of facility reporting group

		Yes	No
19 Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Actions that require a legal or judicial process			
d <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a <input type="checkbox"/> Notified individuals of the financial assistance policy on admission			
b <input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge			
c <input type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d <input type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e <input type="checkbox"/> Other (describe in Section C)			
f <input checked="" type="checkbox"/> None of these efforts were made			
Policy Relating to Emergency Medical Care			
21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21		No
a <input checked="" type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c <input checked="" type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d <input type="checkbox"/> Other (describe in Section C)			
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23		No
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24		No

Part V

Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

Part V

Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 20

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI

Supplemental Information

Provide the following information

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

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 State Filing of Community Benefit Report	The State of Ohio does not require the filing of the community benefit report. However, information from the community benefit report is shared annually with the Ohio Hospital Association.

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a Community benefit report prepared by related organization	Summa Health

Form and Line Reference	Explanation
Schedule H, Part I, Line 7g Subsidized Health Services	The amount of subsidized health services reported on Line 7(g) attributable to Summa Physicians, Inc ("SPI") is \$14,286,911

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	Cost of financial assistance at cost was calculated with a cost to charge ratio using Worksheet 2 The cost related to Medicaid patients was determined using Summa Health's cost accounting system For subsidized services Summa Health's cost accounting system is used to determine cost related to specific services excluding traditional Medicaid and Medicaid managed care patients Costs for charity and bad debt accounts are deducted using a ratio of cost to charge specific to that subsidized service Costs for other programs reflect the direct and indirect costs of providing those programs

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	Summa Health addresses various community concerns including health improvement, poverty, workforce development, and access to health care. Summa Health hospitals conduct community health education and support groups, health fairs and screenings for the communities served. Summa Health hospitals work with state and local leadership to address community needs and provide healthcare services to the poor and underserved. Summa Health hospitals provide programs to improve the physical surroundings and housing in the communities served. Inadequate housing has a negative impact on the health of residents in the area by leading to violence in the neighborhoods. A robust economy positively impacts residents covered by health insurance and improves the capacity of the community to support health services.

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	A COST-TO-CHARGE RATIO IS USED TO DETERMINE THE AMOUNT REFLECTED ON LINE 2 FOR A DESCRIPTION OF THE ACCOUNTING FOR BAD DEBT, SEE "NET PATIENT SERVICE REVENUE AND PATIENT ACCOUNTS RECEIVABLE" ON PAGE 14 OF THE ATTACHED CONSOLIDATED AUDITED FINANCIAL STATEMENTS UNDER FOOTNOTE 2, "ACCOUNTING POLICIES"

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	Summa Health's financial assistance policy does not permit the cost of patients who are uncooperative or unable to be located to be reclassified from financial assistance to bad debt. Summa Health's financial assistance policy requires an application and supporting documentation. Therefore, zero dollars are reported on Part III, Line 3 as amounts included in bad debt that could be attributable to patients eligible under Summa Health's financial assistance policy.

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	Summa Health's audited financial statements contain a footnote that describes bad debt expense Summa Health has adopted ASU 2011-07 which results in bad debt expense being reflected as a deduction from revenue rather than an operating expense Notes to consolidated financial statements, B Accounting Policies, Net Patient Service Revenue and Patient Accounts Receivable (page 14) states Summa Health maintains an allowance for doubtful accounts based on the expected collectibility of patient accounts receivable The provision for doubtful accounts is based upon management's assessment of historical and expected net collections considering historical business and economic conditions, trends in health care coverages, and other collection indicators

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	Medicare allowable cost are based on information provided on worksheet B, Part I, Column 26, Line 118 from the various hospitals' Medicare cost reports. Costing method used was total allowable cost less all costs deemed non-allowable by Medicare regulations. Any Medicare shortfall incurred by Summa Health is not reported as a community benefit.

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	SUMMA WILL NOT PURSUE LEGAL ACTION FOR NON-PAYMENT OF BILLS AGAINST ANY PATIENT WHO IS WITHOUT ACCESS TO HEALTH INSURANCE AND WITHOUT OTHER SIGNIFICANT INCOME OR NET WORTH BEFORE INITIATING LEGAL ACTION FOR NON-PAYMENT, OUR HOSPITALS WILL, IN CONJUNCTION WITH THE PATIENT, MAKE SURE THAT THE PATIENT IS NOT ELIGIBLE FOR ANY ASSISTANCE PROGRAM AND DOES NOT QUALIFY UNDER THE HOSPITALS' CHARITY CARE POLICY THE HOSPITAL RESERVES THE RIGHT TO PLACE A LIEN ON THE PATIENT'S (GUARANTOR'S) REAL ESTATE, HOWEVER, THE HOSPITAL WILL NOT EXECUTE FORECLOSURE PROCEEDINGS IF THIS IS THE PATIENT'S (GUARANTOR'S) PRIMARY RESIDENCE

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	IN ADDITION TO THE CHNA DESCRIBED IN PART V, SECTION B, THE HEALTH CARE NEEDS OF THE COMMUNITY ARE COLLABORATIVELY ASSESSED BY SURVEY PROCESSES CONDUCTED BY SUMMA HEALTH, SUMMIT COUNTY PUBLIC HEALTH, HEALTHY CONNECTIONS NETWORK, CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON, THE UNITED WAY, SOCIAL SERVICES ADVISORY BOARD OF SUMMIT COUNTY, AND AKRON GENERAL MEDICAL CENTER

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	IN ACCORDANCE WITH THE RULES SET FORTH BY OHIO ADMINISTRATIVE CODE SECTION 2101 3-2-07 17 NOTICES, SUMMA Health System, SUMMA BARBERTON CITIZENS HOSPITAL, THE WADSWORTH-RITTMAN AREA HOSPITAL ASSOCIATION, AND SUMMA WESTERN RESERVE HOSPITAL, LLC HAVE NOTICES POSTED IN THE EMERGENCY ROOM, ADMISSION AREAS, CASHIER'S OFFICE, AND OTHER APPROPRIATE AREAS THE NOTICES SPECIFY THE RIGHTS OF INDIVIDUALS TO RECEIVE WITHOUT CHARGE, BASIC MEDICALLY NECESSARY HOSPITAL-LEVEL SERVICES A FINANCIAL COUNSELOR WHO IS ASSIGNED TO PATIENTS AT THE POINT OF ADMISSION REVIEWS THE AVAILABILITY OF FINANCIAL ASSISTANCE PROGRAMS AND ASSISTS WITH THE APPLICATION IF REQUESTED THE SUMMA WEBSITE PROVIDES INFORMATION REGARDING FINANCIAL ASSISTANCE CUSTOMER SERVICE REPRESENTATIVES PROVIDE FINANCIAL COUNSELING WITH EXPLANATION OF ASSISTANCE PROGRAMS TO PATIENTS WHO CALL EACH STATEMENT SENT TO THE PATIENT CONTAINS AN EXPLANATION OF THE FREE CARE PROGRAM AS WELL AS AN APPLICATION ON THE BACK SIDE OF THE STATEMENT

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	SUMMA HEALTH HAS CARE DELIVERY SITES IN PRIMARILY THREE COUNTIES IN NORTHEAST OHIO SUMMIT, PORTAGE AND MEDINA BASED ON THE 2010 CENSUS, THESE COUNTIES CONSTITUTE A POPULATION OF APPROXIMATELY 854,000 INDIVIDUALS SUMMIT COUNTY HAS THE LARGEST POPULATION (547,000) AND ACCOUNTS FOR MORE THAN 60% OF THE PERSONS SERVED BY SUMMA MEDINA (150,000) AND PORTAGE (158,000) COUNTIES HAVE SIMILAR POPULATIONS, WITH PORTAGE BEING SLIGHTLY LARGER EACH ACCOUNTS FOR LESS THAN 20% OF THE PERSONS SERVED BY SUMMA MORE THAN 50% OF THE HOUSEHOLDS IN SUMMIT AND PORTAGE COUNTIES MAKE LESS THAN \$50,000 ANNUALLY AND 15 0% AND 14 5% OF HOUSEHOLDS MAKE LESS THAN \$15,000 ANNUALLY RESPECTIVELY FOR THE CALENDAR YEAR 2014, THE AVERAGE MONTHLY UNEMPLOYMENT RATES FOR MEDINA, PORTAGE, AND SUMMIT COUNTIES WERE 4 1%, 4 8%, AND 4 9% RESPECTIVELY LOW INCOMES AND AN ESSENTIALLY STAGNANT UNEMPLOYMENT RATE ADD TO SUMMA'S BURDEN FOR CHARITY CARE DESPITE THESE CHALLENGES, DEMAND FOR SUMMA'S SERVICES IN THESE COMMUNITIES IS PROJECTED TO GROW WHILE THE TOTAL POPULATION OF SUMMIT COUNTY IS EXPECTED TO DECLINE (BY -1 2%), THE POPULATION IN PORTAGE IS EXPECTED TO REMAIN FLAT, AND MEDINA IS PROJECTED TO SEE GROWTH (1 4%) OVER THE 5-YEAR PERIOD 2013-2018 MORE IMPORTANTLY, THE AGE GROUP THAT DEMAND HEALTHCARE SERVICES THE MOST (AGE 65 AND OLDER) IS EXPECTED TO GROW SIGNIFICANTLY IN MEDINA COUNTY ALONE, THIS GROUP IS EXPECTED TO INCREASE 18 2%, WHILE PORTAGE AND SUMMIT ARE EXPECTED TO GROW 16 0% AND 11 8% RESPECTIVELY OVER THE FIVE YEAR PERIOD

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	AMONG THE WAYS THE HOSPITALS WITHIN SUMMA HEALTH PROMOTE THE HEALTH OF THE COMMUNITY ARE BY MAINTAINING AN OPEN MEDICAL STAFF AND A COMMUNITY BOARD (COMMUNITY BENEFIT COMMITTEE) SUMMA'S HOSPITALS ADDRESS HEALTH DISPARITIES THROUGH PRACTICE, RESEARCH, EDUCATION AND COLLABORATION WITH OTHER COMMUNITY ORGANIZATIONS CONTRIBUTIONS, BOTH FINANCIAL AND IN-KIND, ARE MADE TO INITIATIVES AND PROGRAMMING (I E FEDERALLY QUALIFIED HEALTH CENTER, OPEN M, CENTER FOR COMMUNITY HEALTH IMPROVEMENT) THAT ARE DEEMED TO PROMOTE THE HEALTH, WELLNESS AND IMPROVED QUALITY OF LIFE FOR THE COMMUNITIES SUMMA HEALTH SERVES

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	<p>SUMMA HEALTH IS ONE OF THE LARGEST INTEGRATED DELIVERY SYSTEMS IN OHIO, ENCOMPASSING A NET WORK OF HOSPITALS, COMMUNITY-BASED HEALTH CENTERS, A HEALTH PLAN, A PHYSICIAN-HOSPITAL ORG ANIZATION, RESEARCH AND MEDICAL EDUCATION AND A FOUNDATION SUMMA HEALTH IS RENOWNED FOR E XCELLENCE IN PATIENT CARE AND FOR EXCEPTIONAL APPROACHES TO HEALTHCARE DELIVERY DURING 20 14, SUMMA HEALTH PROVIDED INPATIENT CARE THROUGH FACILITIES LOCATED ON SIX CAMPUSES AND IN ADDITION, OUTPATIENT CARE IS EXTENDED THROUGHOUT THE REGION IN A NUMBER OF OUTPATIENT CEN TERS, BOTH HOSPITAL-BASED AND FREESTANDING BASED ON TWO CAMPUSES, SUMMA HEALTH SYSTEM IS LOCATED IN DOWNTOWN AKRON, OHIO AND HAS SERVED, TOGETHER WITH SUMMA HEALTH, AS THE LARGEST SAFETY-NET HOSPITAL IN THE COMMUNITY FOR MANY YEARS SUMMA BARBERTON CITIZENS HOSPITAL (" SBH") JOINED SUMMA HEALTH IN DECEMBER, 2007 WHEN SUMMA HEALTH COMPLETED ITS ACQUISTION OF BARBERTON CITIZENS HOSPITAL SBH IS A 249-BED GENERAL ACUTE CARE COMMUNITY HOSPITAL THAT O FFERS INPATIENT SERVICES, OUTPATIENT SERVICES AND COMMUNITY OUTREACH PROGRAMS SBH IS LOCA TED IN THE TOWN OF BARBERTON IN SOUTHERN SUMMIT COUNTY THE WADSWORTH-RITTMAN AREA HOSPITA L ASSOCIATION ("WRH") AFFILIATED WITH SUMMA HEALTH IN NOVEMBER 2007, AND THEN MERGED WITH SUMMA HEALTH IN 2008 WRH IS A COMMUNITY-BASED OUTPATIENT FACILITY IN WADSWORTH, MEDINA CO UNTY, OHIO, SITUATED TO THE WEST OF SUMMIT COUNTY WRH SERVES COMMUNITIES IN MEDINA AND WA YNE COUNTIES WRH'S INPATIENT FACILITIES WERE CLOSED IN JULY 2014 AND WRH WAS MERGED INTO SBH SUMMA WESTERN RESERVE HOSPITAL, LLC ("SWRH") IS A JOINT VENTURE BETWEEN SUMMA HEALTH SYSTEM AND THE WESTERN RESERVE HOSPITAL PARTNERS AND PROVIDES A FULL RANGE OF ACUTE MEDICA L SERVICES SWRH PROVIDES ITS HOSPITAL OPERATIONS ON THE CAMPUS OF SUMMA CUYAHOGA FALLS GE NERAL HOSPITAL SWRH PROVIDES A FULL RANGE OF SERVICES, INCLUDING A 24-HOUR EMERGENCY ROOM AND ADHERES TO THE FINANCIAL ASSISTANCE POLICY OF SUMMA HEALTH THE CRYSTAL CLINIC ORTHOP AEDIC CENTER, LLC ("CCOC"), A JOINT VENTURE BETWEEN SUMMA HEALTH SYSTEM AND THE CRYSTAL CL INIC, INTEGRATES THE INPATIENT AND OUTPATIENT SERVICES AND PHYSICIAN PRACTICES OF THE AKRO N-AREA'S LEADING ORTHOPAEDIC PROGRAMS AND OPERATES AS A "HOSPITAL WITHIN A HOSPITAL" AT SU MMA ST THOMAS HOSPITAL CCOC ALSO ADHERES TO SUMMA'S FINANCIAL ASSISTANCE POLICY IN PROVI DING BOTH INPATIENT AND OUTPATIENT SERVICES, INCLUDING SURGERY, ORTHOPAEDIC ONCOLOGY, TOTA L JOINT REPLACEMENT AND OTHERS CCOC OFFERS OUTPATIENT AMBULATORY SURGERY AT THE CRYSTAL C LINIC SURGERY CENTER IN MONTROSE AND PHYSICAN PRACTICE LOCATIONS IN AKRON AND ITS SUBURBS OF BARBERTON, KENT, CUYAHOGA FALLS, MEDINA, GREEN AND STOW SH's SHARE OF CCOC WAS SOLD IN DECEMBER, 2014 SUMMA REHAB HOSPITAL, LLC, A JOINT VENTURE BETWEEN SUMMA HEALTH SYSTEM AN D VIBRA HEALTHCARE, OPENED ON THE CAMPUS OF SUMMA AKRON CITY HOSPITAL IN 2012 THIS 60-BED FACILITY PROVIDES INPATIENT REHABILITATION CARE AND SERVICES AND ADHERES TO SUMMA'S FINAN CIAL ASSISTANCE POLICY ESTABLISHED IN 1993, SUMMACARE OFFERS HEALTH CARE COVERAGE TO MEMB ERS THROUGH ITS STATUS AS A MEDICARE ADVANTAGE ORGANIZATION IT IS RECOGNIZED BY THE HEALT H INDUSTRY RESEARCH COMPANY AS A HEALTH PLAN WITH EFFECTIVE DISEASE MANAGEMENT PROGRAMS FO R ASTHMA, HEALTH FAILURE AND DIABETES SUMMACARE, ALONG WITH ITS THIRD PARTY ADMINISTRATIV E SERVICES PRODUCTS COVERS MORE THAN 150,000 MEMBERS SUMMA FOUNDATION IS A NONPROFIT ORGA NIZATION ADVANCING TRANSFORMATIONAL PHILANTHROPY, COMMUNITY UNDERSTANDING AND GOODWILL FOR THE PROGRAMS AND PRIORITIES OF SUMMA HEALTH THE FOUNDATION CREATES AND IMPLEMENTS INNOVA TIVE PARTNERSHIPS, HEALTH POLICY OPPORTUNITIES AND FUNDING STRATEGIES TO SUPPORT SUMMA HEA LTH'S EDUCATION, RESEARCH AND PATIENT CARE AGENDA SUMMA HEALTH NETWORK, LLC IS THE INTEGR ATED PHYSICIAN-HOSPITAL ORGANIZATION AFFILIATED WITH SUMMA HEALTH WITH MORE THAN 1,400 P HYSICIANS PARTICIPATING, SUMMA HEALTH NETWORK OVERSEES MUTUALLY BENEFICIAL CONTRACTS WITH INSURANCE COMPANIES, PREFERRED PROVIDER ORGANIZATIONS, THIRD-PARTY ADMINISTRATORS AND OTHE R PAYORS ON BEHALF OF ITS PHYSICIANS AND HOSPITAL MEMBERS SUMMA HEALTH NETWORK ALSO OFFER S A COMPREHENSIVE PERFORMANCE INCENTIVE AND CLINICAL INTEGRATION NETWORKS THAT PARTNERS WI TH PAYORS TO IMPROVE THE QUALITY OF CARE DELIVERED TO PATIENTS AND TO LOWER THE COST OF CA RE SUMMA ACCOUNTABLE CARE ORGANIZATION (D/B/A NEW HEALTH COLLABORATIVE ("NHC")) IS A CLIN ICIAN-LED COLLABORATIVE, ORGANIZED TO COMPASSIONATELY CARE FOR AND SERVE PATIENTS IN AN AC COUNTABLE, VALUE AND EVIDENCE-BASED MANNER IN ACCORDANCE WITH THE AFFORDABLE CARE ACT, NH C CREATES INCENTIVES FOR PROVIDERS TO FURTHER ENHANCE THE QUALITY OF CARE OHIO HEALTH CHO ICE, INC IS OHIO'S OLDEST PREFERRED PROVIDER ORGANIZATION (PPO) NETWORK AND ONE OF THE LA RGEST IN THE STATE CO-OWNED BY SUMMA HEALTH AND MERCY MEDICAL CENTER, OHIO HEALTH CHOICE IS A LEADER IN THE MANAGED HEALTHCARE INDUSTRY AND IS COMPRISED OF 198 HOSPITALS, 8,000 PR IMARY CARE PROVIDERS, 18,000 SPECIALISTS AND CONTR</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	ACTS WITH 94 THIRD PARTY ADMINISTRATORS COVERING MEMBERS ACROSS ALL 88 COUNTIES IN OHIO SUMMA PHYSICIANS INC ("SP") IS A SUMMA HEALTH ENTITY OF MULTI-SPECIALTY PHYSICIANS AND PRACTICES CURRENTLY, SP EMPLOYS CLOSE TO 300 PHYSICIANS IN MULTIPLE SPECIALTIES SP PROMOTES STRONGER AFFILIATION AND EMPLOYMENT OF PHYSICIANS TO ENSURE COMMUNITY AND HOSPITAL NEEDS FOR PHYSICIANS SERVICES ARE MET

Additional Data

Software ID: 14000329

Software Version: 2014v1.0

EIN: 90-0640432

Name: Summa Health Group Return

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility 1, 1	Facility 1, 1 - Summa Health System, Summa Barberton Citizens Hospital, The Wadsworth-Rittman Area Hospital, Summa Western Reserve Hospital, LLC (Group 1) Interviews were conducted with community leaders in March - April 2013 to gain their insight on what they thought were the significant health needs of children and adults in their communities, the factors that affect those health needs, other existing community health needs assessments, possible collaboration opportunities, and to solicit suggestions on what the hospitals can do to address the prioritized health needs identified in the CHNA These community leaders represent the broad interests of the communities served by the hospital facility including the medically underserved, low-income persons, minority groups, those with chronic disease needs, and leaders from local public health agencies and departments who have special knowledge and expertise in public health Leaders from the following community organizations were consulted during this CHNA Summit County Job and Family Services, Director Akron Public Schools, Executive Director for Business Affairs Portage County Job and Family Services, Administrator Medina City School District, Nursing Director for the Medina County Educational Service Center Medina County Job and Family Services, Medicaid Eligibility Services Administrator Portage County Mental Health and Recovery Board, Executive Director Portage County Health Department, Health Commissioner Robinson Memorial Hospital, Vice President for Business Development Summit County Public Health, Deputy Health Commissioner for Planning Kent City School District, Director of Business Services Medina County Health Department, Health Commissioner County of Summit Alcohol, Drug Addiction, and Mental Health Services Board, Executive Director Focus groups were conducted with community residents in April - May 2013 to get their input on what they thought were the significant health needs of children and adults in their communities, the factors that affect those needs, the solutions they thought would solve those needs, and what the hospitals and other community groups could do to address those needs Due to the observed information gap in the epidemiologic data on the health of children, adult and child substance abuse issues, and adult and child mental health issues, several questions were asked to probe more deeply on these issues In addition, a questionnaire was distributed to focus group participants to gather demographic information and basic perceptions of community health The discussion guide, questionnaire, and protocol were reviewed and approved by the Kent State University Institutional Review Board A total of 60 people participated in the Community Resident Focus Groups Additional detail can be found on the Summa Health website at http //www summahealth org/about-us/about-Summa/community-benefit-and-diversity/communityneedsassessment2013

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility 1, 1	Facility 1, 1 - Summa Health System, Summa Barberton Citizens Hospital, The Wadsworth-Rittman Area Hospital, Summa Western Reserve Hospital, LLC (Group 1) SUMMA HEALTH CONDUCTED THE CHNA ON BEHALF OF EACH OF ITS SIX HOSPITAL FACILITIES LISTED IN PART V, SECTION A In addition, Summa Health collaborated with Akron General Health System and Akron Children's Hospital in conducting the CHNA

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility 1, 1	Facility 1, 1 - Summa Health System, Summa Barberton Citizens Hospital, The Wadsworth-Rittman Area Hospital, Summa Western Reserve Hospital, LLC (Group 1) Kent State University College of Public Health

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility 1, 1	Facility 1, 1 - Summa Health System, Summa Barberton Hospital, Summa Wadsworth-Rittman Area Hospital, Summa Western Reserve Hospital (Group 1) The adult health needs of asthma, cancer, cardiovascular disease, diabetes, mental health, substance abuse, lifestyle factors, access to care factors, and quality of care factors will be addressed by Summa Health System The health needs of asthma, cancer and diabetes are being addressed through increasing consumer knowledge base of risk factors, risk behaviors, and genetic considerations which lead to asthma and/or asthma related disease development Increase knowledge of the signs and symptoms of asthma and asthma related diseases Another objective is to increase the number of individuals who have access to primary care medical homes The health need of mental health is being addressed by improving identification, diagnosis, and treatment of depression, improving identification and treatment of patients with suicidal tendencies, and increasing the number of individuals who have access to primary care medical homes The health need of substance abuse is being addressed by decreasing adult alcohol abuse, decreasing adult prescription drug abuse, and decreasing adult opioid drug abuse The health need of lifestyle factors is being addressed by decreasing smoking and tobacco use in adults and increasing the number of individuals who have access to primary care medical homes The health need of access to care factors is being addressed by increasing the number of individuals who have access to primary care medical homes, increasing access to primary care providers, increasing access to dental care providers, and increasing access to mental health providers The health need of quality of care factors is being addressed by decreasing hospital readmissions, increasing the number of individuals who have access to primary care medical homes, increasing consumer knowledge base of risk factors, risk behaviors, and genetic considerations which lead to increased incidence of diabetes, and informing the community and creating community awareness of the health care needs and issues of seniors A detailed description of the actions being taken to address the health needs identified above can be found on the Summa Health Implementation Strategy available at http //www summahealth org/about-us/about-summa/community-benefit-and-diversity/communityneedsassessment2013 Due to community resources available to assist individuals in obtaining healthy food, including the Akron Canton Regional food Bank, Summa Health hospital facilities chose not to address this environmental factor health need In addition, the community resources available to assist children, specifically Akron Children's Hospital, in the areas of childhood chronic disease, child development, child lifestyle risk factors, child mental health and substance abuse, child safety, child access to care factors and child environmental risk factors, led to the determination by Summa Health hospital facilities to not address these child health needs

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 22 Facility 1, 1	Facility 1, 1 - Summa Health System, Summa Barberton Citizens Hospital, the Wadsworth-Rittman Area Hospital, Summa Western Reserve Hospital, LLC Patients whose income is equal to or less than 200% of the Federal Poverty Guidelines, adjusted for number dependents, receive a 100% discount for charity care If the patient's income exceeds 200% of the Federal Poverty Guidelines and up to 400% of the Federal Poverty Guidelines a sliding scale charity care discount of either 20%, 60% or 80% of billed charges is applied This sliding scale charity care discount policy is being reevaluated to be effective January, 2016 whereby the charity care discount percentage would be applied to the average allowed amounts for commercially insured patients

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility 2, 1	Facility 2, 1 - Crystal Clinic Orthopaedic Center LLC (Group 2) Interviews were conducted with community leaders in March - April 2013 to gain their insight on what they thought were the significant health needs of children and adults in their communities, the factors that affect those health needs, other existing community health needs assessments, possible collaboration opportunities, and to solicit suggestions on what the hospitals can do to address the prioritized health needs identified in the CHNA These community leaders represent the broad interests of the communities served by the hospital facility including the medically underserved, low-income persons, minority groups, those with chronic disease needs, and leaders from local public health agencies and departments who have special knowledge and expertise in public health Leaders from the following community organizations were consulted during this CHNA Summit County Job and Family Services, Director Akron Public Schools, Executive Director for Business Affairs Portage County Job and Family Services, Administrator Medina City School District, Nursing Director for the Medina County Educational Service Center Medina County Job and Family Services, Medicaid Eligibility Services Administrator Portage County Mental Health and Recovery Board, Executive Director Portage County Health Department, Health Commissioner Robinson Memorial Hospital, Vice President for Business Development Summit County Public Health, Deputy Health Commissioner for Planning Kent City School District, Director of Business Services Medina County Health Department, Health Commissioner County of Summit Alcohol, Drug Addiction, and Mental Health Services Board, Executive Director Focus groups were conducted with community residents in April - May 2013 to get their input on what they thought were the significant health needs of children and adults in their communities, the factors that affect those needs, the solutions they thought would solve those needs, and what the hospitals and other community groups could do to address those needs Due to the observed information gap in the epidemiologic data on the health of children, adult and child substance abuse issues, and adult and child mental health issues, several questions were asked to probe more deeply on these issues In addition, a questionnaire was distributed to focus group participants to gather demographic information and basic perceptions of community health The discussion guide, questionnaire, and protocol were reviewed and approved by the Kent State University Institutional Review Board A total of 60 people participated in the Community Resident Focus Groups

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility 2, 1	Facility 2, 1 - Crystal Clinic Orthopaedic Center LLC (Group 2) Summa Health conducted the CHNA on behalf of its six hospital facilities listed in Part V, Section A In addition, Summa Health collaborated with Akron General Health System and Akron Children's Hospital in conducting the CHNA

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility 2, 1	Facility 2, 1 - Crystal Clinic Orthopaedic Center LLC, (Group 2) Kent State University College of Public Health

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility 2, 1	Facility 2, 1 - Crystal Clinic Orthopaedic Center LLC (Group 2) Due to the nature of the adult orthopaedic specialty services provided by Crystal Clinic Orthopaedic Center, LLC, the adult identified health need of Quality of Care Factors - Hospital Readmissions will be the only health need addressed by Crystal Clinic Orthopaedic Center, LLC The health need of quality of care - hospital readmissions is being addressed by providing education and support for patients at risk for poor bone health and decreasing hospital readmissions post bone related procedures A detailed description of the actions being taken to address the health needs identified above can be found on the Summa Health Implementation Strategy available at http //www.summahealth.org/about-us/about-summa/community-benefit-and-diversity/communityneedsassessment2013 The community resources provided by a variety of institutions and agencies including Akron Children's Hospital and Summa Health System, Summa Barberton Hospital, and Summa Wadsworth-Rittman Hospital led to the determination by Crystal Clinic Orthopaedic Center, LLC to not address any other identified health need

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility 3, 1	Facility 3, 1 - Summa Rehabilitation Hospital (Group 3) Interviews were conducted with community leaders in March - April 2013 to gain their insight on what they thought were the significant health needs of children and adults in their communities, the factors that affect those health needs, other existing community health needs assessments, possible collaboration opportunities, and to solicit suggestions on what the hospitals can do to address the prioritized health needs identified in the CHNA These community leaders represent the broad interests of the communities served by the hospital facility including the medically underserved, low-income persons, minority groups, those with chronic disease needs, and leaders from local public health agencies and departments who have special knowledge and expertise in public health Leaders from the following community organizations were consulted during this CHNA Summit County Job and Family Services, Director Akron Public Schools, Executive Director for Business Affairs Portage County Job and Family Services, Administrator Medina City School District, Nursing Director for the Medina County Educational Service Center Medina County Job and Family Services, Medicaid Eligibility Services Administrator Portage County Mental Health and Recovery Board, Executive Director Portage County Health Department, Health Commissioner Robinson Memorial Hospital, Vice President for Business Development Summit County Public Health, Deputy Health Commissioner for Planning Kent City School District, Director of Business Services Medina County Health Department, Health Commissioner County of Summit Alcohol, Drug Addiction, and Mental Health Services Board, Executive Director Focus groups were conducted with community residents in April - May 2013 to get their input on what they thought were the significant health needs of children and adults in their communities, the factors that affect those needs, the solutions they thought would solve those needs, and what the hospitals and other community groups could do to address those needs Due to the observed information gap in the epidemiologic data on the health of children, adult and child substance abuse issues, and adult and child mental health issues, several questions were asked to probe more deeply on these issues In addition, a questionnaire was distributed to focus group participants to gather demographic information and basic perceptions of community health The discussion guide, questionnaire, and protocol were reviewed and approved by the Kent State University Institutional Review Board A total of 60 people participated in the Community Resident Focus Groups

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility 3, 1	Facility 3, 1 - Summa Rehabilitation Hospital (Group 3) Summa Health conducted the CHNA on behalf of its six hospital facilities listed in Part V, Section A IN addition, Summa Health collaborated with Akron General Health System and Akron Children's Hospital in conducting the CHNA

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility 3, 1	Facility 3, 1 - Summa Rehabilitation Hospital (Group 3) Kent State University College of Public Health

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility 3, 1	Facility 3, 1 - Summa Rehabilitation Hospital (Group 3) Due to the nature of the adult rehabilitation specialty services provided by Summa Rehab Hospital, LLC, the adult identified health need of Quality of Care Factors - Hospital Readmissions will be the only health need addressed by Summa Rehab Hospital, LLC The health need of quality of care factors - hospital readmissions is being addressed by decreasing hospital readmissions by improving post-operative outcomes for patients undergoing joint repairs and increasing consumer knowledge of aspects of preoperative care that improves post-operative outcomes and decreasing incidence of hospital readmissions A detailed description of the actions being taken to address the health needs identified above can be found on the Summa Health Implementation Strategy available at http //www summahealth org/about-us/about-summa/community-benefit-and-diversity/communityneedsassessment2013 The community resources provided by a variety of institutions and agencies including Akron Children's Hospital and Summa Health System, Summa Barberton Hospital, and Summa Wadsworth-Rittman Hospital led to the determination by Summa Rehab Hospital, LLC to not address any other identified health needs

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
SUMMA HEALTH CENTER AT LAKE MEDINA 3780 MEDINA ROAD MEDINA, OH 44256	LAB, IMAGING, THERAPY, SLEEP MEDICINE, RADIATION ONCOLOGY & OUTPATIENT SURGERY
SUMMA HEALTH CENTER AT GREEN 3838 MASSILLION ROAD GREEN, OH 44685	LAB, IMAGING, THERAPY, SLEEP MEDICINE, RADIATION ONCOLOGY & OUTPATIENT SURGERY
SUMMA HEALTH CENTER AT WHITE POND 1 PARK WEST SUITE 130 AKRON, OH 44320	LAB, IMAGING, THERAPY, SLEEP MEDICINE, RADIATION ONCOLOGY & OUTPATIENT SURGERY
SUMMA HEALTH CENTER AT WESTERN RESERVE 5655 HUDSON DRIVE HUDSON, OH 44236	LAB, IMAGING, THERAPY, SLEEP MEDICINE, RADIATION ONCOLOGY & OUTPATIENT SURGERY
SUMMA HEALTH CENTER AT LAKE ANNA 500 WEST HOPOCAN AVENUE BARBERTON, OH 44203	LAB, IMAGING, THERAPY, SLEEP MEDICINE, RADIATION ONCOLOGY & OUTPATIENT SURGERY
SUMMA HEALTH CENTER AT ANNA DEAN 28 CONSERVATORY DRIVE BARBERTON, OH 44203	LAB, IMAGING, THERAPY, SLEEP MEDICINE, RADIATION ONCOLOGY & OUTPATIENT SURGERY
SUMMA HEALTH CENTER AT CUYAHOGA FALLS 1860 STATE ROAD CUYAHOGA FALLS, OH 44223	LAB, IMAGING, THERAPY, SLEEP MEDICINE, RADIATION ONCOLOGY & OUTPATIENT SURGERY
SUMMA WELLNESS INSTITUTE 5625 HUDSON DRIVE HUDSON, OH 44236	LAB, IMAGING, THERAPY, SLEEP MEDICINE, RADIATION ONCOLOGY & OUTPATIENT SURGERY
SUMMA SERVICES - WADSWORTH COMMUNITY CTR 621 SCHOOL DRIVE WADSWORTH, OH 44281	LAB, IMAGING, THERAPY, SLEEP MEDICINE, RADIATION ONCOLOGY & OUTPATIENT SURGERY
SUMMA NEUROSCIENCES AT WHITE POND 750 WHITE POND DRIVE AKRON, OH 44320	LAB, IMAGING, THERAPY, SLEEP MEDICINE, RADIATION ONCOLOGY & OUTPATIENT SURGERY
SUMMA SLEEP MEDICINE CENTER - GREEN 1700 BOETTTLER ROAD STE 215 UNIONTOWN, OH 44685	LAB, IMAGING, THERAPY, SLEEP MEDICINE, RADIATION ONCOLOGY & OUTPATIENT SURGERY
SUMMA REHABILITATION SVCS AT WHITE POND 750 WHITE POND DRIVE AKRON, OH 44320	LAB, IMAGING, THERAPY, SLEEP MEDICINE, RADIATION ONCOLOGY & OUTPATIENT SURGERY
NATATORIUM REHABILITATION AND WELLNESS 2345 4TH STREET CUYAHOGA FALLS, OH 44223	LAB, IMAGING, THERAPY, SLEEP MEDICINE, RADIATION ONCOLOGY & OUTPATIENT SURGERY
SUMMA REHAB AT TALLMADGE REC CENTER 46 NORTH MUNROE TALLMADGE, OH 44278	LAB, IMAGING, THERAPY, SLEEP MEDICINE, RADIATION ONCOLOGY & OUTPATIENT SURGERY
SUMMA URGENT CARE & CORPORATE HEALTH 2875 WEST MARKET STREET FAIRLAWN, OH 44333	LAB, IMAGING, THERAPY, SLEEP MEDICINE, RADIATION ONCOLOGY & OUTPATIENT SURGERY

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
SUMMA URGENT CARE AT STOW 3913 DARROW ROAD STE 100 STOW, OH 44224	LAB, IMAGING, THERAPY, SLEEP MEDICINE, RADIATION ONCOLOGY & OUTPATIENT SURGERY
CEDAR PINES 185 WEST CEDAR STREET STE 100 AKRON, OH 44307	LAB, IMAGING, THERAPY, SLEEP MEDICINE, RADIATION ONCOLOGY & OUTPATIENT SURGERY
IGNATIA HALL SOUTH 3730 WHIPPLE AVENUE STE 5 CANTON, OH 44718	LAB, IMAGING, THERAPY, SLEEP MEDICINE, RADIATION ONCOLOGY & OUTPATIENT SURGERY
SUMMA HOME INFUSION 2743 GILCHRIST ROAD STE 200 AKRON, OH 44305	LAB, IMAGING, THERAPY, SLEEP MEDICINE, RADIATION ONCOLOGY & OUTPATIENT SURGERY
SUMMA CTR FOR HEALTH EQUITY-NEW SEASONS 1493 S HAWKINS AVENUE AKRON, OH 44320	LAB, IMAGING, THERAPY, SLEEP MEDICINE, RADIATION ONCOLOGY & OUTPATIENT SURGERY

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Summa Health Group Return

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.

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

OMB No 1545-0047

2014

Open to Public
Inspection

Employer identification number
90-0640432

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Northeast Ohio Medical University Foundation PO Box 95 Rootstown, OH 44272	34-1264220	501(C)(3)	25,000				EDUCATION
(2) JEWISH COMMUNITY CENTER OF AKRON 750 White Pond Dr Akron, OH 44320	34-0174521	501(C)(3)	7,500				COMMUNITY SUPPORT
(3) Stewarts Caring Place 2955 W Market St Ste R Akron, OH 44333	20-0181338	501(c)(3)	5,000				CANCER WELLNESS SUPPORT
(4) Susan G Komen for the Cure 26210 Emery Rd Suite 307 Cleveland, OH 44128	75-1835298	501(C)(3)	10,000				CANCER RESEARCH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 4

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

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SummaShares	8	6,648	0		
(2) Diabetes Progam	10	6,516	0		
(3) Mammogram Screens	666	59,256	0		

Part IV

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Description Of Procedure For Monitoring Use Of Grant Funds	The procedures for monitoring the use of grant funds is based on the criteria established prior to awarding the grant or assistance. Once the criteria is met a payment will be made to the organization utilizing the funds.
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	The procedures for monitoring the use of grant funds is based on the criteria established prior to awarding the grant or assistance. Once the criteria is met a payment will be made to the organization utilizing the funds.

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Summa Health Group Return

Employer identification number
90-0640432

Part I

Questions Regarding Compensation

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

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

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

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 1a Tax indemnification and gross-up payments	Summa Health System grossed up taxes for supplemental executive retirement programs paid to one director, seven officers, eight key employees, and three former employees. The amount of the gross up is recognized as additional taxable compensation.
Schedule J, Part I, Line 1a Health or social club dues or initiation fees	Social club dues were paid on behalf of one officer. The personal use is recognized as additional taxable compensation.
Schedule J, Part I, Line 1a Personal services	Legal services were paid on behalf of one officer. The personal use is recognized as additional taxable compensation.
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	The compensation of the President and CEO is established by Summa Health, the related parent organization for all members in the Summa Health System group return. Summa Health has a compensation committee that uses an independent compensation consultant, market surveys, and an annual review process to establish compensation for the position of president and CEO.
Schedule J, Part I, Line 4a Severance or change-of-control payment	In 2014, the following listed persons received severance payments and benefits from the organization or from a related organization: William Powel, III \$418,813, Bryan Fredericks \$94,615, Robert D. Harrigan \$638,238, Thomas J. Strauss \$1,787,410, Thomas DeBord \$134,820, Charles Alderson \$114,772, Dale Murphy, MD \$186,300, Alfred G. Kious, MD \$255,028.
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	Summa Health has a 457(f) program which rewards certain officers, directors, key and highest compensated employees for meeting long term strategic objectives of the organization. Amounts includible as taxable compensation for listed individuals due to plan participation in the reporting year were as follows: Thomas DeBord \$83,728, Brian Derrick \$33,787, Phylis Ferrara \$2,365, Robert D. Harrigan \$110,849, Alfred G. Kious, MD \$49,366, Dale Murphy, MD \$48,757, Thomas O'Neill \$39,385, William Powel, III \$67,398, Steve Schmidt \$70,665, Erik Steele, DO \$5,690, Thomas J. Strauss \$144,492, Mary Ward \$65,698, Joseph Zarconi, MD \$63,201.
Schedule J, Part I, Line 7 Non-fixed payments	The Summa Health System management incentive program is designed to reward employees for meeting quality, performance and financial targets. These include clinical quality, patient satisfaction, employee/physician satisfaction, net operating income, and the strengthening of the balance sheet. Payment is based on a factor of base compensation and is subject to review and approval by Summa's compensation committee.

Additional Data

Software ID: 14000329

Software Version: 2014v1.0

EIN: 90-0640432

Name: Summa Health Group Return

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ROBERT A GERBERRY DIR SPI, SECTY SHS, SBH, WRH & GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	181,318	8,468	600	4,711	429	195,526	0
1 WILLIAM A POWEL III DIR SPI, SECTY SHS, SBH, WRH & GEN COUNSEL (end 11/14)	(i)	0	0	0	0	0	0	0
	(ii)	346,197	85,315	768,188	55,640	9,213	1,264,553	44,128
2 THOMAS J STRAUSS DIR SF, SYSTEM PRES/CEO (END 12/14)	(i)	0	0	0	0	0	0	0
	(ii)	873,865	263,899	2,967,158	108,876	13,398	4,227,196	94,604
3 WILLIAM BAUMAN MD DIRECTOR SHS, SBH, WRH, SPI	(i)	656,488	0	900	7,800	11,179	676,367	0
	(ii)	0	0	0	0	0	0	0
4 ROBERT DEBSKI MD DIRECTOR SHS, SBH, WRH	(i)	293,340	65,530	0	0	9,764	368,634	0
	(ii)	0	0	0	0	0	0	0
5 STEVEN GAICH MD DIRECTOR SPI	(i)	305,797	42,338	0	7,800	3,199	359,134	0
	(ii)	0	0	0	0	0	0	0
6 JOSEPH KOENIG MD DIRECTOR SPI	(i)	681,756	94,372	900	9,100	9,662	795,790	0
	(ii)	0	0	0	0	0	0	0
7 DALE MURPHY MD DIRECTOR SPI (END 6/14)	(i)	6,013	42,710	289,092	248	3,718	341,781	48,757
	(ii)	0	0	0	0	0	0	0
8 ERIK STEELE DO DIRECTOR SHS, SBH, WRH, SYSTEM CMO	(i)	0	0	0	0	0	0	0
	(ii)	518,580	72,815	132,886	17,680	5,792	747,753	0
9 SCOTT WEINER MD DIRECTOR SHS, SBH, WRH	(i)	791,964	0	900	9,100	12,234	814,198	0
	(ii)	0	0	0	0	0	0	0
10 CHARLES ALDERSON CFO, SBH & WRH (END 5/14)	(i)	67,806	26,787	182,575	4,490	6,811	288,469	0
	(ii)	0	0	0	0	0	0	0
11 THOMAS DEBORD PRESIDENT SBH & WRH (END 4/14)	(i)	159,873	55,024	342,579	7,553	7,488	572,517	37,154
	(ii)	0	0	0	0	0	0	0
12 BRIAN DERRICK TREAS SHS, SBH, WRH & SYSTEM CFO	(i)	0	0	0	0	0	0	0
	(ii)	509,110	133,187	171,384	51,969	9,918	875,568	11,703
13 PHYLIS FERRARA PRESIDENT & CDO, SF	(i)	293,915	27,115	74,046	8,007	3,946	407,029	0
	(ii)	0	0	0	0	0	0	0
14 THOMAS MALONE MD PRESIDENT, SHS, SBH, WRH	(i)	0	0	0	0	0	0	0
	(ii)	544,769	0	221,323	3,056	5,691	774,839	0
15 JAY WILLIAMSON MD PRESIDENT, SPI	(i)	274,155	31,173	55,417	7,318	4,874	372,937	0
	(ii)	0	0	0	0	0	0	0
16 BRYAN FREDERICKS COO, SPI (END 8/14)	(i)	157,118	39,376	181,824	7,154	6,067	391,539	0
	(ii)	0	0	0	0	0	0	0
17 KATHLEEN JOBE CNO, SBH, WRH	(i)	176,796	25,371	39,566	7,144	5,321	254,198	0
	(ii)	0	0	0	0	0	0	0
18 JOSEPH P MYERS MD CMO, SBH, WRH	(i)	280,533	40,820	43,778	6,900	7,635	379,666	0
	(ii)	0	0	0	0	0	0	0
19 JASON NIEHAUS SVP HOSPITAL OPS & SITE ADMINISTRATION	(i)	297,610	62,260	1,562	16,185	24,821	402,438	0
	(ii)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 THOMAS P O'NEILL CFO, SHS	(i)	0	0	0	0	0	0	0
	(ii)	289,459	60,026	147,166	31,161	2,897	530,709	28,354
1 MARY WARD Senior VP, Chief nursing officer	(i)	0	0	0	0	0	0	0
	(ii)	362,389	79,838	153,907	48,477	2,555	647,166	45,359
2 JOSEPH ZARCONI MD SYSTEM VP, MED ED & CHIEF ACADEMIC OFFICER	(i)	323,843	77,933	188,392	48,806	4,869	643,843	43,348
	(ii)	0	0	0	0	0	0	0
3 MARK POZSGAY DO BARIATRIC SURGERY	(i)	825,302	353,517	300	6,562	12,620	1,198,301	0
	(ii)	0	0	0	0	0	0	0
4 JOHN ZOGRFAKIS MD BARIATRIC SURGERY	(i)	823,137	326,004	900	9,100	11,044	1,170,185	0
	(ii)	0	0	0	0	0	0	0
5 ADRIAN DAN MD BARIATRIC SURGERY	(i)	744,997	198,640	900	7,656	14,471	966,664	0
	(ii)	0	0	0	0	0	0	0
6 ERIC MILLER MD ORTHOPAEDIC SURGERY	(i)	779,830	124,422	900	2,600	3,475	911,227	0
	(ii)	0	0	0	0	0	0	0
7 JOEL PORTER MD COLORECTAL SURGERY	(i)	575,313	1,348	900	9,100	1,300	587,961	0
	(ii)	0	0	0	0	0	0	0
8 ROBERT D HARRIGAN FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	15,007	148,055	1,008,997	0	5,833	1,177,892	0
9 ALFRED G KIOUS MD FORMER OFFICER	(i)	16,497	48,948	358,826	119	1,972	426,362	12,791
	(ii)	0	0	0	0	0	0	0
10 STEVE SCHMIDT FORMER OFFICER	(i)	203,855	31,949	114,762	6,108	2,932	359,606	42,180
	(ii)	0	0	0	0	0	0	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

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 Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization
Summa Health Group Return

Employer identification number
90-0640432

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 Ohio Higher Educational Facility Commission	34-6849674	67756AY89	05-11-2010	180,125,341	See Part VI		X		X		X
B Akron Bath and Copley Joint Township Hospital District	34-1448680		07-25-2012	32,509,635	See Part VI		X		X		X
C See Schedule K Part VI	34-1448680		10-02-2014	145,250,000	See Part VI		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		6,911,665		2,435,000			
2	Amount of bonds legally defeased	0		0		0			
3	Total proceeds of issue	180,162,106		32,509,635		145,250,000			
4	Gross proceeds in reserve funds	18,196,607		0		0			
5	Capitalized interest from proceeds	3,004,911		0		795,890			
6	Proceeds in refunding escrows	0		0		0			
7	Issuance costs from proceeds	0		0		0			
8	Credit enhancement from proceeds	4,929,857		0		0			
9	Working capital expenditures from proceeds	0		0		0			
10	Capital expenditures from proceeds	154,030,731		0		0			
11	Other spent proceeds	0		32,509,635		144,454,110			
12	Other unspent proceeds	0		0		0			
13	Year of substantial completion	2012		2012		2008			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X			
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		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 of bond-financed property?	X				X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X				X			
c	Are there any research agreements that may result in private business use of bond-financed property?	X				X			
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any 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	1 16 %		0 %		11 22 %			
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 45 %		0 %		0 23 %			
6	Total of lines 4 and 5	1 61 %		0 %		11 45 %			
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?			X		X			
c	No rebate due?	X							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X		X			
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X		X			
b	Name of provider			RBS Citizens Bank		See Schedule K Part VI for Explanation			
c	Term of hedge			12 0		20 0			
d	Was the hedge superintegrated?				X		X		
e	Was the hedge terminated?				X		X		

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X		X		
b	Name of provider	Morgan Stanley & Company Incorporated							
c	Term of GIC	2 2							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Schedule K, Part I, Column (a), Line C Issuer Name	The 2014 Bonds consist of the following three Series of Bonds, which are treated as a single issue of bonds for federal income tax purposes (1) Akron, Bath and Copley Joint Township Hospital District, Ohio Hospital Facilities Refunding Revenue Bonds, Series 2014A (Summa Health System Obligated Group) issued in the original principal amount of \$93,685,000, (2) Akron, Bath and Copley Joint Township Hospital District, Ohio Hospital Facilities Refunding Revenue Bonds, Series 2014B (Summa Health System Obligated Group) issued in the original principal amount of \$37,890,000, and (3) Development Finance Authority of Summit County Port Facilities Revenue Refunding Bonds, Series 2014 (Summa Health System Obligated Group Project) issued in the original principal amount of \$13,675,000 The Series 2014A Bonds and the Development Finance Authority Bonds were each issued on October 2, 2014, and the Series 2014B Bonds were issued on November 18, 2014 The Akron, Bath and Copley Joint Township Hospital District's EIN is 34-1448680, and the Development Finance Authority's EIN is 34-1765940

Return Reference	Explanation
Schedule K, Part IV, Line 4c Term of Hedge - Column C	The term of the hedge with Goldman Sachs Bank USA is 20 years The term of the hedge with PNC Bank, National Association is 30 years

Return Reference	Explanation
Schedule K, Part II, Line 3 Total Proceeds of Issue - Column A	The difference between the total proceeds of the issue and the issue price provided in Part I, Line A, Col (e) is due to investment proceeds of the issue

Return Reference	Explanation
Schedule K, Part III, Line 6 Total Private Use Percentage - Column C	This number is projected to be less than 5% over the life of the Series 2014 Bonds due to the expected termination of certain lease arrangements

Return Reference	Explanation
Schedule K, Part IV, Line 4b Name of Hedge Provider - Column C	Series 2014A Bonds Goldman Sachs Bank USA Series 2014B Bonds there is no hedge with respect to the Series 2014B bonds Development Finance Authority Series 2014 Bonds PNC Bank, National Association

Return Reference	Explanation
Schedule K, Part III, Line 4 Private Business Usage - Bond Issue C	The private business usage is projected to be less than 5 percent over the life of the Series 2014 Bonds due to the expected termination of certain lease arrangements

Return Reference	Explanation
Schedule K, Part I, Column (f) Ohio Higher Educational Facility Commission Series 2010 Bonds	The purposes of the Series 2010 Bonds were to (1) currently refund a taxable loan to Summa Barberton Citizens Hospital under a line of credit, the proceeds of which were used to acquire hospital facilities, (2) currently refund a taxable loan to Summa Akron City and St Thomas hospitals, the proceeds of which were used for certain capital expenditures, (3) construct and equip hospital facilities, (4) acquire, construct, and equip parking facilities, nursing facilities, administrative facilities, ambulatory care facilities, and medical equipment, and (5) pay issuance costs

Return Reference	Explanation
Schedule K, Part I, Column (f) Akron, Bath and Copley Joint Township Hospital District Bonds	The purposes of the Series 2012 bonds were to (1) currently refund the hospital facilities revenue bonds, series 1998A issued on December 23, 1998 in the original amount of \$ 50,000,000, and (2) pay the costs of issuance of the series 2012 bonds

Return Reference	Explanation
Schedule K, Part I, Column (f) Series 2014A, Series 2014B, and Series 2014 Bonds	The purpose of the Series 2014A Bonds was to currently refund the series 2004B bonds, which were issued to (1) construct and equip a critical care pavilion, (2) construct and equip other hospital facilities, (3) refund prior issues with the following issue dates (A) December 22, 1992 and (b) June 10, 1993, (4) Pay the initial costs of a liquidity facility, and (5) pay issuance costs. The purposes of the series 2014B bonds were to (1) currently refund the series 2004A bonds, which were issued to (A) construct and equip a critical care pavilion, (B) construct and equip other hospital facilities, (C) refund prior issues with the following issue dates (I) July 1, 1999, (II) July 28, 2000, and (III) March 12, 2002, (D) fund a debt service reserve for series 2004A bonds, and (E) pay issuance costs, and (2) fund capitalized interest on the series 2014B bonds. The purpose of the development finance authority series 2014 bonds was to currently refund the series 2006 bonds, which were issued to (1) acquire a project site for and construct and equip a wellness institute, and (2) to pay issuance costs.

Return Reference	Explanation
Schedule K, Part IV, Line 2c Rebate Calculation	Issuer name Ohio Higher Educational Facility Commission The calculation for computing no rebate due was performed on 05/11/2013

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2014

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ.

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
Summa Health Group Return

Employer identification number
90-0640432

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b				
1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?
				YesNo

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

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

Part II

Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.				
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Brian Bauman	Family member of William Bauman (Director SHS, SBH, WRH, SPI)	499,082	Employment		No
(2) M&M Properties	Dale Murphy, SPI Director, has a reportable ownership interest in M&M Properties	593,497	Independent Contractor		No

Part V Supplemental Information
Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Summa Health Group Return

Employer identification number
90-0640432

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		1,440	Market value
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	7	19,351	Market value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Events)	X	3	32,251	Market value
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29

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

29

0

30a

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

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

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

32a

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II

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

Return Reference	Explanation
Schedule M, Part I Explanations of reporting method for number on contributions	Securities - Publicly traded Number of contributions Clothing and household goods Number of contributions Other Number of contributions
Schedule M, Part I, Line 9 Number of contributions or items contributed	Number of contributions
Schedule M, Part I, Line 5 Number of contributions or items contributed	Number of contributions
Schedule M, Part I Number of contributions or items contributed	Number of contributions

SCHEDULE N
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
Summa Health Group Return

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number

90-0640432

Part I

Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

1	(a)Description of asset(s) distributed or transaction expenses paid	(b)Date of distribution	(c)Fair market value of asset(s) distributed or amount of transaction expenses	(d)Method of determining FMV for asset(s) distributed or transaction expenses	(e)EIN of recipient	(f)Name and address of recipient	(g)IRC section of recipient(s) (if tax-exempt) or type of entity
	SWR Fixed Assets (Net), A/R and Other	07-13-2014	25,018,234	Book Value	26-1375072	Summa Barberton Citizens Hospital 155 Fifth Street Barberton, OH 44203	501(c)(3)

		Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization		
a	Become a director or trustee of a successor or transferee organization?	2a	No
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b	No
c	Become a direct or indirect owner of a successor or transferee organization?	2c	No
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	2d	No
e	If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III ▶		

Part I Liquidation, Termination, or Dissolution (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-

3

Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III

3

Yes

4a

Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?

4a

Yes

b

If "Yes," did the organization provide such notice?

4b

Yes

5

Did the organization discharge or pay all of its liabilities in accordance with state laws?

5

Yes

6a

Did the organization have any tax-exempt bonds outstanding during the year?

6a

No

b

If "Yes" to line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?

6b

c

If "Yes" to line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities If "No" to line 6b, explain in Part III

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity

2

Did or will any officer, director, trustee, or key employee of the organization

a

Become a director or trustee of a successor or transferee organization?

2a

b

Become an employee of, or independent contractor for, a successor or transferee organization?

2b

c

Become a direct or indirect owner of a successor or transferee organization?

2c

d

Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?

2d

e

If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III

Part III **Supplemental Information.** Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization Summa Health Group Return	Employer identification number 90-0640432
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Return Reference	Explanation
Form 990, Part III, Line 3 Significant changes in program services	Summa Wadsworth Hospital was merged into Summa Barberton Citizens Hospital on July 13, 2014

Return Reference	Explanation	
	CoreFormPartIII_PartIIILine4d Description of other program services	(Expenses \$ 11,825,302 including grants of \$ 354,193)(Revenue \$ 16,839,420) SUMMA HEALTH IS AN INTEGRATED HEALTHCARE DELIVERY SYSTEM THAT PROVIDES COORDINATED, VALUE-BASED CARE ACROSS THE CONTINUUM FOR THE PEOPLE AND POPULATIONS WE SERVE. WE HOLD OURSELVES CLINICALLY AND FINANCIALLY ACCOUNTABLE FOR HEALTH OUTCOMES IN OUR COMMUNITIES. SUMMA HEALTH SERVES MORE THAN ONE MILLION PATIENTS EACH YEAR IN COMPREHENSIVE EMERGENCY, ACUTE, CRITICAL, OUTPATIENT AND LONG-TERM/HOME CARE SETTINGS AND REPRESENTS MORE THAN 1,700 REGISTERED, INPATIENT BEDS ON THE CAMPUSES OF SUMMA HEALTH SYSTEM, SUMMA BARBERTON CITIZEN'S HOSPITAL, THE WADSWORTH-RITTMAN AREA HOSPITAL ASSOCIATION, SUMMA REHAB HOSPITAL*, WESTERN RESERVE HOSPITAL*, AND CRYSTAL CLINIC ORTHOPAEDIC CENTER*. IN ADDITION, OUTPATIENT CARE IS PROVIDED IN MORE THAN 16 COMMUNITY HEALTH CENTERS AND EMERGENCY DEPARTMENTS (EDS), SOME INTEGRATED IN THE HEALTHCARE FACILITIES, OTHERS ARE FREE-STANDING. *SUMMA REHAB HOSPITAL, *WESTERN RESERVE HOSPITAL AND *CRYSTAL CLINIC ORTHOPAEDIC CENTER ARE JOINT VENTURES IN WHICH SUMMA HEALTH HAS AN INTEREST, AND ARE REFERENCED IN THIS DOCUMENT FOR THE PURPOSE OF IDENTIFYING ALL ENTITIES AFFILIATED WITH SUMMA HEALTH. SUMMA'S PROPORTIONATE INTEREST OF THESE JOINT VENTURES' CHARITY CARE AND OTHER COMMUNITY BENEFITS ARE INCLUDED ON SCHEDULE H OF SUMMA HEALTH'S IRS FORM 990 GROUP RETURN. PROVIDING SUPERIOR, MULTI-SPECIALTY PATIENT CARE, MEDICAL RESEARCH AND CONTINUING MEDICAL EDUCATION, SUMMA HEALTH RANKS AS A HIGHLY RECOGNIZED HEALTHCARE PROVIDER IN SEVERAL DISCIPLINES INCLUDING BARIATRIC SURGERY, CARDIOVASCULAR, EMERGENCY, ONCOLOGY, ORTHOPAEDIC SURGERY, PRIMARY CARE SPORTS MEDICINE, STROKE AND NURSING BY PRESTIGIOUS ORGANIZATIONS SUCH AS THE SOCIETY OF CHEST PAIN CENTERS AMERICAN COLLEGE OF SURGEONS AMERICAN HEART ASSOCIATION AMERICAN STROKE ASSOCIATION NATIONAL ACCREDITATION PROGRAM OF BREAST CENTERS AMERICAN NURSING CREDENTIALING CENTER PREMIER HEALTHCARE ALLIANCE OHIO PATIENT SAFETY INSTITUTE US NEWS AND WORLD REPORT CONQUER CANCER FOUNDATION AMERICAN SOCIETY OF CLINICAL ONCOLOGY AMERICAN COLLEGE OF RADIATION AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER NURSES IMPROVING CARE FOR HEALTH SYSTEM ELDERLY AMERICAN SOCIETY FOR METABOLIC AND BARIATRIC SURGERY CENTER OF EXCELLENCE CARECHEX METABOLIC AND BARIATRIC SURGERY ACCREDITATION AND QUALITY IMPROVEMENT PROGRAM THE JOINT COMMISSION SUMMA HEALTH IS SUMMIT COUNTY'S LARGEST EMPLOYER AND A LEADING ECONOMIC ENGINE FOR THE REGION. SUMMA HEALTH INCLUDES THE FOLLOWING: SUMMA HEALTH SYSTEM. SUMMA HEALTH SYSTEM IS A SINGLE LEGAL ENTITY THAT INCLUDES TWO HOSPITAL CAMPUSES AND SEVERAL OFF-SITE LOCATIONS. SUMMA HEALTH SYSTEM OPERATES BOTH HOSPITAL LOCATIONS AS WELL AS THE HOSPITAL-BASED OFF-SITE LOCATIONS UNDER THE SAME MEDICARE PROVIDER NUMBER. SUMMA HEALTH SYSTEM EMPLOYS MORE THAN 9,000 INDIVIDUALS WITH SUMMA HEALTH SYSTEM ACCOUNTING FOR APPROXIMATELY 7,000 OF THESE EMPLOYEES. SUMMA HEALTH SYSTEM HAS A MEDICAL STAFF OF MORE THAN 1,000 PROFESSIONALS WORKING ON ITS CAMPUSES. SUMMA HEALTH SYSTEM HAS 946 REGISTERED BEDS AND 46 LICENSED BASSINETS. THE BUILDINGS AND FACILITIES ON BOTH CAMPUSES TOTAL APPROXIMATELY 1.7 MILLION SQUARE FEET. SUMMA HEALTH SYSTEM OFFERS GENERAL MEDICAL, SURGICAL, OBSTETRICAL, TRAUMA, AND CRITICAL CARE SERVICES. SUMMA AKRON CITY HOSPITAL PROVIDES ACUTE CARE SERVICES ON A CAMPUS OF APPROXIMATELY 60 ACRES. THE CAMPUS IS HOME TO SPECIALTY HEALTH CENTERS OFFERING A WIDE RANGE OF OUTPATIENT SERVICES. SUMMA HEALTH SYSTEM RECEIVED THE FOLLOWING RECOGNITION IN 2014: SUMMA AKRON CITY & ST. THOMAS HOSPITALS RANKED SIXTH BEST HOSPITAL IN OHIO BY U.S. NEWS & WORLD REPORT. IT IS RANKED NATIONALLY IN 2 SPECIALTIES OF ENDOCRINOLOGY (DIABETES CARE) AND GASTROENTEROLOGY, AND AS HIGH PERFORMING IN 9 OTHER ADULT SPECIALTIES: CARDIOLOGY & HEART SURGERY, EAR, NOSE & THROAT, GERIATRICS, GYNECOLOGY, NEPHROLOGY, NEUROLOGY & NEUROSURGERY, ORTHOPEDICS, PULMONOLOGY, AND UROLOGY. SUMMA BECAME ONE OF EIGHT COMMUNITY ONCOLOGY PRACTICES IN THE COUNTRY RECOGNIZED BY THE CONQUER CANCER FOUNDATION FOR ITS COMMITMENT TO HIGH-QUALITY CLINICAL TRIALS. SUMMA ST. THOMAS HOSPITAL CAMPUS PROVIDES VARIOUS DIAGNOSTIC SERVICES ALONG WITH BEHAVIORAL HEALTH AND SUBSTANCE ABUSE CARE. SUMMA ST. THOMAS HOSPITAL WAS ONE OF THE FIRST IN THE COUNTRY TO RECOGNIZE THE MEDICAL ASPECTS OF ALCOHOLISM AS A DISEASE AND IS THE FOUNDING LOCATION OF ALCOHOLICS ANONYMOUS. THE HOSPITAL OPENED THE NATION'S FIRST ALCOHOLISM TREATMENT WARD AND CONTINUES ITS LONGSTANDING DEDICATION TO THIS PROGRAM TODAY. SUMMA HEALTH SYSTEM IS A MAJOR TEACHING AFFILIATE FOR NORTHEAST OHIO MEDICAL UNIVERSITY (NEOMED), SPONSORING AND/OR CO-SPONSORING 17 RESIDENCIES AND FELLOWSHIPS ALONG WITH PROVIDING EDUCATIONAL ROTATIONS FOR MEDICAL STUDENTS. SUMMA BARBERTON CITIZEN'S HOSPITAL. SUMMA BARBERTON CITIZEN'S HOSPITAL IS A 500,000 SQUARE FOOT ACUTE CARE TEACHING HOSPITAL LOCATED ON NEARLY 16 ACRES, LOCATED APPROXIMATELY 10 MILES SOUTHWEST OF AKRON, OHIO. THE HOSPITAL

Return Reference	Explanation	
	<p>CoreFormPartIII_PartIIILine4d Description of other program services</p>	<p>HAS MORE THAN 1,600 EMPLOYEES AND HAS A MEDICAL STAFF OF MORE THAN 500 PROFESSIONALS IT HAS 235 REGISTERED ADULT BEDS AND 14 AVAILABLE BASSINETS SUMMA BARBERTON CITIZEN'S HOPSIT AL RECEIVED THE FOLLOWING RECOGNITION IN 2014 MAINTAINED ACCREDITATION FOR CHEST PAIN CEN TER BY THE SOCIETY OF CARDIOVASCULAR PATIENT CARE, NATIONAL ACCREDITATION PROGRAM FOR BREA ST CENTERS, BREAST IMAGING CENTER OF EXCELLENCE (ACR), COMMISSION ON CANCER ACCREDITATION, HOSTED "LOVE YOUR LUNGS" IN RECOGNITION OF NATIONAL SMOKE OUT DAY AND WAS AN ACTIVE MEMBE R OF ANNUAL MUMFEST AND OTHER COMMUNITY EVENTS THE WADSWORTH-RITTMAN AREA HOSPITAL ASSOCIATION THE WADSWORTH-RITTMAN AREA HOSPITAL ASSOCIATION WAS MERGED INTO SUMMA BARBERTON CIT IZEN'S HOSPITAL DURING 2014 IT'S CAMPUS HAS APPROXIMATELY 200,000 SQUARE FOOT, ON APPROXI MATELY 38 ACRES LOCATED APPROXIMATELY 20 MILES WEST OF AKRON, OHIO, THE FACILITY HOUSES A WIDE RANGE OF DIAGNOSTIC SERVICES INCLUDING RADIOLOGY, GENERAL MEDICAL, AMBULATORY SURGER Y AND A 24/7 EMERGENCY DEPARTMENT WADSWORTH-RITTMAN AREA HOSPITAL ASSOCIATION PARTICIPATE D IN MANY COMMUNITY EVENTS THROUGHOUT THE YEAR INCLUDING SPONSOR FOR BLUETIP FESTIVAL, "SC ARE ON THE SQUARE," "CANDLELIGHT WALK," YEAR-LONG BICENNENTIAL CELEBRATIONS AND HOSTED "LO VE YOUR LUNGS" IN RECOGNITION OF NATIONAL SMOKE OUT DAY CHARITY CARE IN 2014, SUMMA HEALT H PROVIDED FINANCIAL ASSISTANCE AT AN ESTIMATED NET COST OF NEARLY \$14 MILLION THIS AMOUN T REPRESENTS THE NET COST ASSOCIATED WITH PROVIDING THE CARE AND DOES NOT INCLUDE BAD DEBT PATIENTS WITH INCOME UP TO 200% OF THE FEDERAL POVERTY INCOME GUIDELINES OR WHO HAVE A H OSPITAL BILL THAT EXCEEDS 25% OF THEIR GROSS ANNUAL FAMILY INCOME ARE ELIGIBLE TO APPLY FO R FULLY DISCOUNTED CHARITY CARE ASSISTANCE IN ADDITION, THERE IS A SLIDING SCALE DISCOUNT PROGRAM FOR THOSE WITH INCOMES BETWEEN 200% AND 400% OF THE FEDERAL POVERTY INCOME GUIDEL INES IN 2014, THE FINANCIAL ASSISTANCE PROGRAM (INCLUDING HOSPITAL CARE ASSURANCE PROGRAM) BENEFITED APPROXIMA TELY 28,000 PATIENT ENCOUNTERS</p>

Return Reference	Explanation	
	CoreFormPartIII_PartIIILine4d Description of other program services	(Expenses \$ 0 including grants of \$ 0)(Revenue \$ 0) Part III Line 4D - Other Program Servi ces - continued MEDICAID SHORTFALL HISTORICALLY , OHIO MEDICAID REIMBURSEMENTS HAVE NOT CO VERED THE COST OF PROVIDING THE CARE TO PROGRAM BENEFICIARIES, CREATING A BUDGETARY SHORTF ALL AS ONE OF NORTHEAST OHIO'S TOP PROVIDERS OF HOSPITAL CARE FOR MEDICAID PATIENTS, SUMMA HEALTH'S UNPAID COSTS FOR MEDICAID TOTALED MORE THAN \$6 8 MILLION BAD DEBT SUMMA HEALTH IS COMMITTED TO PROVIDING QUALITY AND ACCESSIBLE HEALTHCARE THIS INCLUDES COVERING THE EX PENSE OF PAYMENTS THAT WERE EXPECTED BUT NOT RECEIVED WHILE SUMMA HEALTH RECOGNIZES BAD D EBT IS PART OF DOING BUSINESS, IT AGREES WITH THE OHIO HOSPITAL ASSOCIATION THAT IT IS IMP ORTANT TO REPORT THESE COSTS TO SHOW THE TOTAL PICTURE OF CARE SUMMA HEALTH PROVIDES TO TH E COMMUNITY WITHOUT FULL REIMBURSEMENT IN 2014, THE COST FOR PROVIDING CARE WRITTEN OFF A S A BAD DEBT EXPENSE WAS APPROXIMATELY \$24 MILLION COMMUNITY HEALTH IMPROVEMENT SERVICES AN IMPORTANT PART OF SUMMA HEALTH'S MISSION IS OFFERING A PREVENTION AND WELLNESS PROGRAM TO BUILD A HEALTHIER COMMUNITY IN 2014, SUMMA HEALTH PROVIDED MORE THAN \$1 2 MILLION TO H ELP FUND HEALTH IMPROVEMENT ACTIVITIES SUCH AS FREE AND LOW-COST HEALTH SCREENING, HEALTH EDUCATION SERVICES AND WELLNESS PROGRAMMING SUBSIDIZED HEALTH SERVICES SUMMA HEALTH IS CO MMITTED TO PROVIDING SUBSIDIZED HEALTH SERVICES - CLINICAL SERVICES THAT MEET AN IDENTIFI ED COMMUNITY NEED AND ARE PROVIDED DESPITE FINANCIAL LOSS VITAL SERVICES SUCH AS THE CENT ER FOR SENIOR HEALTH, CARE CENTER FOR PATIENTS WITH HIV OR AIDS, AND DIABETES EDUCATION AR E OFFERED, EVEN THOUGH THEY ARE NOT PROFITABLE INCOME FROM OTHER SERVICES IS USED TO COVE R THESE COSTS IN 2014, THE COST FOR SUBSIDIZED SERVICES WAS APPROXIMATELY \$24 MILLION FI NANCIAL AND IN-KIND DONATIONS ANNUALLY , SUMMA HEALTH CONTRIBUTES FINANCIAL ASSISTANCE AND IN-KIND SERVICES TO SUPPORT COMMUNITY ORGANIZATIONS THAT PROMOTE HEALTH, WELLNESS, AND AN IMPROVED QUALITY OF LIFE FROM THE LOCAL CHAPTERS OF NATIONAL GROUPS SUCH AS UNITED WAY , T HE AMERICAN HEART ASSOCIATION AND THE AMERICAN CANCER SOCIETY , TO AKRON COMMUNITY HEALTH R ESOURCES (AKRON'S ONLY FEDERALLY-FUNDED HEALTH CENTER) SUMMA HEALTH PARTICIPATES IN NUMERO US COMMUNITY PROGRAMS AND HELPS OTHER NONPROFITS FULFILL THEIR MISSIONS IN 2014, THESE CO NTRIBUTIONS WERE MORE THAN \$1 MILLION RESEARCH SUMMA HEALTH'S QUALITY MEDICAL CARE IS DER IVED IN PART FROM ITS ABILITY TO TRANSLATE RESULTS FROM CAREFULLY PLANNED AND EXECUTED RES EARCH INTO EFFECTIVE PATIENT CARE STRATEGIES RESEARCH AND INNOVATION IS AN INTEGRAL FOCUS OF THE ACADEMIC AND CLINICAL ENVIRONMENT AT SUMMA HEALTH AND HELPS SET THE HIGHEST STANDA RDS FOR MEDICAL CARE IN THE COMMUNITY SUMMA HEALTH'S REPUTATION FOR EXCELLENCE IN SUCH CR ITICAL SPECIALTIES AS CARDIOLOGY , DIABETES, EMERGENCY SERVICES, ORTHOPAEDICS, ONCOLOGY , S ENIOR HEALTH, SURGERY , AND WOMEN'S HEALTH CONTINUES TO GROW THROUGH RESEARCH AND INNOVATIO N SUMMA HEALTH INVESTED MORE THAN \$6 4 MILLION IN RESEARCH IN 2014 IN ADDITION TO SUPPOR T FROM SUMMA FOUNDATION, MAJOR RESEARCH PROGRAMS ARE SUPPORTED BY GRANTS FROM THE NATIONAL INSTITUTES OF HEALTH, THE DEPARTMENT OF DEFENSE AND INDUSTRY SPONSORS EDUCATION SUMMA HE ALTH SUPPORTS THE EDUCATION OF PHYSICIANS AND OTHER HEALTHCARE PROFESSIONALS SUMMA HEALTH SYSTEM IS THE LARGEST OF THE MAJOR TEACHING AFFILIATES OF THE NORTHEST OHIO MEDICAL UNIVE RSITY (NEOMED, A CONSORTIUM OF THE UNIVERSITY OF AKRON, KENT STATE UNIVERSITY AND YOUNGSTO WN STATE UNIVERSITY , AND OFFERS EDUCATION TO NEOMED'S COLLEGES OF MEDICINE AND PHARMACY ST UDENTS, AS WELL AS TO MEDICAL STUDENTS FROM SCHOOLS AROUND THE COUNTRY IN ADDITION, SUMMA HEALTH OFFERS 17 ACCREDITED RESIDENCY TRAINING PROGRAMS IN NUMEROUS SPECIALTIES, TRAINING THE NEXT GENERATION OF PRIMARY CARE AND SPECIALTY PHYSICIANS FOR THE REGION AND BEYOND N URSING EDUCATION ALSO IS OFFERED IN COLLABORATION WITH OUR LOCAL UNIVERSITY PARTNERS IN 2 014, APPROXIMATELY 230 RESIDENTS AND FELLOWS TRAINED AT SUMMA HEALTH'S THREE MAIN HOSPITAL S ON AVERAGE, APPROXIMATELY 40% OF THESE RESIDENTS REMAIN IN OUR LOCAL AND SURROUNDING CO MMUNITIES SUMMA HEALTH'S 2014 INVESTMENT IN HEALTH PROFESSIONS EDUCATION TOTALED \$24 MILL ION SUMMA HEALTH IS ONE OF FIVE FOUNDING MEDICAL AND EDUCATIONAL INSTITUTIONS RESPONSIBLE FOR THE CREATION OF THE AUSTEN BIOINNOVATION INSTITUTE IN AKRON (ABIA), A UNIQUE COLLABOR ATION THAT EXPANDS UPON THE REGION'S RICH LEGACY IN INDUSTRIAL AND MATERIALS SCIENCE TO PI ONEER THE NEXT GENERATION OF LIFE ENHANCING AND LIFE SAVING INNOVATIONS SUMMA HEALTH SERV ICES FOLLOWING IS A DESCRIPTION OF SUMMA HEALTH'S NOTABLE ACCOMPLISHMENTS BY PRIMARY SERV ICE LINES IN 2014 CARDIOVASCULAR - AN UPGRADED HEART RHYTHM SERVICES (HRS) LAB OPENED IN JANUARY ON THE CAMPUS OF SUMMA AKRON CITY HOSPITAL SUMMA'S CARDIOVASCULAR INSTITUTE APPLI ED FOR, AND WAS ACCEPTED TO, THE CENTERS FOR MEDICARE AND MEDICAID INNOVATION'S BUNDLED PA YMENTS FOR CARE INITIATIVE PROGRAM SUMMIT COUNTY'

Return Reference	Explanation	
	<p>CoreFormPartIII_PartIIILine4d Description of other program services</p>	<p>S FIRST TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR) PERFORMED IN THE NEW HYBRID OPERATING ROOM SUITE IN DECEMBER 2014. EMERGENCY/TRAUMA SERVICES - EMS DEVELOPED AND IMPLEMENTED EMS DIRECT ACTIVATION OF THE CARDIAC CATHETERIZATION LAB FOR CHEST PAIN PATIENTS, RESULTING IN AN OVERALL DECREASE TIME OF TEN MINUTES. THIS RESULTED IN RECOGNITION BY THE AMERICAN HEART ASSOCIATION'S PLATINUM ACHIEVEMENT AWARD. NEUROSCIENCE - IN ADDITION TO THE JOINT COMMISSION'S STROKE RECERTIFICATION, THE "TARGET STROKE AWARD" AND "GET WITH THE GUIDELINES GOLD PLUS AWARD" WERE RECEIVED FROM AHA. ONCOLOGY - SUMMA HEALTH APPROVED THE VERO LINEAR ACCELERATOR TO EXPAND THE RADIOSURGERY PROGRAM, MAKING SUMMA AKRON CITY HOSPITAL THE FIRST COMMUNITY HOSPITAL IN THE COUNTRY TO HAVE THIS SPECIALIZED TECHNOLOGY. IN 2014, SUMMA BECAME ONE OF EIGHT COMMUNITY ONCOLOGY PRACTICES IN THE COUNTRY RECOGNIZED BY THE CONQUER CANCER FOUNDATION FOR ITS COMMITMENT TO HIGH-QUALITY CLINICAL TRIALS. SUBSTANTIAL INVESTMENT TO PROVIDE ADVANCED CANCER CARE TO PATIENTS IN THE REGION WITH ONCOLOGY ADDED TEN NEW ONCOLOGY SPECIALISTS, FROM SURGEONS TO RADIOLOGISTS, AND APPROXIMATING OVER \$4 MILLION TO ADD 3D MAMMOGRAPHY TECHNOLOGY AND A NEW BREAST CENTER IN AKRON. ORTHOPAEDICS - CRYSTAL CLINIC ORTHOPAEDIC CENTER WAS RECOGNIZED BY COMPARISON MEDICAL ANALYTICS/CARECHEX FOR BEST QUALITY IN ORTHOPEDIC CARE AND JOINT REPLACEMENT SURGERY. RESPIRATORY - EXPANDED ITS SMOKING CESSATION PROGRAM ACROSS THE SYSTEM, AND IMPLEMENTED A SCREENING CHEST SCAN (CT) PROGRAM FOR LUNG CANCER. SENIORS, POST ACUTE AND TRANSITIONAL CARE - IN ADDITION TO THE PALLIATIVE CARE RECOGNITION BY THE JOINT COMMISSION, SUMMA HEALTH'S HOSPITALS ACHIEVED NICHE (NURSES IMPROVING CARE FOR HEALTH SYSTEM ELDERLY) DESIGNATION FOR THE UPCOMING YEAR. SENIOR SERVICES LEADERS ELECTED AS "PRACTICE CHANGE LEADER" FOR HER WORK IN DEVELOPING NEW MODEL OF PRIMARY CARE FOR FRAIL CHRONICALLY ILL ELDERLY PATIENTS. WOMEN'S SERVICES - MET OR EXCEEDED THE OHIO HOSPITAL AVERAGE IN SIX PERINATAL MEASURES, LEADING TO THE OHA'S PATIENT SAFETY INSTITUTE'S BEST PRACTICE AWARD NOTED ABOVE. ALSO SUCCESSFULLY IMPLEMENTED A LARGE INFORMATICS UPGRADE TO THE OBSTETRICAL ELECTRONIC DOCUMENTATION AND FETAL SURVEILLANCE SYSTEM TO IMPROVE SAFETY AND REPORTING RELIABILITY. INTRODUCED RELAX BIRTH, AN INNOVATIVE BIRTHING OPTION FOR WOMEN. DEVELOPED WOMEN'S HEALTH APP FOR PATIENT EDUCATION. LED OR PARTICIPATED IN SEVERAL OB/GYN RESEARCH EFFORTS.</p>

Return Reference	Explanation
CoreFormPartIII_PartIIILine4d Description of other program services	(Expenses \$ 0 including grants of \$ 0)(Revenue \$ 0) Part III Line 4D - Other Program Services - Final Section SUMMARY ALTHOUGH REIMBURSEMENT FOR SERVICES RENDERED IS CRITICAL TO THE OPERATIONS AND STABILITY OF SUMMA HEALTH, NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL SERVICES SUMMA HEALTH PROVIDED SERVICES TO ALL PATIENTS ON A NON-DISCRIMINATORY BASIS AND WITHOUT REGARD TO ANY PATIENT'S ABILITY TO PAY FOR SUCH SERVICES OR THE INDIVIDUAL'S PARTICIPATION IN A GOVERNMENT-SPONSORED OR SUBSIDIZED HEALTHCARE SYSTEM PATIENTS WERE ENCOURAGED TO APPLY FOR UNCOMPENSATED CARE AND, DEPENDING ON THEIR LEVEL OF INCOME AND NUMBER OF DEPENDENTS, ALL (OR A PORTION) OF THEIR BILL WAS REDUCED GROSS ANNUAL FAMILY INCOME WAS COMPARED USING A SLIDING SCALE BASED ON THE FEDERAL POVERTY INCOME GUIDELINES TO DETERMINE THE CHARITY DISCOUNT FOR WHICH THE PATIENT MAY BE ELIGIBLE IN 2014, SUMMA HEALTH PROVIDED CHARITY CARE TO THE INDIGENT (INCLUDING UNREIMBURSED MEDICAID) AT THE COST OF APPROXIMATELY \$14.2 MILLION THIS AMOUNT DOES NOT INCLUDE SERVICES PROVIDED WRITTEN OFF AS BAD DEBT IN ADDITION TO UNCOMPENSATED MEDICAL CARE, SUMMA HEALTH PROVIDED WELLNESS PROGRAMS, COMMUNITY EDUCATION PROGRAMS AND SPECIAL PROGRAMS FOR THE ELDERLY, HANDICAPPED, AND MEDICALLY UNDERSERVED SUMMA HEALTH ALSO OPERATED A VARIETY OF BROAD COMMUNITY SUPPORT ACTIVITIES THESE PROGRAMS WERE OFFERED AT A REDUCED PRICE OR PROVIDED TO THE COMMUNITY FREE OF CHARGE SUMMA HEALTH OPERATES ITS FACILITIES IN A MANNER CONSISTENT WITH THE COMMUNITY BENEFIT REQUIREMENTS OF REV. RULE 69-545 AND SUBSEQUENT CASE LAW AND IRS GUIDELINES SUMMA HEALTH'S HOSPITALS PROVIDE EMERGENCY SERVICES WHICH ARE OPEN AND AVAILABLE TO ALL PERSONS OF THE COMMUNITY, REGARDLESS OF THEIR ABILITY TO PAY THE BOARD OF DIRECTORS CONSISTED OF PERSONS WHO ARE BROADLY REPRESENTATIVE OF THE COMMUNITY AND MEDICAL STAFF SUMMA PHYSICIANS INC. - PROGRAM SERVICE ACCOMPLISHMENTS SUMMA PHYSICIANS INC. (SPI) IS A SUMMA HEALTH ENTITY COMPRISED OF MULTI-SPECIALTY PHYSICIANS AND PRACTICES IN TOTAL, SPI EMPLOYS NEARLY 300 PHYSICIANS AND MORE THAN 700 SUPPORT STAFF IN MORE THAN 30 SPECIALTIES AND SUB-SPECIALTIES SPI PROMOTES STRONG AFFILIATION AND EMPLOYMENT OF PHYSICIANS TO ENSURE COMMUNITY AND HOSPITAL NEEDS FOR PHYSICIAN SERVICES ARE MET IN 2014, SPI CONTINUED ITS DEVELOPMENT OF PRIMARY CARE PODS AND THE MEDICAL HOME MODEL OF CARE, TO FURTHER ENHANCE THE FOCUSED PATIENT CARE MODEL, BETTER COMMUNICATE QUALITY INITIATIVES AND ENHANCE PHYSICIAN RECRUITMENT SUMMA FOUNDATION - PROGRAM SERVICE ACCOMPLISHMENTS THROUGH PHILANTHROPY, SUMMA FOUNDATION SUPPORTS MEDICAL EDUCATION, RESEARCH, TECHNOLOGY, AND CLINICAL INNOVATION ENCOMPASSING FUNDRAISING, RESOURCE DEVELOPMENT, COMMUNITY BENEFIT, DIVERSITY AND GOVERNMENT RELATIONS, SUMMA FOUNDATION WORKS TO DEVELOP NEW, DIVERSIFIED AND INCREASED RESOURCES AND BUILD RELATIONSHIPS THAT INFLUENCE HEALTH POLICY TO ADVANCE THE REGIONAL PRIORITIES OF SUMMA HEALTH DEVELOPMENT THE FOUNDATION'S DEVELOPMENT DEPARTMENT OFFERS A SPECTRUM OF PHILANTHROPIC OPTIONS FOR DONORS DESIGNED TO CREATE A POSITIVE IMPACT ON SUMMA HEALTH'S OPERATIONS, PROGRAMS, PROJECTS AND PERCEPTIONS AND TO AFFECT POSITIVE CHANGE IN THE COMMUNITIES SUMMA HEALTH SERVES DEVELOPMENT HOUSES THE GRANT AND PROPOSAL DEVELOPMENT OFFICES CREATED TO IDENTIFY THE RESOURCES AND EXPERTISE OF EXTERNAL AND INTERNAL PARTNERS TO GENERATE FUNDING OR RESEARCH, EDUCATION AND CLINICAL AND SYSTEM PROJECTS PHILANTHROPIC COMMITMENTS TO THE SUMMA FOUNDATION IN 2014 TOTALLED \$9.1 MILLION COMMUNITY BENEFIT AND DIVERSITY THIS DEPARTMENT LEADS EFFORTS TO ADDRESS HEALTH DISPARITIES AND OTHER IMPORTANT COMMUNITY NEEDS AND RAISE AWARENESS OF HEALTH AND HEALTHCARE ISSUES AFFECTING THE COMMUNITIES SERVED BY SUMMA HEALTH COMMUNITY BENEFIT AND DIVERSITY PROVIDE WELLNESS AND EDUCATIONAL TOOLS, FACILITATE ECONOMIC DEVELOPMENT PROGRAMS, DEVELOP COMMUNITY PARTNERSHIPS, COMMUNICATE SUMMA HEALTH'S BENEFIT TO THE COMMUNITY AND ENGAGE THE COMMUNITY AND ITS WORKFORCE WITHIN THE SYSTEM AND THROUGHOUT THE REGION GOVERNMENT RELATIONS THIS DEPARTMENT IS DEDICATED TO ELEVATING SUMMA HEALTH AS A CREDIBLE LEADER AND PARTNER IN THE HEALTH POLICY PLANNING PROCESS THIS DEPARTMENT COLLABORATES WITH THE SYSTEM DEVELOPMENT TEAM TO BEST POSITION SUMMA EDUCATION, RESEARCH AND CLINICAL INNOVATION PRIORITIES WITH PUBLIC SECTOR FUNDING OPPORTUNITIES

Return Reference	Explanation
Form 990, Part VI, Line 1a Material differences in voting rights	<p>Summa Health System (fka Summa Akron City and St Thomas Hospitals) N/A Summa Foundation Summa Foundation has an Executive Committee comprised of the Chair, Vice Chair, Secretary, Treasurer, and one additional Director of the Summa Foundation All members of the Executive Committee are Directors of Summa Foundation The Executive Committee is authorized to exercise the powers of the Board at such time as the Board is not in session, subject to restrictions imposed by previous decisions of the Board and to the provisions of the Summa Foundation Code of Regulations All interim actions by the Executive Committee are reported at the Board's next meeting succeeding such action The Executive Committee prepares and makes such recommendations to the Board as are pertinent to the welfare of the Summa Foundation Summa Physicians, Inc The Code of Regulations provides for an Executive Committee to be comprised of three (3) directors The Executive Committee may make governance decisions between Board meetings Summa Barberton Citizens Hospital N/A Summa Wadsworth-Rittman Hospital (merged July 1, 2014) N/A</p>

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	Thomas J Strauss, Brian Derrick and William A Powel, III - Business relationship, Thomas J Strauss and Thomas Malone, M D - Business relationship, William Bauman, M D , Robert Debski, M D , Scott Weiner, M D , Thomas P O'Neill, Robert A Gerberry, and William A Powel, III - Business relationship, Erik Steele, D O and Thomas P O'Neill - Business relationship, Thomas Knoll, William A Powel, III, Brian Derrick, Erik Steele, D O , and Thomas J Strauss - Business relationship, Samir Gibara and Scott Honnold - Business relationship, George Daverio, Jr and C Gordon Ewers - Business relationship, Jason Butterworth and Mark Krohn - Business relationship, Dale Murphy, M D and William A Powel, III - Business relationship

Return Reference	Explanation
Form 990, Part VI, Line 4 Significant changes to organizational documents	Summa Wadsworth-Rittman Hospital merged with Summa Barberton Citizens Hospital effective as of July 1, 2014. Summa Barberton Citizens Hospital was the surviving entity. Additionally, Summa Akron City and St. Thomas Hospitals changed its name to Summa Health System.

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	Summa Health System (fka Summa Akron City and St Thomas Hospitals) Summa Health is the sole member of Summa Health System Summa Foundation Summa Health is the sole member of Summa Foundation Summa Barberton Citizens Hospital Summa Health is the sole member of Summa Barberton Citizens Hospital Summa Wadsworth-Rittman Hospital Prior to the merger of Summa Wadsworth-Rittman Hospital, effective as of July 1, 2014, Summa Health was the sole member of Summa Wadsworth-Rittman Hospital Summa Physicians, Inc Summa Physicians, Inc has stockholders, the stock is held in trust for the benefit of Summa Health

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	<p>Summa Health System (fka Summa Akron City and St. Thomas Hospitals) The Directors of the Corporation are elected as set forth below *</p> <p>Nine (9) non-physician Directors are elected by Summa Health as the sole member of the Corporation *</p> <p>Six (6) physician Directors are elected from a slate of nominees nominated through a process to be developed by the Medical Staffs of the Summa Hospitals *</p> <p>The Chief Medical Officer of Summa Health is a Special Voting Director Summa Barberton Citizens Hospital The Directors of the Corporation are elected as set forth below *</p> <p>Nine (9) non-physician Directors are elected by Summa Health as the sole member of the Corporation *</p> <p>Six (6) physician Directors are elected from a slate of nominees nominated through a process to be developed by the Medical Staffs of the Summa Hospitals *</p> <p>The Chief Medical Officer of Summa Health System is a Special Voting Director Summa Foundation In addition to directors elected by the Summa Health Board as the sole member of Summa Foundation, the President and CEO of Summa Health serves as a director of Summa Foundation Summa Physicians, Inc Summa Physicians, Inc is affiliated with Summa Health System and only persons approved by Summa Health System or employed by Summa Health system or an affiliated entity may serve as a director of Summa Physicians, Inc</p>

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	<p>Summa Health System (fka Summa Akron City and St Thomas Hospitals) Summa Barberton Citizens Hospital Summa Wadsworth-Rittman Hospital Summa Health is the sole member of each of Summa Health System, Summa Barberton Citizens Hospital, and Summa Wadsworth-Rittman Hospital As the sole member, Summa Health has the power and authority to approve or disapprove of each of the following on behalf of each of Summa Health System, Summa Barberton Citizens Hospital, and Summa Wadsworth-Rittman Hospital (i) Any modification of the essential nature, purpose, mission or operations of the Corporation, (ii) Adoption of a Code of Regulations, Bylaws or other constitutive document of the Corporation and any and all amendments thereto, (iii) Adoption of any amendments to the Articles of Incorporation or similar charter or organizational document or agreement and/or any other change in the corporate structure or governance of the Corporation, (iv) Establishment of qualifications for the selection of Directors, Directors or Managers of the Corporation, (v) Appointment or election and removal of members of the governing body of the Corporation, (vi) Appointment or election and removal of the President and/or Chief Executive Officer or similar officer(s) of the Corporation, (vii) Adoption of annual operating and capital budgets of the Corporation, (viii) The borrowing of money or other incurring or creating of any indebtedness of the Corporation, including by way of a guaranty of the debt of another, in an amount greater than \$1,000,000 or that will increase the amount of indebtedness incurred in the current calendar year, in the aggregate, to more than \$3,500,000, (ix) Adoption of the long range plans of the Corporation, (x) Determinations as to the use and occupancy of any building owned or leased by the Corporation, (xi) The sale, encumbrance, lease or disposition of real property of the Corporation other than in the ordinary course of the operations of the Corporation, and (xii) The merger, reorganization, dissolution or other corporate action of a similar nature, including participation in a joint venture, proposed by the Corporation Summa Foundation Summa Health is the sole member ("Member") of Summa Foundation The following are the matters ("Reserved Powers") which must be submitted to, and receive the approval of both the Board of Directors of Summa Foundation and the Member (i) Adoption of the Foundation's annual operating and capital budgets, (ii) Expenditures for (a) non budgeted items in excess of certain dollar limits set from time to time by the Member and (b) items which are included in the Foundation's annual budgets but which exceed the budgeted amount by an amount in excess of certain dollar limits set from time to time by the Member, (iii) Incurrence, assumption or guarantee of any indebtedness if following the incurrence, assumption, or guarantee of such indebtedness the aggregate amount of all outstanding indebtedness incurred, assumed or guaranteed by the Foundation which has not been previously approved by the Member exceeds certain dollar limits set from time to time by the Member, (iv) Submission of any certificate of need application with any State or Federal Regulatory Agency, (v) Execution of any contract that calls for the Foundation to expend a sum in excess of certain dollar limits set from time to time by the Member or to provide services with a value in excess of certain dollar limits set from time to time by the Member, (vi) Election of such officers as are required to be elected under this Code of Regulations, (vii) Appointment of the Foundation's auditors and/or accountants, (viii) Adoption of the Foundation's long range plans and management objective, including the execution of any agreement with consortiums, alliances, etc, (ix) Sale, lease or other disposition of any real or personal property of the Foundation with a value in excess of certain dollar limits to be set from time to time by the Member, (x) Sale, release, dissolution, transfer, exchange, or other disposition of any organization (or of all or substantially all of the assets of such organization) controlled by the Foundation if after such sale, release, dissolution, transfer, exchange or other disposition, such organization (or all or substantially all of the assets of such organization) would no longer be controlled by the Foundation, (xi) Adoption or amendment of the Foundation's Code of Regulations or Articles of Incorporation, (xii) Any other matter which may be specified by the Member or by the Board or required by law Summa Physicians, Inc N/A</p>

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	<p>The return was reviewed in detail by a committee consisting of internal legal counsel, financial management, and an external auditor. The review committee included the Senior Vice President, Finance & CFO and the Senior Vice President, Legal Services & General Counsel. This detailed review occurred in October 2015. Following this review and incorporation of changes recommended by this committee, the return was provided to the Summa Health Committee on Governance prior to its October 2015 meeting for further review. The Committee on Governance is a standing committee appointed by the Summa Health Board of Directors and includes members of the Board of Directors. Schedule H of the return was also reviewed by the Summa Health Community Benefits Committee. After these reviews by the Committee on Governance and the Community Benefits Committee, and prior to filing with the IRS, an email was sent to each voting member of the Boards of Directors. This email included instructions and a link to a password-protected web site on which the entire Form 990 was available for viewing.</p>

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>A conflict of interest questionnaire is sent annually to all Summa Health entities' boards of directors, key employees, senior managers, medical directors, employed physicians, contracted physicians, administrative directors, executive directors, department heads, managers, supervisors, and members of purchasing committees for completion. Responses are individually reviewed for determination of potential conflicts. Those responses deemed to present potential conflicts are then presented to the governance committee (sub-committee of the Summa Health board of directors). The governance committee reviews each response that presents a potential conflict and determines whether additional action is required to eliminate or mitigate the potential conflict. This annual conflict of interest questionnaire process is managed by the corporate compliance department pursuant to the Summa Health policy on conflict of interest as approved by the Summa Health Board of Directors. In addition to the annual conflict of interest questionnaire, the conflict of interest policy imposes a duty to disclose conflicting interests on an ongoing basis. Disclosure Procedure: any person with a conflicting interest in a transaction or arrangement is required to disclose the conflicting interest to the board or committee considering such transaction or arrangement prior to or at the beginning of any meeting at which such transaction or arrangement is under consideration. The person with a conflicting interest is prohibited from using his/her personal influence on the matter but may briefly state his/her position on the transaction or arrangement and answer questions raised by members of the board or committee. The person with a conflicting interest is prohibited from otherwise participating in the decision and may be required to leave the meeting during the discussion and vote on the transaction or arrangement. In addition, if appropriate, a non-interested person or committee may be appointed to investigate alternatives to the proposed transaction or arrangement. The minutes of board meetings and committee meetings reflect whether any conflicting interests were disclosed, the nature of the conflicting interests, and the names of persons who were present for discussion and votes relating to the transaction or arrangement.</p>

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	<p>Executive Compensation The Compensation Committee of the Summa Health Board of Directors meets at least twice each year to review and approve base compensation and total remuneration for executive staff Each voting member of the Compensation Committee is an independent director and is not affiliated with management with the exception of one board member who is an independent contractor who recuses himself on voting regarding the CEO evaluation and compensation package The Compensation Committee engages outside consulting support to provide independent market data, advice and counsel to the Compensation Committee For the past five years, the Compensation Committee has used Hay Group, a nationally recognized consulting firm, to assist their efforts The Hay Group provides the following services to the Compensation Committee (a) education of Committee members regarding executive compensation trends and best practices in healthcare organizations, (b) assessment of the market competitiveness and reasonableness of Summa's executive compensation programs including base salary, incentive compensation, core and executive benefits, as well as their alignment with the mission and future performance expectations, (c) written, detailed evaluation of the market reasonableness of Summa's executive compensation and benefits program, and (d) ongoing support and independent advice to the Compensation Committee on matters related to executive compensation Each year the Compensation Committee reviews and approves the compensation for the following positions Summa Health * President & CEO * Senior Vice President, Finance & CFO * Senior Vice President, Legal Services & General Counsel * Senior Vice President, IT&S & CIO * Senior Vice President, Service Lines, Ambulatory & Ancillary * Senior Vice President, Planning & Marketing * Senior Vice President & Chief Nursing Officer * Senior Vice President, Human Resources * Senior Vice President, Chief Medical Officer * Chief Operating Officer Summa Health System (fka Summa Akron City and St Thomas Hospitals) * President Summa Foundation * President Summa Barberton Citizens Hospital & Summa Wadsworth-Rittman Hospital * Sr Vice President, Hospital Operations/Site Administrator Summa Physicians, Inc * President</p>

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	See response to Part VI, Line 15a

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	Summa Health makes its Conflicts of Interest policy available upon request The Articles of Incorporation of Summa Health and its related entities are available on the website of the Ohio Secretary of State (www sos state oh us) Summa Health makes its financial statements available on its website (www summahealth org) The financial statements are also available through the Electronic Municipal Market Access (www emma msrb org) and on Summa's website (www summahealth org)

Return Reference	Explanation
Form 990, Part VII, Section B, Line 1 Independent Contractor Reporting	Beginning with the 2014 tax year all independent contractors were paid by Summa Health (EIN 34-1887844) which is the parent organization of the filing organization

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	Registration Fees - Total Revenue 1593021, Related or Exempt Function Revenue 1593021, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Research Grants - Total Revenue 1202041, Related or Exempt Function Revenue 1202041, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Medical Education - Total Revenue 758614, Related or Exempt Function Revenue 758614, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Gift/Flow er Shop - Total Revenue 150419, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 150419,

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Purchased Medical Services - Total Expense 41246618, Program Service Expense 41246618, Management and General Expenses , Fundraising Expenses , Purchased Non-Medical Services - Total Expense 119568380, Program Service Expense , Management and General Expenses 119492150, Fundraising Expenses 76230, Perfusion/Blood - Total Expense 3330728, Program Service Expense 3330728, Management and General Expenses , Fundraising Expenses , Ambulance Services - Total Expense 313155, Program Service Expense 313155, Management and General Expenses , Fundraising Expenses , Hospice Services - Total Expense 3459000, Program Service Expense 3459000, Management and General Expenses , Fundraising Expenses , Physician Practice Support - Total Expense 21797987, Program Service Expense 21797987, Management and General Expenses , Fundraising Expenses , Physician Services - Affiliates - Total Expense 53691482, Program Service Expense 53691482, Management and General Expenses , Fundraising Expenses , Collections - Total Expense 6324710, Program Service Expense 5306432, Management and General Expenses 1018278, Fundraising Expenses , Repair/Maintenance - Total Expense 13449277, Program Service Expense 11283943, Management and General Expenses 2165334, Fundraising Expenses ,

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Net Assets Released from Restrictions - 2714000, Change in Net Assets - 7318893, Pension Liability Adjustment - -39362000, Post Retirement Benefit Adjustment - -300000, Transfers Between Affiliates - -123584000, Other Changes in Net Assets - -3790700,

Return Reference	Explanation
Form 990 Part VI Lines 1a and 1b Aggregated director count for this group return	The director count information is presented in the following format Entity name - Number of Voting Members - Number of independent voting members Summa Health System ("SHS") - 13 - 6 Summa Foundation ("SF") - 22 -21 Summa Barberton Citizens Hospital ("SBH") - 13 - 6 Summa Physicians, Inc ("SPI") - 6 - 0 Totals for Group return - 54 - 33 All of the organizations listed above are subordinates under the control of Summa Health ("SH") As of December 31, 2014, SH had 15 voting directors, 10 of w hom were independent voting directors

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Summa Health Group Return

Employer identification number
90-0640432

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Summa Enterprise Group LLC 525 East Market Street Akron, OH 44304 03-0507853	Investments/Real Estate	OH	141,000	16,743,000	Summa Health System
(2) Summa Enterprise Group Properties LLC 525 East Market Street Akron, OH 44304 55-0837372	Real Estate	OH	0	0	Summa Health System
(3) Akron Endoscopy ASC LLC 525 East Market Street Akron, OH 44304 62-1865245	Professional Medical Services	OH	0	0	Summa 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 entity?	
						Yes	No
(1) St Thomas Medical Center Women's Board 444 North Main Street Akron, OH 44310 34-6576575	Support	OH	501(c)(3)	Type I	Summa Health System		No
(2) Summa Health System Community 525 East Market Street Akron, OH 44304 46-3018310	Support Org	OH	501(c)(3)	Type II	Summa Health	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) Disproporionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Ohio Sleep Disorders Center 130 West Exchange Street Akron, OH 44309 34-1872278	Neurology	OH	Summa Health System	Related	0	0		No	0		No	67 %
(2) Summa Rehab Hospital LLC 29 North Adams Street Akron, OH 44304 27-1952573	Rehab Hospital	OH	Summa Health System	Related	14,808,244	3,916,718		No	0	Yes		52 %

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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

Part V

Transactions With Related Organizations

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a Yes

1b Yes

1c Yes

1d

1e

1f

1g

1h

1i

1j Yes

1k Yes

1l Yes

1m Yes

1n

1o

1p Yes

1q

1r

1s Yes

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

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

Schedule R (Form 990) 2014

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

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

Part VII

Supplemental Information

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

Return Reference	Explanation
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Additional Data

Software ID: 14000329

Software Version: 2014v1.0

EIN: 90-0640432

Name: Summa Health Group Return

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
Yes	No								
Ohio Health Choice Inc 525 East Market Street Akron, OH 44304 34-1895396	PPO	OH	SHS Corp	C Corporation	2,676,800	4,081,600	80 %	Yes	
Summa Insurance Company Inc 10 North Main Street Akron, OH 44308 34-1809108	Prop/Cas Ins	OH	SHS Corp	C Corporation	235,010,709	72,396,586	100 %	Yes	
Summa Health System Corp 525 East Market Street Akron, OH 44304 34-1515252	Mgmt Svcs	OH	SHS	C Corporation	612,093	6,211,355	100 %	Yes	
Wadsworth Rittman Hos Prof Svc Corp 195 Wadsworth Rd Wadsworth, OH 44281 01-0842997	Prof Med Svcs	OH	SHS Corp	C Corporation	0	0	100 %	Yes	
Middlebury Assurance Company PO Box 1051 KY1-1102 Grand Cayman CJ 98-0405096	Self Insurance	CJ	SHS	C Corporation	12,186,668	65,678,000	100 %	Yes	
Summacare Inc 10 North Main Street Akron, OH 44308 34-1726655	Prop/Cas Ins	OH	SIC	C Corporation	283,915,318	82,292,518	100 %	Yes	
Aris Teleradiology Holdings Inc 5655 Hudson Drive Suite 210 Hudson, OH 44236 45-3697866	Radiology Svc	OH	SACSTH	C Corporation	9,312,557	6,896,927	57 9 %	Yes	
Summa Accountable Care Organization 525 East Market Street Akron, OH 44304 27-3857055	Contracting	OH	SHS	C Corporation	12,776,023	3,526,018	100 %	Yes	
Health Care Centers Physicians Inc 1900 23rd Street Cuyahoga Falls, OH 44223 34-1692767	Inactive	OH	SHS Corp	C Corporation	0	0	100 %	Yes	
Summa Management Services Organization 10 North Main Street Akron, OH 44308 46-1145832	Mgmt Svcs	OH	SHS Corp	C Corporation	37,513,555	9,046,000	100 %	Yes	
Summa Integrated Services Organization 10 North Main Street Akron, OH 44308 46-1159251	Mgmt Svcs	OH	SHS Corp	C Corporation	20,525,030	22,951,000	100 %	Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Summa Rehab Hospital LLC	A	2,310,397	FMV
Summa Health System	B	212,564	FMV
Summa Foundation	B	2,689,623	FMV
Summa Foundation	C	212,564	FMV
Summa Health System	C	2,689,623	FMV
Summa Physicians Inc	J	2,675,845	FMV
Summa Physicians Inc	J	201,488	FMV
Summa Physicians Inc	J	107,642	FMV
Summa Health System	K	2,675,845	FMV
Summa Barberton Citizens Hospital	K	201,488	FMV
The Wadsworth-Rittman Area Hospital Assn	K	107,642	FMV
Summa Health System	L	40,934,663	Cost
Summa Barberton Citizens Hospital	L	6,937,367	Cost
The Wadsworth-Rittman Area Hospital Assn	L	1,504,987	Cost
Summa Insurance Company Inc	L	79,796,561	FMV
Summa Insurance Company Inc	L	12,386,245	FMV
Summa Insurance Company Inc	L	14,011,355	FMV
Summa Insurance Company Inc	L	1,825,410	FMV
Summa Rehab Hospital LLC	L	605,371	FMV
Summa Health	M	1,032,648	FMV
Summa Health	M	138,662	FMV
Summa Health	M	1,312,598	FMV
Summa Physicians Inc	M	40,934,663	Cost
Summa Physicians Inc	M	6,937,367	Cost
Summa Physicians Inc	M	1,504,987	Cost

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Middlebury Assurance Company	M	10,348,467	FMV
Middlebury Assurance Company	M	2,413,628	FMV
Summa Integrated Services Organization	M	1,491,439	FMV
Summacare Inc	M	1,833,801	FMV
Summa Health	P	77,718,646	Cost
Summa Health	P	9,166,804	Cost
Summa Health	P	3,007,606	Cost
Summa Health	P	1,619,217	Cost
Summa Health	S	101,840	Cost