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Form 990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization  
ADENA HEALTH SYSTEM

Doing business as  
ADENA REGIONAL MEDICAL CENTER

Number and street (or P O box if mail is not delivered to street address)Room/suite  
272 HOSPITAL RDRoom/suite

City or town, state or province, country, and ZIP or foreign postal code  
CHILLICOTHE, OH 45601

F Name and address of principal officer  
MARK SHUTER  
272 HOSPITAL RD  
CHILLICOTHE, OH 45601

H(a) Is this a group return for subordinates?

No

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

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

J Website: ▶ WWW ADENA ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1895

M State of legal domicile OH

Part I Summary

Activities & Governance	<div>1 Briefly describe the organization's mission or most significant activities "TO CARE, TO HEAL, TO EDUCATE " THE REPORTING ORGANIZATION IS A REGIONAL HEALTHCARE SYSTEM WITH ONE HOSPITAL AND SEVERAL AMBULATORY CENTERS, IN ADDITION TO MULTIPLE PHYSICIAN PRACTICES AHS OFFERS A WIDE SCOPE OF DIAGNOSTIC AND REHABILITATIVE SERVICES BOTH FOR INPATIENTS AND OUTPATIENTS, INCLUDING COMPREHENSIVE CARDIOLOGY AND CANCER CARE FURTHERMORE, AHS IS THE SOLE MEMBER OF TWO CRITICAL ACCESS HOSPITALS, ADENA PIKE MEDICAL CENTER AND ADENA GREENFIELD MEDICAL CENTER, THAT FILE SEPARATELY</div>		
	<div>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div>		
	<div>3 Number of voting members of the governing body (Part VI, line 1a) . . . . .</div>	3	15
	<div>4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .</div>	4	12
	<div>5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) . . . . .</div>	5	3,145
Revenue	<div>6 Total number of volunteers (estimate if necessary) . . . . .</div>	6	203
	<div>7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .</div>	7a	0
	<div>b Net unrelated business taxable income from Form 990-T, line 34 . . . . .</div>	7b	0
	<div>8 Contributions and grants (Part VIII, line 1h) . . . . .</div>	Prior Year	Current Year
	<div>9 Program service revenue (Part VIII, line 2g) . . . . .</div>	2,245,889	619,395
Expenses	<div>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .</div>	403,577,339	422,296,219
	<div>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</div>	11,769,623	3,405,739
	<div>12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</div>	11,514,516	11,675,562
	<div>13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . .</div>	429,107,367	437,996,915
	<div>14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .</div>	743,625	496,434
Net Assets or Fund Balances	<div>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</div>	0	0
	<div>16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .</div>	234,033,941	231,139,642
	<div>b Total fundraising expenses (Part IX, column (D), line 25) ▶0</div>	0	0
	<div>17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .</div>	0	0
	<div>18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</div>	172,493,780	194,336,482
	<div>19 Revenue less expenses Subtract line 18 from line 12 . . . . .</div>	407,271,346	425,972,558
	<div>20 Total assets (Part X, line 16) . . . . .</div> <div>21 Total liabilities (Part X, line 26) . . . . .</div> <div>22 Net assets or fund balances Subtract line 21 from line 20 . . . . .</div>	21,836,021	12,024,357
		Beginning of Current Year	End of Year
		454,365,729	474,400,163
		223,567,717	230,428,958
		230,798,012	243,971,205

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

LISA CARLSON CFO

Type or print name and title

2016-11-11

Date

Paid Preparer Use Only

Print/Type preparer's name  
Bernie Ostrowski

Preparer's signature  
Bernie Ostrowski

Date

Check ☐ if self-employed

PTIN  
P00366367

Firm's name ▶ PLANTE & MORAN PLLC

Firm's EIN ▶ 38-1357951

Firm's address ▶ 250 S High St Suite 100

Phone no (614) 849-3000

Columbus, OH 43215

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2015)

**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

TO CARE, TO HEAL, TO EDUCATE

**2**   Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ **Yes**   ☒ **No**  
If "Yes," describe these new services on Schedule O

**3**   Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ **Yes**   ☒ **No**  
If "Yes," describe these changes on Schedule O

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

<b>4a</b>	(Code ) (Expenses \$ 384,044,266 including grants of \$ 496,434 ) (Revenue \$ 426,164,306 )
HEALTH CARE PROGRAMS, GENERAL/OTHER ROUTINE HOSPITAL SERVICES ADENA REGIONAL MEDICAL CENTER PROVIDED CARE FOR 10,832 INPATIENTS AND TREATED 574,353 VISITS ON AN OUTPATIENT BASIS IN 2015. EMERGENCY SERVICES - TREATMENT OF EMERGENCY ACCIDENT AND ILLNESS AS WELL AS LESS URGENT CONDITIONS IN THE ABSENCE OF A FAMILY PHYSICIAN. THERE WERE 78,618 EMERGENT AND URGENT VISITS IN 2015. THE HOSPICE AND HOME HEALTH DEPARTMENTS PROVIDE MEDICAL CARE, MEDICATIONS, HOME HEALTH NEEDS, BEREAVEMENT COUNSELING, PRESCRIPTIONS, FOOD AND SHELTER TO PATIENTS. THERE WERE 12,436 HOSPICE DAYS AND 29,455 HOME HEALTH VISITS IN 2015. PHYSICIAN OFFICES. THERE WERE 389,628 PHYSICIAN OFFICE VISITS IN 2015.	

<b>4b</b>	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

<b>4c</b>	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

<b>4e</b>	<b>Total program service expenses ►</b>	384,044,266
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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	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f 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	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	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? If "Yes," complete Schedule I, Parts I and II . . . . .	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? If "Yes," complete Schedule I, Parts I and III . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b	Yes	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b>			
	Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II . . . . .	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

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

Form **990** (2015)

**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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 15		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 12		
<b>2</b> 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?	<b>2</b>		No
<b>3</b> 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?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes	
<b>7a</b> 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?	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> 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	<b>9</b>		No

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

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

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed

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**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  
 SHARON WISECUP 272 HOSPITAL ROAD CHILLICOTHE, OH 456019031 (740) 779-4478

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			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								15,266,076	0	937,505

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 ▶ 29

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

## Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
DELL MARKETING LP  ONE DELL WAY ROUND ROCK, TX 78682	IT CONSULTING	4,760,342
CAPTIVE RADIOLOGY  6273 FRANK AVENUE NW NORTH CANTON, OH 44720	MRI SERVICES	2,945,636
PRECYSE SOLUTIONS LLC  PO BOX 11407 BIRMINGHAM, AL 35246	TRANSCRIPTION & CODING	2,788,791
APOGEE MEDICAL MANAGEMENT  2525 E CAMELBACK RD PHOENIX, AZ 85016	HOSPITALIST STAFF	2,582,994
FINANCIAL HEALTH STRATEGIES  704 QUINCE ORCHARD RD 300 GAITHERSBURG, MD 20878	COLLECTIONS	2,268,123

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 ▶ 265

**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	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> _____	619,395					
	<b>b</b>	Membership dues . . . . .	<b>1b</b> _____						
	<b>c</b>	Fundraising events . . . . .	<b>1c</b> _____						
	<b>d</b>	Related organizations . . . . .	<b>1d</b> 306,646						
	<b>e</b>	Government grants (contributions)	<b>1e</b> _____						
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 312,749						
	<b>g</b>	Noncash contributions included in lines 1a-1f \$	_____						
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶							
Program Service Revenue	<b>2a</b>	NET PATIENT SVC REV _____	Business Code 622110	422,296,219	422,296,219				
	<b>b</b>	_____							
	<b>c</b>	_____							
	<b>d</b>	_____							
	<b>e</b>	_____							
	<b>f</b>	All other program service revenue							
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶		422,296,219					
	Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		3,026,578			3,026,578	
<b>4</b>		Income from investment of tax-exempt bond proceeds . . ▶							
<b>5</b>		Royalties . . . . . ▶							
<b>6a</b>		Gross rents	(i) Real	(ii) Personal	157,128			157,128	
			157,128						
			<b>b</b> Less rental expenses	0					
			<b>c</b> Rental income or (loss)	157,128					
<b>d</b>		Net rental income or (loss) . . . . . ▶							
<b>7a</b>		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	379,161			379,161	
			1,483,628	4,790					
			<b>b</b> Less cost or other basis and sales expenses	1,109,257					0
			<b>c</b> Gain or (loss)	374,371					4,790
<b>d</b>		Net gain or (loss) . . . . . ▶							
<b>8a</b>		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b> 15,477 <b>b</b> 4,246		11,231			11,231	
									<b>b</b> Less direct expenses . . . . .
									<b>c</b> Net income or (loss) from fundraising events . . ▶
<b>9a</b>		Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b> _____ <b>b</b> _____						
									<b>b</b> Less direct expenses . . . . .
									<b>c</b> Net income or (loss) from gaming activities . . . ▶
<b>10a</b>		Gross sales of inventory, less returns and allowances . . . . .	<b>a</b> _____ <b>b</b> _____						
									<b>b</b> Less cost of goods sold . . . . .
									<b>c</b> Net income or (loss) from sales of inventory . . ▶
Miscellaneous Revenue		Business Code							
<b>11a</b>	EHR IMPLEMENTATION	622110	1,893,744	1,893,744					
<b>b</b>	FOOD & NUTRITION	722514	1,775,111				1,775,111		
<b>c</b>	CONSULTING FEES	900099	1,277,202	1,277,202					
<b>d</b>	All other revenue . . . . .		6,561,146	697,141			5,864,005		
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		11,507,203						
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . . ▶		437,996,915	426,164,306	0		11,213,214		

**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 . . . . .	496,434	496,434		
2	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
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 . . . . .	5,525,279	3,094,647	2,430,632	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages . . . . .	182,100,826	174,431,946	7,668,880	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
9	Other employee benefits . . . . .	35,770,068	33,727,952	2,042,116	
10	Payroll taxes . . . . .	7,743,469	7,332,407	411,062	
11	Fees for services (non-employees)				
a	Management . . . . .	55,000		55,000	
b	Legal . . . . .	1,831,467		1,831,467	
c	Accounting . . . . .	130,715		130,715	
d	Lobbying . . . . .				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees . . . . .				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	55,845,338	43,105,055	12,740,283	
12	Advertising and promotion . . . . .				
13	Office expenses . . . . .	5,779,838	5,205,145	574,693	
14	Information technology . . . . .				
15	Royalties . . . . .				
16	Occupancy . . . . .	13,392,189	10,016,321	3,375,868	
17	Travel . . . . .	2,341,588	1,751,797	589,791	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .				
20	Interest . . . . .	8,358,912	4,938,603	3,420,309	
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	20,514,070	12,120,101	8,393,969	
23	Insurance . . . . .	2,293,496	2,293,496		
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	66,950,451	66,690,385	260,066	
b	BAD DEBT EXPENSE	22,871,702	22,871,702		
c	OVERHEAD ALLOCATION	-6,028,284	-4,031,725	-1,996,559	
d					
e	All other expenses				
25	<b>Total functional expenses.</b> Add lines 1 through 24e	425,972,558	384,044,266	41,928,292	0
26	<b>Joint costs.</b> 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	<b>1</b>	Cash—non-interest-bearing . . . . .		11,258	<b>1</b>	11,558
	<b>2</b>	Savings and temporary cash investments . . . . .		37,995,836	<b>2</b>	38,845,736
	<b>3</b>	Pledges and grants receivable, net . . . . .		10,733,895	<b>3</b>	10,064,834
	<b>4</b>	Accounts receivable, net . . . . .		54,907,645	<b>4</b>	70,844,246
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		51,410	<b>5</b>	29,367
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .			<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .			<b>7</b>	
	<b>8</b>	Inventories for sale or use . . . . .		6,724,423	<b>8</b>	5,226,267
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		4,505,669	<b>9</b>	5,324,627
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 370,079,367			
	<b>b</b>	Less: accumulated depreciation . . . . .	<b>10b</b> 229,794,548	142,033,501	<b>10c</b>	140,284,819
	<b>11</b>	Investments—publicly traded securities . . . . .		179,720,729	<b>11</b>	178,112,976
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .			<b>12</b>	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .			<b>13</b>	
	<b>14</b>	Intangible assets . . . . .			<b>14</b>	
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		17,681,363	<b>15</b>	25,655,733
	<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		454,365,729	<b>16</b>	474,400,163
Liabilities	<b>17</b>	Accounts payable and accrued expenses . . . . .		45,718,894	<b>17</b>	48,599,526
	<b>18</b>	Grants payable . . . . .			<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .			<b>19</b>	
	<b>20</b>	Tax-exempt bond liabilities . . . . .		167,866,779	<b>20</b>	163,805,430
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			<b>21</b>	
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		0	<b>23</b>	500,000
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>	
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .		9,982,044	<b>25</b>	17,524,002
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		223,567,717	<b>26</b>	230,428,958
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets . . . . .		229,503,054	<b>27</b>	242,393,189
	<b>28</b>	Temporarily restricted net assets . . . . .		1,294,958	<b>28</b>	1,578,016
	<b>29</b>	Permanently restricted net assets . . . . .			<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>32</b>	
	<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		230,798,012	<b>33</b>	243,971,205
	<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		454,365,729	<b>34</b>	474,400,163

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	437,996,915
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	425,972,558
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	12,024,357
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	230,798,012
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-4,009,275
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	5,158,111
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	243,971,205

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? 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
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b>	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

(A)	(B)	(C)	(D)	(E)
-----	-----	-----	-----	-----

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099- MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVEN BURKHARDT ..... TRUSTEE/CHAIRMAN	2 00 ..... 0 00	X		X				0	0	0
VIRGINIA WETTERSTEN ..... TRUSTEE/VICE CHAIR	2 00 ..... 0 00	X		X				0	0	0
TOM WHITE ..... TRUSTEE/SECRETARY	2 00 ..... 0 00	X		X				0	0	0
JOSEPH SULZER ..... TRUSTEE/TREASURER	2 00 ..... 0 00	X		X				0	0	0
MIKE LILLY ..... TRUSTEE	2 00 ..... 2 00	X						0	0	0
DAVE STRICKLAND ..... TRUSTEE	2 00 ..... 0 00	X						0	0	0
ACK BERNO ..... TRUSTEE/EMPLOYED M D	50 00 ..... 0 00	X						299,582	0	17,810
WAYNE COATS ..... CHIEF MEDICAL OFFICER	50 00 ..... 0 00	X						422,135	0	27,072
RALPH D'ANTONI ..... TRUSTEE	2 00 ..... 0 00	X						0	0	0
AMES GROVE ..... TRUSTEE	2 00 ..... 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JERRY PHILLIPS ..... TRUSTEE	2 00 ..... 0 00	X						0	0	
WILBUR SEVER ..... TRUSTEE/EMPLOYED M D	50 00 ..... 0 00	X						686,132	0	28,311
GAIL TAYLOR ..... TRUSTEE	2 00 ..... 0 00	X						0	0	
JOE WATSON ..... TRUSTEE	2 00 ..... 0 00	X						0	0	
NOBLE YOSHIDA ..... TRUSTEE	2 00 ..... 0 00	X						0	0	
ROBERT ROSENBERGER ..... CHIEF FINANCIAL OFFICER	46 00 ..... 4 00			X				351,198	0	52,270
MARK SHUTER ..... CHIEF EXECUTIVE OFFICER	46 00 ..... 4 00			X				766,363	0	46,640
NICHOLAS ALEXANDER ..... PRESIDENT OF SOHCN	50 00 ..... 0 00				X			209,352	0	38,480
ERIC CECAVA ..... CHIEF OPERATING OFFICER	45 00 ..... 0 00				X			331,467	0	44,580
JOHN FORTNEY ..... CHIEF MEDICAL OFFICER	50 00 ..... 0 00				X			386,274	0	46,930

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			
ANTHONY FREEMAN ..... CHIEF MEDICAL OFFICER	50 00 ..... 0 00				X			738,208	0	28,620
GAIL GAMES ..... VP EDUCATION AND DEVELOPMENT	45 00 ..... 0 00				X			174,806	0	40,580
MICHAEL GLANZMAN ..... EXECUTIVE DIRECTOR PHYS SERVICES	45 00 ..... 0 00				X			217,558	0	45,700
JUDITH HENSON ..... CHIEF NURSING OFFICER	45 00 ..... 0 00				X			228,166	0	46,150
MARTHA LIVINGSTON ..... CHIEF BUSINESS DEVELOPMENT OFFICER	45 00 ..... 0 00				X			252,279	0	35,200
ERIC PERDUE ..... CHIEF HUMAN RESOURCES	45 00 ..... 0 00				X			215,466	0	20,940
TIM CAHILL ..... KEY EMPLOYEE	50 00 ..... 0 00				X			226,599	0	47,150
TAKAJI KITAKA ..... CHIEF MEDICAL OFFICER	50 00 ..... 0 00				X			280,724	0	51,220
BAMBI HUFFMAN ..... VICE PRESIDENT	50 00 ..... 0 00				X			173,521	0	34,490
BRIAN COHEN ..... EMPLOYED M D	50 00 ..... 0 00					X		3,424,066	0	28,320



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			
MATHEW COSENZA ..... EMPLOYED M D	50 00 ..... 0 00					X		1,084,830	0	21,775
THOMAS LEWIS ..... EMPLOYED M D	50 00 ..... 0 00					X		913,972	0	28,722
HAVAL SAADLLA ..... EMPLOYED M D	50 00 ..... 0 00					X		1,156,575	0	28,722
KORT GRONBACH ..... EMPLOYED M D	50 00 ..... 0 00					X		925,976	0	27,260
PATRICIA ROAM ..... FORMER KEY EMPLOYEE, CHIEF COMPLIANCE OFFICER	45 00 ..... 0 00						X	169,518	0	24,120
LINDA WEIMER ..... FORMER KEY EMPLOYEE	50 00 ..... 0 00						X	262,147	0	32,190
JOHN YOUNG ..... FORMER KEY EMPLOYEE, EMPLOYED M D	50 00 ..... 0 00						X	121,279	0	6,630
SATISH JETTY ..... FORMER KEY EMPLOYEE, EMPLOYED M D ( MAR 2014)	49 00 ..... 1 00						X	221,155	0	80,000
ETHELBERT BAKER ..... FORMER KEY EMPLOYEE, EMPLOYED M D	50 00 ..... 0 00						X	600,868	0	29,720
FAITHA SHELTON ..... FORMER KEY EMPLOYEE, EMPLOYED M D	45 00 ..... 0 00						X	147,413	0	29,210



SCHEDULE A  
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ADENA HEALTH SYSTEM

Employer identification number  
31-4379443

Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9

☐

An 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 . . . . .

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 (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		
Total						

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
b 33 1/3% support test—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
b 10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
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 III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a 33 1/3% support tests—2015.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 33 1/3% support tests—2014.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b	
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	
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.	4a	
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.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.	4c	
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).	5a	
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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 <b>Part VI</b> .	6	
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).	7	
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).	8	
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 <b>Part VI</b> .	9a	
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 <b>Part VI</b> .	9b	
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 <b>Part VI</b> .	9c	
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.	10a	
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.)	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
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.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
<div>1</div> <div>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?</div>		
<div>2</div> <div>Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div>		
<div>3</div> <div>By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.</i></div>		

Section E. Type III Functionally-Integrated Supporting Organizations

<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.</div></div> <div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.</div></div> <div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div>		
<div>2</div> <div>Activities Test. Answer (a) and (b) below.</div>	Yes	No
<div>a</div> <div>Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i></div>		
<div>b</div> <div>Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i></div>		
<div>3</div> <div>Parent of Supported Organizations. Answer (a) and (b) below.</div>		
<div>a</div> <div>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.</div>		
<div>b</div> <div>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.</div>		

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

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

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

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

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



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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. . . . .			
e From 2014. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013. . . . .			
d From 2014. . . . .			
e From 2015. . . . .			

**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 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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

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

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

Name of the organization ADENA HEALTH SYSTEM	Employer identification number 31-4379443
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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-
2				
3				
4				
5				
6				

Part II-A

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
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><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></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?

☐ Yes ☐ No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

- 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?
- b
- Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?
- c
- Media advertisements?
- d
- Mailings to members, legislators, or the public?
- e
- Publications, or published or broadcast statements?
- f
- Grants to other organizations for lobbying purposes?
- g
- Direct contact with legislators, their staffs, government officials, or a legislative body?
- h
- Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?
- i
- Other activities?
- j
- Total Add lines 1c through 1i
- 2a
- Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?
- 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?

(a)		(b)
Yes	No	Amount
	No	
	No	
	No	
	No	
	No	
	No	
	No	
Yes		3,361
		3,361
	No	

Part III-A

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

- 1
- Were substantially all (90% or more) dues received nondeductible by members?
- 2
- Did the organization make only in-house lobbying expenditures of \$2,000 or less?
- 3
- Did the organization agree to carry over lobbying and political expenditures from the prior year?

	Yes	No
1		
2		
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
- 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
- b
- Carryover from last year
- c
- Total
- 3
- Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- 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?
- 5
- Taxable amount of lobbying and political expenditures (see instructions)

1	
2a	
2b	
2c	
3	
4	
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
Part II-B, Line 1	THE OHIO HOSPITAL ASSOCIATION DOES LOBBYING ON BEHALF OF HOSPITAL RELATED CAUSES THIS ACTIVITY IS PAID FOR THROUGH DUES PAID TO THE OHIO HOSPITAL ASSOCIATION

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
ADENA HEALTH SYSTEM

Employer identification number  
31-4379443

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <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" on Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Protection of natural habitat

☐ Preservation of open space

☐ Preservation of an historically important land area

☐ Preservation of a certified historic structure

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

Number of states where property subject to conservation easement is located ►

5

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

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2015

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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 . . . . .	2,649,140	2,462,106	2,168,959	1,050,463	979,299
b Contributions . . . . .	322,220	246,957	358,513	1,142,201	48,900
c Net investment earnings, gains, and losses	-16,725	106,442	156,716	169,101	30,021
d Grants or scholarships . . . . .	86,592	166,365	222,082	192,806	7,757
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .	2,868,043	2,649,140	2,462,106	2,168,959	1,050,463

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

a Board designated or quasi-endowment ▶ 100 000 %

b Permanent endowment ▶

c Temporarily restricted endowment ▶

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

3a(i) ☐ Yes ☐ No

3a(ii) ☐ Yes ☐ No

3b ☐ Yes ☐ No

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

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)	Accumulated (c)depreciation	(d)Book value
1a Land . . . . .		2,648,975		2,648,975
b Buildings . . . . .		172,528,765	81,535,241	90,993,524
c Leasehold improvements . . . . .				
d Equipment . . . . .		186,284,920	142,635,518	43,649,402
e Other . . . . .		8,616,707	5,623,789	2,992,918
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . . . ▶				140,284,819





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

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

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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
Part V, Line 4	ADENA HEALTH FOUNDATION ENDOWMENT FUNDS ARE USED TO PROVIDE SCHOLARSHIPS AND PURCHASE CAPITAL FOR PACCAR MEDICAL EDUCATION CENTER. THESE FUNDS ARE HELD BY ADENA HEALTH SYSTEM AND ARE ADMINISTERED BY ADENA HEALTH FOUNDATION.

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

Return Reference	Explanation

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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](http://www.irs.gov/form990)

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
ADENA HEALTH SYSTEM

Employer identification number  
31-4379443

Part I Fundraising Activities

Complete if the organization answered "Yes" on 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

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events
- 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" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a)Event #1	(b)Event #2	(c)Other events	(d)
		CHARITY BALL (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
	1 Gross receipts . . . . .	15,477			15,477
	2 Less Contributions . . . . .				
	3 Gross income (line 1 minus line 2) . . . . .	15,477			15,477
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .	205			205
	6 Rent/facility costs . . . . .	155			155
	7 Food and beverages . . . . .	537			537
	8 Entertainment . . . . .				
	9 Other direct expenses . . . . .	3,349			3,349
	10 Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				4,246
	11 Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				11,231

Part III Gaming.

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

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

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

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

b If "No," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

b If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

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

☐ Yes ☐ No

13

Indicate the percentage of gaming activity conducted in

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

14

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

Name ▶

Address ▶

15a

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

☐ Yes ☐ No

b

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

c

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

Name ▶

Address ▶

16

Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

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

☐ Yes ☐ No

b

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

Part IV

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

Return Reference	Explanation
------------------	-------------

SCHEDULE H  
(Form 990)

Department of the  
Treasury  
Internal Revenue  
Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.  
► Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public  
Inspection

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

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	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 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 type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a	Yes	
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 type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b	Yes	
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			
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	Yes	
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		No
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)			12,535,679	2,660,089	9,875,590	2 450 %
b Medicaid (from Worksheet 3, column a)			92,895,965	61,751,091	31,144,874	7 730 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			105,431,644	64,411,180	41,020,464	10 180 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			460,561		460,561	0 110 %
f Health professions education (from Worksheet 5)			807,724		807,724	0 200 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			1,268,285		1,268,285	0 310 %
k Total. Add lines 7d and 7j			106,699,929	64,411,180	42,288,749	10 490 %

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
1	Physical improvements and housing					
2	Economic development					
3	Community support					
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development					
9	Other					
10	Total					

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

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

1

No

2

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

2

11,377,784

3

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

3

0

4

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

Section B. Medicare

5

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

5

74,093,930

6

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

6

68,072,912

7

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

7

6,021,018

8

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.  
☐ Cost accounting system      ☐ Cost to charge ratio      ☐ Other

Section C. Collection Practices

9a

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

9a

Yes

b

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

9b

Yes

Part 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 %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

## Section A. Hospital Facilities

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)

[illegible]



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)

ADENA REGIONAL MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

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

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

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

		ADENA REGIONAL MEDICAL CENTER	
Name of hospital facility or letter of facility reporting group			
		Yes	No
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 type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %		
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	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a	<input type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input 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? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
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 type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

ADENA REGIONAL MEDICAL CENTER

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

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

**Section C. Supplemental Information for Part V, Section B.**

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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

**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? 16

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

**Part VI**   **Supplemental Information**

Provide the following information

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

Form and Line Reference	Explanation
Part I, Line 7	THE COST-TO-CHARGE RATIO DERIVED FROM WORKSHEET 2 WAS USED TO CONVERT CHARGES TO COSTS IN LINE 7A AND 7B. ACTUAL COSTS WERE USED IN LINE 7E & 7F

Form and Line Reference	Explanation
Part I, Ln 7 Col(f)	BAD DEBT EXPENSE OF \$22,871,702 WAS DEDUCTED FROM TOTAL OPERATING EXPENSES WHEN CALCULATING THE PERCENTAGES IN THIS COLUMN

Form and Line Reference	Explanation
Part II, Community Building Activities	THE COMMUNITY BUILDING ACTIVITIES PROMOTE ECONOMIC DEVELOPMENT IN DOWNTOWN CHILLICOTHE THE HOSPITAL IS HELPING FUND A HISTORIC BUILDING REHABILITATION PROJECT WHICH WILL IN TURN HELP REVITALIZE THE DOWNTOWN CHILLICOTHE BUSINESS DISTRICT AS WELL AS PROMOTE JOB GROWTH THE BUILDING WILL ALSO PROVIDE HOUSING FOR ADENA PHYSICIAN RESIDENTS AND MEDICAL STUDENTS WHICH ENABLES THE HEALTH SYSTEM TO INCREASE PROVIDER ACCESS WITHIN THE SERVICE AREA



Form and Line Reference	Explanation
Part III, Line 2	THE BAD DEBT EXPENSE LISTED ON PART III, LINE 2 IS DERIVED FROM THE FINANCIAL STATEMENTS MINUS THE PRESUMPTIVE CHARITY AMOUNT THAT WAS RECLASSIFIED TO SCHEDULE H, PART I, LINE 7A

Form and Line Reference	Explanation
Part III, Line 3	IN 2015, THE HOSPITAL DEVELOPED, WITH THE HELP OF AN OUTSIDE VENDOR, A NEW PRESUMPTIVE CHARITY POLICY THE HOSPITAL SENDS A QUARTERLY FILE OF ALL SELF-PAY BALANCES TO THE VENDOR AFTER THE VENDOR PERFORMS THE CREDIT ANALYSIS, THE VENDOR CATEGORIZES THE CLAIMS INTO THREE CATEGORIES, A CATEGORY THAT WOULD NOT BE ELIGIBLE FOR CHARITY BASED ON THE HOSPITALS CHARITY POLICY, A GROUP THAT WOULD BE ELIGIBLE FOR A 60% CHARITY WRITEOFF, AND A THIRD CATEGORY THAT WOULD BE ELIGIBLE FOR A 100% WRITE OFF AFTER THE VENDOR RETURNS THIS DATA, A REPORT OF RECEIPTS ON THESE SELF PAY BALANCES IS RUN, THE PAYMENTS RECEIVED SINCE THE FILE WAS SENT TO THE VENDOR IS USED TO REDUCE THE POTENTIAL PRESUMPTIVE CHARITY THE REMAINING AMOUNT IS USED AS OUR PRESUMPTIVE CHARITY FOR SCHEDULE H, PART III, LINE 3

Form and Line Reference	Explanation
Part III, Line 4	<p>WE DO NOT HAVE SEPARATE FINANCIAL STATEMENTS FOR ADENA REGIONAL MEDICAL CENTER IT IS INCLUDED IN THE CONSOLIDATED STATEMENTS OF ADENA HEALTH SYSTEM THE FOOTNOTE IN OUR FINANCIAL STATEMENTS INCLUDES THE FOLLOWING ABOUT OUR BAD DEBT EXPENSE AND ALLOWANCE FOR UNCOLLECTIBLES "AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IS ESTABLISHED ON AN AGGREGATE BASIS BY USING HISTORICAL WRITE-OFF FACTORS APPLIED TO UNPAID ACCOUNTS BASED ON AGING LOSS RATE FACTORS ARE BASED ON HISTORICAL LOSS EXPERIENCE AND ADJUSTED FOR ECONOMIC CONDITIONS AND OTHER TRENDS AFFECTING THE SYSTEM'S ABILITY TO COLLECT OUTSTANDING AMOUNTS UNCOLLECTIBLE ACCOUNTS ARE WRITTEN OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IN THE PERIOD THEY ARE DETERMINED TO BE UNCOLLECTIBLE AN ALLOWANCE FOR CONTRACTUAL ADJUSTMENTS AND INTERIM PAYMENT ADVANCES IS ESTABLISHED BASED ON EXPECTED PAYMENT RATES FROM PAYORS UTILIZING CURRENT REIMBURSEMENT METHODOLOGIES AND PAYMENT RATES THIS AMOUNT ALSO INCLUDES AMOUNTS RECEIVED AS INTERIM PAYMENTS AGAINST UNPAID CLAIMS BY CERTAIN PAYORS FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRDPARTY COVERAGE EXISTS FOR PART OF THE BILL), THE SYSTEM RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES, IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IN THE PERIOD THEY ARE DETERMINED TO BE UNCOLLECTIBLE "</p>

Form and Line Reference	Explanation
Part III, Line 8	THE HOSPITAL MEDICARE ADVANTAGE PLAN AND THE PHYSICIAN MEDICARE ADVANTAGE PLAN INCURRED A SHORTFALL OF <\$20,278,439> IN 2015 THIS SHORTFALL COMBINED WITH THE LONGFALL FROM TRADITIONAL MEDICARE SOURCES OF \$6,021,018 RESULTS IN A NET MEDICARE SHORTFALL OF <\$14,257,421> OUR SERVICE AREA IS A RURAL 13 COUNTY AREA IN SOUTHERN OHIO THE POPULATION IS AN AGING POPULATION WHICH RESULTS IN MEDICARE AS OUR LARGEST PAYOR GROUP IN ADDITION, THE ECONOMIC CONDITIONS THAT RESULT FROM APPALACHIAN DESIGNATION CREATE A RECRUITING ISSUE TO COMBAT THE ISSUE, WE ARE FORCED TO NOT ONLY EMPLOY PHYSICIANS BUT MUST PAY A PREMIUM TO GET THEM TO AGREE TO SERVE THE AREA'S RESIDENTS BASED ON THESE ISSUES, WE BELIEVE SERVICE TO OUR MEDICARE POPULATION IS A COMMUNITY BENEFIT ALSO, THE HOSPITAL USED THE METHODOLOGY REQUIRED FOR COMPLETING THE MEDICARE COST REPORT WHEN DETERMINING THE AMOUNT ON PART III - LINE 6

Form and Line Reference	Explanation
Part III, Line 9b	THERE ARE TWO TIERS 100% CHARITY FOR UP TO OR EQUAL TO 200% OF FEDERAL POVERTY LEVELS AND 60% FOR 201%-400% OF FEDERAL POVERTY LEVELS

Form and Line Reference	Explanation
Part VI, Line 2	IN 2015,AHS'S COMMUNITY BUILDING ACTIVITIES PROMOTED ECONOMIC DEVELOPMENT IN DOWNTOWN CHILLICOTHE THE HEALTH SYSTEM HELPED FUND A HISTORIC BUILDING REHABILITATION PROJECT WHICH IN TURN HELP REVITALIZE THE DOWNTOWN CHILLICOTHE BUSINESS DISTRICT AS WELL AS PROMOTE JOB GROWTH THE BUILDING PROVIDES HOUSING FOR ADENA PHYSICIAN RESIDENTS AND MEDICAL STUDENTS WHICH ENABLES THE HEALTH SYSTEM TO INCREASE PROVIDER ACCESS WITHIN THE AREA THE BUILDING WAS OCCUPIED IN NOVEMBER OF 2015

Form and Line Reference	Explanation
Part VI, Line 3	THE AVAILABILITY OF FINANCIAL ASSISTANCE IS COMMUNICATED IN THE FOLLOWING MANNER 1 STATEMENTS FROM ADENA AS WELL AS COLLECTION VENDORS EXPLAIN AND LIST THE 100% AND 60% ASSISTANCE GUIDELINES ON THE BACKSIDE OF THE STATEMENT 2 THERE IS SIGNAGE EXPLAINING THE PROGRAM AT ALL THE REGISTRATION AREAS 3 STAFF AT THE CASHIER AREA EXPLAIN OPTIONS AVAILABLE TO THE PATIENT 4 WE SEND AN APPLICATION WITH THE SELF-PAY DISCOUNT LETTERS IN CASE THE PATIENT/GUARANTOR CAN'T SET UP A PAYMENT PLAN 5 THE CUSTOMER SERVICE STAFF IS EDUCATED ON ALL THE OPTIONS AND CAN EXPLAIN THE PROGRAMS WHEN PATIENTS CALL 6 OUR PHYSICIAN OFFICES, AS WELL AS COLLECTION VENDORS HAVE FINANCIAL AID APPLICATIONS AVAILABLE 7 LASTLY, WE DO A CREDIT SCORING IN ORDER TO DETERMINE "PRESUMPTIVE CHARITY " IN 2015, ALL SELF-PAY PATIENTS WERE SCORED

Form and Line Reference	Explanation
Part VI, Line 4	<p>ROSS COUNTY, HOME TO ADENA REGIONAL MEDICAL CENTER, IS LOCATED IN SOUTH CENTRAL OHIO IT IS PART OF 2 CONGRESSIONAL DISTRICTS (2ND AND THE 15TH) AND ONE OF OHIO'S 32 APPALACHIAN COUNTIES IT CONTAINS THE POPULATION PATTERNS AND DISTINCT ECONOMIC CONDITIONS INHERENT OF THIS REGION OF THE U S AND FACES SIMILAR CHALLENGES TO IMPROVE THE LIVES OF ITS 78,868 RESIDENTS THESE INCLUDE LOW EDUCATIONAL ATTAINMENT PERCENTAGES AND HIGH RATES OF UNEMPLOYMENT AND POVERTY THE TOTAL POPULATION OF ROSS COUNTY REPRESENTS 15% OF THE TOTAL ADENA HEALTH SYSTEM SERVICE REGION AND IS THE PRIMARY PLACE OF RESIDENCE FOR 80% OF THE PATIENTS IT SERVES THE COUNTY, AS WELL AS THE REMAINDER OF THE 12 COUNTY SERVICE REGION, HAS SIMILAR DEMOGRAPHICS AS THE STATE OF OHIO AND U S OVER 64% OF THE POPULATION IS BETWEEN THE AGES OF 19 AND 64 AND 13% OF THE POPULATION IS OVER THE AGE OF 65 THE MAJORITY OF THE POPULATION IS WHITE WITH AFRICAN AMERICANS MAKING UP THE MAJORITY OF THE REGION'S MINORITY POPULATION THE 28,158 HOUSEHOLDS IN ROSS COUNTY REPRESENT 14 7% OF THE HOUSEHOLDS IN ADENA HEALTH SYSTEM'S 12-COUNTY SERVICE REGION THE AVERAGE HOUSEHOLD SIZE IS 2 54 PEOPLE, COMPARABLE WITH THE REST OF OHIO AND THE U S THE AVERAGE FAMILY SIZE IS AS WELL WITH 3 05 PEOPLE A LITTLE MORE THAN 50% OF THE POPULATION IS NOW MARRIED WHICH IS COMPARABLE WITH OHIO AND NATIONAL AVERAGES MORE THAN 14% ARE DIVORCED WHICH IS NOTICEABLY HIGHER THAN BOTH THE STATE AND NATIONAL AVERAGES MORE THAN 16% OF THE ADULTS IN ROSS COUNTY HAVE NOT GRADUATED FROM HIGH SCHOOL THIS PERCENTAGE IS HIGHER THAN BOTH THE OHIO (12 2%) AND NATIONAL (14 6%) AVERAGES, BUT IS LOWER THAN THE AVERAGE FOR THE 12-COUNTY SERVICE REGION (18 9%) MORE THAN 10% OF THE POPULATION OF ROSS COUNTY IS ESTIMATED TO BE FUNCTIONALLY ILLITERATE, OR LACKING THE READING AND WRITING SKILLS SUFFICIENT FOR ORDINARY PRACTICAL NEEDS WHILE THE UNEMPLOYMENT RATE IN ROSS COUNTY (7 9%) IS COMPARABLE TO THE U S AVERAGE, IT CONTINUES TO BE HIGHER THAN BOTH THE REGIONAL (6 8%) AND STATE (6%) AVERAGES IN ADDITION, MORE THAN 43 4% OF THE POPULATION IS NOT IN THE WORKFORCE THIS IS HIGHER THAN THE STATE (35 4%) AND NATIONAL AVERAGES (35 2%) THE TOP FIVE EMPLOYMENT INDUSTRIES IN ROSS COUNTY ARE MANAGEMENT/PROFESSIONAL OCCUPATIONS (28%), EDUCATION/HEALTHCARE SERVICES (24 6%), SALES (23%), PRODUCTION/TRANSPORTATION SERVICES (19 7%), AND SERVICE OCCUPATIONS (18 9%) ROSS COUNTY HAS MORE PEOPLE EMPLOYED IN PRODUCTION, TRANSPORTATION AND MATERIAL MOVING OCCUPATIONS (19 7%) THAN THE REGIONAL, STATE AND NATIONAL AVERAGES THE COUNTY HAS ABOUT HALF AS MANY (5 4%) PROFESSIONAL, SCIENTIFIC AND MANAGEMENT SERVICES PROFESSIONALS AS OHIO (9 1%) AND THE U S (10 5%) THE PER CAPITA, MEDIAN AND MEAN HOUSEHOLD INCOMES IN ROSS COUNTY OHIO ARE MUCH LOWER THAN THE STATE AND U S AVERAGES, BUT HIGHER THAN REGIONAL AVERAGE POVERTY RATES ARE ALSO HIGHER THAN STATE AND NATIONAL AVERAGES BUT LOWER THAN THE REST OF THE REGION ACCESS TO EMPLOYMENT IN ROSS COUNTY IS HIGHER THAN OTHER COUNTIES IN THE REGION THERE ARE 7,697 CIVILIAN VETERANS LIVING IN ROSS COUNTY, ACCOUNTING FOR ALMOST 10% OF THE REGION'S POPULATION THE TOTAL CIVILIAN VETERANS WITHIN THE ADENA HEALTH SYSTEM 12-COUNTY SERVICE REGION REPRESENT 5% OF OHIO'S TOTAL CIVILIAN VETERAN POPULATION ROSS COUNTY ALSO HAS A VETERAN'S ADMINISTRATION HOSPITAL LOCATED 4 5 MILES FROM ADENA REGIONAL MEDICAL CENTER ROSS COUNTY AND ITS ENTIRE SURROUNDING SERVICE REGION HAVE A HIGHER PREVALENCE OF DISABILITY THAN THE REST OF OHIO SEVEN OF THE 12 COUNTIES IN THE SERVICE REGION HAVE DISABILITY PREVALENCE RATES OF 16 7% - 22% ROSS COUNTY'S PREVALENCE RATE IS BETTER (14 8% - 16 6%) BUT STILL WORSE THAN THE REST OF OHIO (13 4% - 14 7%)</p>



Form and Line Reference	Explanation
Part VI, Line 5	ADENA REGIONAL MEDICAL CENTER WORKS TO PROMOTE THE HEALTH OF ITS COMMUNITY THROUGH A VARIETY OF MEANS, INCLUDING BOARD MEMBERS, ADMINISTRATIONS, EMPLOYEES AND VOLUNTEERS THE 2015 BOARD OF TRUSTEES OF ADENA HEALTH SYSTEM WAS COMPRISED OF 15 MEMBERS TWENTY PERCENT OF THE BOARD MEMBERS ARE EMPLOYEES OF ADENA HEALTH SYSTEM ALL BUT 1 (6%) OF THE BOARD MEMBERS RESIDE IN ROSS COUNTY OHIO

Form and Line Reference	Explanation
Part VI, Line 6	<p>FOUNDED IN 1895, ADENA HEALTH SYSTEM IS AN INDEPENDENT, NOT-FOR-PROFIT HEALTHCARE ORGANIZATION BASED IN CHILlicoTHE, OH THE HEALTH SYSTEM INCLUDES THREE HOSPITALS AND SIX REGIONAL CLINICS, WITH A TOTAL OF 311 BEDS ADENA SERVES THE NEEDS OF NEARLY 500,000 PEOPLE IN 13 COUNTIES, LIVING IN OHIO'S APPALACHIAN REGION OUR FACILITIES INCLUDE ADENA REGIONAL MEDICAL CENTER A 261-BED INPATIENT HOSPITAL IN CHILlicoTHE, OH FEATURING AN EMERGENCY DEPARTMENT, DIAGNOSTIC AND TREATMENT SERVICES, ADVANCED SURGICAL SUITES, INTENSIVE/CARDIAC CARE, MEDICAL OFFICE BUILDING AND THE ADENA HEALTH PAVILION, WHICH INCLUDES OUTPATIENT SURGERY, PHYSICIAN OFFICES AND THE ADENA SLEEP CENTER IN 2011, ADENA INVESTED \$21 MILLION IN THE CONSTRUCTION OF A 35,000 SQUARE-FOOT CANCER CENTER TO PROVIDE PATIENTS WITH ACCESS TO CANCER DIAGNOSIS AND TREATMENT AT A FACILITY NEAR THEIR HOMES THE CANCER CENTER OPENED IN JANUARY 2012 GREENFIELD AREA MEDICAL CENTER AND PIKE HEALTH SERVICES, INC BOTH ARE CRITICAL ACCESS HOSPITALS, EACH WITH A 25-BED INPATIENT FACILITY IN GREENFIELD, OH AND WAVERLY, OH, RESPECTIVELY EACH FEATURES AN EMERGENCY DEPARTMENT, INPATIENT CARE INCLUDING REHABILITATION AND MEDICAL/SURGICAL, DIAGNOSTIC AND TREATMENT SERVICES, AS WELL AS FAMILY PRACTICE AND SPECIALTY PHYSICIANS THESE TWO HOSPITALS DIRECTLY BENEFIT HIGHLAND COUNTY (GREENFIELD AREA MEDICAL CENTER) AND PIKE COUNTY (PIKE HEALTH SERVICES, INC ) AS WELL AS SURROUNDING COMMUNITIES ADENA HEALTH CENTERS LOCATED IN CHILlicoTHE AND WITH REGIONAL SITES IN CIRCLEVILLE, JACKSON, OAK HILL, WASHINGTON COURT HOUSE AND WAVERLY, OH OUR HEALTH CENTERS INCLUDE PHYSICIAN OFFICES, DIAGNOSTIC AND TREATMENT SERVICES, PHYSICAL, OCCUPATION AND SPEECH THERAPIES URGENT CARE SERVICES ARE OFFERED IN CHILlicoTHE AND WAVERLY ADENA HOME CARE AND HOSPICE PROVIDES HIGHLY PERSONALIZED, QUALITY CARE TO PATIENTS OF FOUR SERVICE LINES -- HOME HEALTH, HOSPICE, HOME RESPIRATORY AND HOME INFUSION ADENA REHABILITATION AND WELLNESS CENTER PROVIDES PHYSICAL, OCCUPATIONAL, MASSAGE AND INDUSTRIAL REHABILITATION, AS WELL AS ORTHOPEDICS, SPORTS MEDICINE, WOMEN'S HEALTH, VESTIBULAR, FIBROMYALGIA AND CHRONIC PAIN PROGRAMS, AS WELL AS INDUSTRIAL AND SPECIALIZED HAND PROGRAMS ADENA COUNSELING CENTER PROVIDES A WIDE RANGE OF OUTPATIENT COUNSELING SERVICES, INCLUDING GROUP, INDIVIDUAL AND FAMILY COUNSELING A VARIETY OF SUPPORT GROUPS ALSO MEET AT THE CENTER OFF-CAMPUS PHYSICIAN OFFICES A NUMBER OF PHYSICIAN OFFICES ARE LOCATED THROUGHOUT THE REGION SERVED BY ADENA THESE INCLUDE OFFICES FOR FAMILY PHYSICIANS, ENDOCRINOLOGISTS, GERONTOLOGISTS AND UROLOGISTS TELEMEDICINE IN 2011, THE HEALTH SYSTEM CONTINUED ITS AFFILIATION WITH THE SOUTHERN OHIO HEALTH CARE NETWORK (SOHCN), A PARTNERSHIP OF THE REGION'S THREE LARGEST HEALTHCARE PROVIDERS -- ADENA, O'BLENESS HEALTH SYSTEM AND HOLZER CONSOLIDATED HEALTH SYSTEMS THIS PARTNERSHIP HAS RESULTED IN THE CONSTRUCTION OF AN EXPANSIVE FIBER OPTIC BROADBAND TELECOMMUNICATIONS NETWORK TO SERVE THE HEALTHCARE AND EDUCATIONAL NEEDS OF PEOPLE LIVING IN OHIO'S APPALACHIAN REGION THROUGH THIS TECHNOLOGY, TELEMEDICINE IS ENABLING PATIENTS TO BE ON ADENA'S CAMPUS, BUT TREATED BY PHYSICIANS OUTSIDE THE REGION ADENA HAS TELEMEDICINE RELATIONSHIPS WITH OHIO STATE UNIVERSITY MEDICAL CENTER, RIVERSIDE METHODIST HOSPITAL, AND NATIONWIDE CHILDREN'S HOSPITAL IN COLUMBUS</p>

**Schedule H (Form 990) 2015**

Additional Data

Software ID:  
Software Version:  
EIN: 31-4379443  
Name: ADENA HEALTH SYSTEM

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)  
How many hospital facilities did the organization operate during the tax year?  
1

Name, address, primary website address, and state license number

	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
1	ADENA REGIONAL MEDICAL CENTER 272 HOSPITAL RD CHILLICOTHE, OH 45601 WWW.ADENA.ORG ST REG NUM 1029	X	X				X			

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)
1 1 - ADENA HEALTH PAVILION 4437 STATE ROUTE 159 CHILLICOTHE,OH 45601	PHYSICIAN OFFICES, OUTPATIENT SURGERY CENTER
1 2 - ADENA MEDICAL OFFICE BUILDING 4439 STATE ROUTE 159 CHILLICOTHE,OH 45601	PHYSICIAN OFFICES
2 3 - ADENA HEALTH CENTER - WAVERLY 12340 STATE ROUTE 104 WAVERLY,OH 45690	AMBULATORY CARE CENTER
3 4 - ADENA URGENT CARE 55 CENTENNIAL BLVD CHILLICOTHE,OH 45601	AMBULATORY CARE CENTER
4 5 - ADENA HOME CARE SERVICES 111 W WATER STREET CHILLICOTHE,OH 45601	HOME HEALTH CARE AND HOSPICE
5 6 - ADENA HEALTH CENTER - JACKSON 1000 VETERANS DRIVE JACKSON,OH 45640	AMBULATORY CARE CENTER
6 7 - ADENA REHABILITATION AND WELLNESS CENTER 445 SHAWNEE LANE CHILLICOTHE,OH 45601	OUTPATIENT REHABILITATION CENTER
7 8 - ADENA FAMILY MEDICINE - OAK HILL 315 WASHINGTON STREET OAK HILL,OH 45656	PHYSICIAN OFFICES
8 9 - ADENA PICKAWAY-ROSS FAMILY PHYSICIANS 100 N WALNUT STREET CHILLICOTHE,OH 45601	PHYSICIAN OFFICES
9 10 - ADENA FAMILY MEDICINE - CIRCLEVILLE 798 N COURT STREET CIRCLEVILLE,OH 43113	PHYSICIAN OFFICES
10 11 - ADENA COUNSELING CENTER 445 SHAWNEE LANE CHILLICOTHE,OH 45601	MENTAL HEALTH COUNSELING
11 12 - ADENA FAMILY MEDICINE OF CHILLICOTHE 626 CENTRAL CENTER CHILLICOTHE,OH 45601	PHYSICIAN OFFICES
12 13 - ADENA ROSS UROLOGY 8 MEDICAL DRIVE CHILLICOTHE,OH 45601	PHYSICIAN OFFICES
13 14 - ADENA FAMILY MEDICINE - GREENFIELD 536 MIRABEAU STREET GREENFIELD,OH 45123	PHYSICIAN OFFICES
14 15 - ADENA FAMILY MEDICINE - WASHINGTON CH 308 HIGHLAND AVENUE SUITE C WASHINGTON COURT HOU,OH 43160	PHYSICIAN OFFICES

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

**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)
<b>16</b> 16 - ADENA FAMILY MEDICINE - WELLSTON 118 SOUTH NEW YORK AVE SUITE A WELLSTON, OH 45692	NURSE PRACTITIONER CLINIC

OMB No 1545-0047

▶ Attach to Form 990.

# 2015

31-4379443

☒ Yes      ☐ No

<b>2</b>	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .	6
<b>3</b>	Enter total number of other organizations listed in the line 1 table . . . . .	1

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

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

Return Reference	Explanation
Part I, Line 2	DECISIONS TO DONATE TO COMMUNITY PROJECTS ARE BROUGHT TO CEO FOR APPROVAL FROM MEMBERS OF SENIOR LEADERSHIP AND/OR THE STRATEGY DEPARTMENT FOR EACH GRANT THERE IS AN AGREEMENT SIGNED BY ADENA AND THE ORGANIZATION RECEIVING THE DONATION THAT CONFIRMS FUNDS ARE BEING USED FOR THE INTENDED PURPOSE A BLANKET AMOUNT IS BUDGETED FOR THE FISCAL YEAR AND CONSIDERED AS EACH REQUEST IS MADE



Additional Data

Software ID:  
Software Version:  
EIN: 31-4379443  
Name: ADENA HEALTH SYSTEM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADENA HEALTH FOUNDATION 272 HOSPITAL ROAD CHILLICOTHE,OH 45601	75-3008742	501(C)(3)	404,934				PAYMENT OF ORGANIZATION EXPENSES
CHILLICOTHE CAVALIER CLUB 2710 S BRIDGE ST CHILLICOTHE,OH 45601	31-1324783	501(C)(3)	15,000				SCOREBOARD INSTALLMENT
ECONOMIC DEVELOPMENT ALLIANCE OF ROSS COUNTY 45 E MAIN ST CHILLICOTHE,OH 45601	20-3786756	501(C)(3)	15,000				PLEDGE INSTALLMENT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WAVERLY HIGH SCHOOL 1 TIGER DR WAVERLY, OH 45690	31-6401098	170(C)(1)	25,000				FIELD HOUSE PROJECT
ROSS COUNTY AGRICULTURAL SOCIETY 207 S QUARRY BAINBRIDGE, OH 45612	31-6050864	501(C)(3)	6,500				FREE RIDE DAY AT THE ROSS COUNTY FAIR AND STAGE FOR HEALTHY KIDS EVENT
AMERICAN CANCER SOCIETY 138 MARIETTA RD CHILLICOTHE, OH 45601	13-1788491	501(C)(3)	20,000				RELAY FOR LIFE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
OHIO UNIVERSITY FOUNDATION 104 MCGUFFEY HALL ATHENS, OH 45701	31-6402113	501(C)(3)	10,000				CAPITAL CAMPAIGN FOR OHIO UNIVERSITY- CHILLICOTHE

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" on 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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
ADENA HEALTH SYSTEM

Employer identification number  
31-4379443

Part I

Questions Regarding Compensation

	Yes	No
<div>1a</div> <div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div> <div> <div> <input type="checkbox"/> First-class or charter travel                             <input type="checkbox"/> Housing allowance or residence for personal use                         </div> <div> <input type="checkbox"/> Travel for companions                             <input type="checkbox"/> Payments for business use of personal residence                         </div> <div> <input checked="" type="checkbox"/> Tax indemnification and gross-up payments                             <input checked="" type="checkbox"/> Health or social club dues or initiation fees                         </div> <div> <input type="checkbox"/> Discretionary spending account                             <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                         </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>	1b	Yes
<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>	2	Yes
<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> <input checked="" type="checkbox"/> Compensation committee                             <input type="checkbox"/> Written employment contract                         </div> <div> <input checked="" type="checkbox"/> Independent compensation consultant                             <input checked="" type="checkbox"/> Compensation survey or study                         </div> <div> <input type="checkbox"/> Form 990 of other organizations                             <input checked="" type="checkbox"/> Approval by the board or compensation committee                         </div> </div>		
<div>4</div> <div>During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</div>		
<div>a</div> <div>Receive a severance payment or change-of-control payment?</div>	4a	No
<div>b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div>	4b	No
<div>c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div>	4c	No
<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>		
<div></div> <div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div>		
<div>5</div> <div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</div>		
<div>a</div> <div>The organization?</div>	5a	No
<div>b</div> <div>Any related organization?</div>	5b	No
<div></div> <div>If "Yes," on line 5a or 5b, describe in Part III.</div>		
<div>6</div> <div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</div>		
<div>a</div> <div>The organization?</div>	6a	No
<div>b</div> <div>Any related organization?</div>	6b	No
<div></div> <div>If "Yes," on line 6a or 6b, describe in Part III.</div>		
<div>7</div> <div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</div>	7	No
<div>8</div> <div>Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div>	8	No
<div>9</div> <div>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div>	9	

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

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

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

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

**Part III**   **Supplemental Information**

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

Return Reference	Explanation
Part I, Line 1a	ADENA HEALTH SYSTEM PROVIDES FOR A MEMBERSHIP TO THE LOCAL COUNTRY CLUB FOR ALL OFFICERS AND KEY EMPLOYEES. THIS BENEFIT IS GROSSED UP AND TAXED AND RECEIVED BY SEVEN OF THE OFFICERS AND KEY EMPLOYEES.

Additional Data

Software ID:  
Software Version:  
EIN: 31-4379443  
Name: ADENA HEALTH SYSTEM

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JACK BERNO TRUSTEE/EMPLOYED M D	(i)	290,855	2	8,725	0	17,810	317,392	0
	(ii)	0	0	0	0	- 0	- 0	0
1WAYNE COATS CHIEF MEDICAL OFFICER	(i)	365,283	39,597	17,255	0	27,072	449,207	0
	(ii)	0	0	0	0	- 0	- 0	0
2WILBUR SEVER TRUSTEE/EMPLOYED M D	(i)	665,366	0	20,766	0	28,312	714,444	0
	(ii)	0	0	0	0	- 0	- 0	0
3ROBERT ROSENBERGER CHIEF FINANCIAL OFFICER	(i)	345,903	0	5,295	20,340	31,937	403,475	0
	(ii)	0	0	0	0	- 0	- 0	0
4MARK SHUTER CHIEF EXECUTIVE OFFICER	(i)	728,517	75	37,771	27,144	19,500	813,007	0
	(ii)	0	0	0	0	- 0	- 0	0
5NICHOLAS ALEXANDER PRESIDENT OF SOHCN	(i)	182,496	0	26,856	9,978	28,507	247,837	0
	(ii)	0	0	0	0	- 0	- 0	0
6ERIC CECAVA CHIEF OPERATING OFFICER	(i)	282,103	25,000	24,364	16,637	27,950	376,054	0
	(ii)	0	0	0	0	- 0	- 0	0
7JOHN FORTNEY CHIEF MEDICAL OFFICER	(i)	322,308	0	63,966	25,586	21,348	433,208	0
	(ii)	0	0	0	0	- 0	- 0	0
8ANTHONY FREEMAN CHIEF MEDICAL OFFICER	(i)	718,697	3,275	16,236	0	28,622	766,830	0
	(ii)	0	0	0	0	- 0	- 0	0
9GAIL GAMES VP EDUCATION AND DEVELOPMENT	(i)	157,537	22	17,247	14,294	26,290	215,390	0
	(ii)	0	0	0	0	- 0	- 0	0
10MICHAEL GLANZMAN EXECUTIVE DIRECTOR PHYS SERVICES	(i)	180,291	0	37,267	14,350	31,354	263,262	0
	(ii)	0	0	0	0	- 0	- 0	0
11JUDITH HENSON CHIEF NURSING OFFICER	(i)	205,196	75	22,895	18,968	27,186	274,320	0
	(ii)	0	0	0	0	- 0	- 0	0
12MARTHA LIVINGSTON CHIEF BUSINESS DEVELOPMENT OFFICER	(i)	225,879	100	26,300	20,929	14,278	287,486	0
	(ii)	0	0	0	0	- 0	- 0	0
13ERIC PERDUE CHIEF HUMAN RESOURCES	(i)	188,763	0	26,703	17,792	3,150	236,408	0
	(ii)	0	0	0	0	- 0	- 0	0
14TIM CAHILLKEY EMPLOYEE	(i)	225,796	0	803	15,709	31,445	273,753	0
	(ii)	0	0	0	0	- 0	- 0	0
15TAKAJI KITTAKA CHIEF MEDICAL OFFICER	(i)	280,161	0	563	23,917	27,307	331,948	0
	(ii)	0	0	0	0	- 0	- 0	0
16BAMBI HUFFMAN VICE PRESIDENT	(i)	172,039	0	1,482	15,322	19,177	208,020	0
	(ii)	0	0	0	0	- 0	- 0	0
17BRIAN COHEN EMPLOYED M D	(i)	3,401,782	0	22,284	0	28,322	3,452,388	0
	(ii)	0	0	0	0	- 0	- 0	0
18MATHEW COSENZA EMPLOYED M D	(i)	1,078,579	575	5,676	0	21,779	1,106,609	0
	(ii)	0	0	0	0	- 0	- 0	0
19THOMAS LEWIS EMPLOYED M D	(i)	910,732	0	3,240	0	28,722	942,694	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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21HAVAL SAADLLA EMPLOYED M D	(i)	1,106,256	46,035	4,284	0	28,722	1,185,297	0
	(ii)	0	0	0	0	0	0	0
1KORT GRONBACH EMPLOYED M D	(i)	904,005	0	21,971	0	27,265	953,241	0
	(ii)	0	0	0	0	0	0	0
2PATRICIA ROAM FORMER KEY EMPLOYEE, CHIEF COMPLIANC	(i)	141,671	175	27,672	13,191	10,937	193,646	0
	(ii)	0	0	0	0	0	0	0
3LINDA WEIMER FORMER KEY EMPLOYEE	(i)	258,594	0	3,553	19,560	12,632	294,339	0
	(ii)	0	0	0	0	0	0	0
4JOHN YOUNG FORMER KEY EMPLOYEE, EMPLOYED M D	(i)	118,799	0	2,480	0	6,633	127,912	0
	(ii)	0	0	0	0	0	0	0
5SATISH JETTY FORMER KEY EMPLOYEE, EMPLOYED M D (	(i)	215,844	1	5,310	0	801	221,956	0
	(ii)	0	0	0	0	0	0	0
6ETHELBERT BAKER FORMER KEY EMPLOYEE, EMPLOYED M D	(i)	593,594	0	7,274	0	29,722	630,590	0
	(ii)	0	0	0	0	0	0	0
7FAITHA SHELTON FORMER KEY EMPLOYEE, EMPLOYED M D	(i)	146,910	75	428	13,584	15,631	176,628	0
	(ii)	0	0	0	0	0	0	0
8KIRK TUCKER FORMER KEY EMPLOYEE, EMPLOYED M D	(i)	273,730	3,502	1,215	0	27,800	306,247	0
	(ii)	0	0	0	0	0	0	0



Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ADENA HEALTH SYSTEM

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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number  
31-4379443

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A COUNTY OF ROSS OHIO	31-6400085	778260EX3	09-17-2008	141,346,983	CURRENT REFUNDING OF 2001 AND 2006 ISSUES		X		X		X
B COUNTY OF ROSS OHIO	31-6400085		09-15-2010	29,985,000	INFUSION CENTER AND INTERVENTIONAL RADIOLOGY		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired . . . . .	9,900,000		3,214,288					
2	Amount of bonds legally defeased . . . . .								
3	Total proceeds of issue . . . . .	196,860,219		30,087,491					
4	Gross proceeds in reserve funds . . . . .	10,920,538							
5	Capitalized interest from proceeds . . . . .								
6	Proceeds in refunding escrows . . . . .								
7	Issuance costs from proceeds . . . . .	1,366,439		411,604					
8	Credit enhancement from proceeds . . . . .	487,668							
9	Working capital expenditures from proceeds . . . . .								
10	Capital expenditures from proceeds . . . . .								
11	Other spent proceeds . . . . .	184,085,584		29,675,887					
12	Other unspent proceeds . . . . .								
13	Year of substantial completion . . . . .	2010		2012					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . .	X			X				
15	Were the bonds issued as part of an advance refunding issue? . . . .		X		X				
16	Has the final allocation of proceeds been made? . . . . .	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X					

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use 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?								
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?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . ▶	0 %		0 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶	0 %		0 %					
6	Total of lines 4 and 5 . . . . .	0 %		0 %					
7	Does the bond issue meet the private security or payment test? . . .		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				
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					

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				
2	If "No" to line 1, did the following apply? . . . .								
a	Rebate not due yet? . . . . .		X		X				
b	Exception to rebate? . . . . .		X		X				
c	No rebate due? . . . . .	X			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				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider . . . . .								
c	Term of hedge . . . . .								
d	Was the hedge superintegrated? . . . . .								
e	Was the hedge terminated? . . . . .								

**Part IV**    **Arbitrage** *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b>	Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X				
<b>b</b>	Name of provider . . . . .	BAYERISCHE LANDESBANK							
<b>c</b>	Term of GIC . . . . .	300 00000000000 %							
<b>d</b>	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .	X							
<b>6</b>	Were any gross proceeds invested beyond an available temporary period?		X		X				
<b>7</b>	Has the organization established written procedures to monitor the requirements of section 148? . . . .		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					

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

Return Reference	Explanation
SCHEDULE K, PART II, LINE 6	2001 AND 2006 ISSUES WERE REFUNDED ON OCTOBER 29, 2008 INCLUDED \$116,560,000 OF PRINCIPAL AND \$149,427 OF INTEREST THIS IS FOR THE 2008 ISSUE

Return Reference	Explanation
SCHEDULE K, PART II, LINE 11	\$11,750,000 OF ISSUE WAS USED TO PAY OFF QUALIFIED HEDGED RELATED TO THE 2001 AND 2006 BONDS THIS IS FOR THE 2008 ISSUE

Return Reference	Explanation
<p>SCHEDULE K, PART III, LINE 2</p>	<p>ADENA HEALTH SYSTEM LEASES APPROXIMATELY 300 SQUARE FEET TO A FOR PROFIT COMPANY THAT OPERATES A COFFEE KIOSK THIS IS CONSIDERED DEMINIMUS SPACE AND SO 0% WAS PUT IN LINE 4 OF PART III THIS IS FOR THE 2008 ISSUE THE LEASE CEASED IN FALL OF 2012</p>

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 4A	PROCEEDS INVESTED IN GIC FROM 2006 ISSUE - UNUSED PORTION TRANSFERS TO 2008 ISSUE THE GIC MATURED IN JULY 2009, THIS WAS 36 MONTHS AFTER THE DATE OF ISSUE THIS IS FOR THE 2008 ISSUE

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2C	THE DATE THE LAST REBATE COMPUTATION WAS PERFORMED IS OCTOBER 31, 2013

Schedule L  
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2015

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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ADENA HEALTH SYSTEM

Employer identification number  
31-4379443

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?	
				Yes	No

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
(1) DOUGLAS FOLZENLOGEN	PHYSICIAN	RETENTION		X	15,000	0		No	Yes		Yes	
(2) BRITTON YOUNG	PHYSICIAN	RECRUITMENT		X	80,000	0		No	Yes		Yes	
(3) DAVID JONES	PHYSICIAN	RECRUITMENT		X	20,000	0		No	Yes		Yes	
(4) JOHN FORTNEY	PHYSICIAN	STUDENT LOANS		X	11,214	9,639		No	Yes		Yes	
(5) ANTHONY FREEMAN	PHYSICIAN	STUDENT LOANS		X	13,188	11,613		No	Yes		Yes	
(6) SATISH JETTY	PHYSICIAN	STUDENT LOANS		X	9,240	8,115		No	Yes		Yes	
Total						29,367						

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) ROBIN BERNO	SPOUSE OF DIRECTOR JACK BERNO	116,239	EMPLOYEE COMPENSATION		No
(2) JENNIFER WHITE	DAUGHTER-IN-LAW OF BOARD DIRECTOR TOM WHITE	146,798	EMPLOYEE COMPENSATION		No
(3) BRITTEN YOUNG	SPOUSE OF KEY EMPLOYEE JOHN YOUNG	100,945	EMPLOYEE COMPENSATION		No
(4) JENNIFER STRICKLAND	RELATIVE OF CHAIR DAVID STRICKLAND	29,612	EMPLOYEE COMPENSATION		No
(5) MICHELLE PERDUE	SPOUSE OF KEY EMPLOYEE ERIC PERDUE	64,730	EMPLOYEE COMPENSATION		No
(6) TARA D'ANTONI	DAUGHTER-IN-LAW OF BOARD DIRECTOR RALPH D'ANTONI	28,635	EMPLOYEE COMPENSATION		No
(7) MARIA SMITH	SISTER OF BOARD DIRECTOR JOE WATSON	89,822	EMPLOYEE COMPENSATION		No
(8) LOIS JETTY	WIFE OF FORMER KEY EMPLOYEE SATISH JETTY	221,155	EMPLOYEE COMPENSATION		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 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](http://www.irs.gov/form990).**2015****Open to Public  
Inspection**Name of the organization  
ADENA HEALTH SYSTEM**Employer identification number**

31-4379443

**Return  
Reference****Explanation**Form 990, Part  
VI, Section A,  
line 6THE ORGANIZATION IS COMPOSED OF 9 MEMBER CHURCHES ALL OF THE CHURCHES ARE IN THE CHILLICOTHE, OHIO  
AREA 1 FIRST PRESBYTERIAN CHURCH 2 SALEM COMMUNITY CHURCH 3 ORCHARD HILL UNITED CHURCH OF CHRIST  
4 TABERNACLE BAPTIST CHURCH 5 ST MARY'S CATHOLIC CHURCH 6 TRINITY UNITED METHODIST CHURCH 7 ST  
PAUL'S EPISCOPAL CHURCH 8 WALNUT STREET UNITED METHODIST CHURCH 9 ST PETER'S CATHOLIC CHURCH

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	THE CORPORATE MEMBER CHURCHES MAY ONLY ELECT ONE PERSON PER CHURCH TO ACT AS THEIR TRUSTEE THE TRUSTEES AT LARGE GET APPOINTED AS FOLLOWS SECTION 3 03 OF THE CODE OF REGULATIONS OF AHS - "THE BOARD SHALL ELECT SIX (6) AT-LARGE TRUSTEE POSITIONS TWO OF THESE POSITIONS SHALL BE FILLED WITH PHYSICIANS WHO ARE MEMBERS OF THE ACTIVE MEDICAL STAFF RECOMMENDED BY THE MEDICAL STAFF IN ACCORDANCE WITH THE MEDICAL STAFF BYLAWS WHEN A VACANCY OCCURS AMONG THE FOUR (4) AT LARGE TRUSTEES, WITH THE EXCEPTION OF MEMBERS ELIGIBLE FOR REAPPOINTMENT, THE TRUSTEE COMMITTEE SHALL NOMINATE TO THE BOARD A CANDIDATE FOR THE VACANT POSITION "

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	SECTION 2 04 RIGHTS OF THE CORPORATE MEMBERS (A) THE RIGHT TO ELECT NINE TRUSTEES OF THE CORPORATION AS SPECIFIED IN THESE BYLAWS (B) THE RIGHT TO APPROVE ANY LEASE, SALE EXCHANGE, TRANSFER, OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION (C) THE RIGHT TO APPROVE ANY PROPOSED MERGER OR CONSOLIDATION OF THE CORPORATION (D) THE RIGHT TO APPROVE ANY PROPOSED DISSOLUTION OF THE CORPORATION (E) THE RIGHT TO APPROVE ANY PROPOSED CHANGE TO THE FUNDAMENTAL PURPOSE OF THE CORPORATION AS STATED IN SECTION 1 01 (F) THE RIGHT TO APPROVE ANY PROPOSED AMENDMENTS TO THE CODE OF REGULATIONS

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	THE 990 WAS REVIEWED AT A BOARD MEETING, AND COPIES OF THE FORM 990 WERE PROVIDED TO THE BOD MEMBERS. ADDITIONALLY, COPIES OF THE 990 WERE MADE AVAILABLE ON THE HOSPITAL'S BOARD PORTAL AND IN ADMINISTRATION OFFICE UNTIL THE NOVEMBER 15 FILING DATE.

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	THE CORPORATE COMPLIANCE OFFICE OF ADENA HEALTH SYSTEM ANNUALLY COORDINATES THE DISTRIBUTION AND RETURN OF THE CONFLICT OF INTEREST STATEMENTS THE CORPORATE COMPLIANCE OFFICE IS RESPONSIBLE FOR REVIEWING THE RESPONSES AND COMMUNICATING ANY EXTRA STEPS THAT NEED TO TAKE PLACE REGARDING ANY OF THE RESPONSES AT EVERY BOARD MEETING AND COMMITTEE OF THE BOARD, THE AGENDA ITEM OF CONFLICT OF INTEREST IS INCLUDED AND CALLED OUT CONFLICTED BOARD MEMBERS ABSTAIN FROM VOTING ON THE PARTICULAR ITEMS ANY MEMBER ABSTAINING FROM VOTING IS DOCUMENTED IN THE MINUTES ALL ADENA HEALTH SYSTEM WORKFORCE MEMBERS AND BOARD MEMBERS ARE SUBJECT TO THE CONFLICT OF INTEREST POLICY

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS RETAINS MERCER, AN INDEPENDENT COMPENSATION CONSULTANT, TO EVALUATE THE TOTAL COMPENSATION FOR ALL DISQUALIFIED PERSONS. MERCER UTILIZES THE COMPENSATION PHILOSOPHY TO CONDUCT THE EVALUATION. EACH POSITION IS COMPARED TO PEER DATA OF ORGANIZATIONS OF SIMILAR SIZE AND COMPLEXITY. THE DATA ANALYSIS COVERS CASH COMPENSATION (BASE SALARY), TOTAL CASH COMPENSATION (BASE SALARY AND INCENTIVES, BOTH PAID AND OPPORTUNITY), AND TOTAL COMPENSATION (BASE SALARY, INCENTIVES AND ALL BENEFITS). THE EXECUTIVE COMPENSATION COMMITTEE MEETS WITH MERCER REGULARLY TO REVIEW AND MONITOR ALL TOTAL COMPENSATION FOR THE DISQUALIFIED PERSONS. COMPENSATION WAS LAST REVIEWED IN 2014.

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	THE ORGANIZATION PREPARES AN ANNUAL REPORT TO THE PUBLIC WHICH INCLUDES ITS STATEMENT OF REVENUES AND EXPENSES. ADDITIONALLY, ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS ARE AVAILABLE ON GUIDESTAR.ORG AS PART OF THE ANNUAL FORM 990 FILING.



Return Reference	Explanation
Form 990, Part IX, line 11g	MEDICAL PROFESSIONAL FEES Program service expenses 6,918,908 Management and general expenses 0 Fundraising expenses 0 Total expenses 6,918,908 PURCHASED SERVICES Program service expenses 27,003,442 Management and general expenses 9,170,164 Fundraising expenses 0 Total expenses 36,173,606 FACILITY MAINTENANCE Program service expenses 9,182,705 Management and general expenses 3,570,119 Fundraising expenses 0 Total expenses 12,752,824

Return Reference	Explanation
Form 990, Part XI, line 9	TRANSFERS (TO) FROM AFFILIATED ORGANIZATION 2,966,544 PENSION RELATED CHANGES OTHER THAN NET PERIODIC COSTS 3,019,905 intercompany receipts eliminated in consolidation -439,248 ADENA VAC INCOME NOT INCLUDED IN AUDITED NET ASSETS -11,231 COURT DIALYSIS K-1 ACTIVITY - BOOK TO TAX DIFFERENCE -49,329 TEMPORARILY RESTRICTED EXPENDITURES -44,324 NET ASSETS RELEASED FROM RESTRICTION FOR PURCHASE OF CAPITAL ASSETS 78,790 CONTRIBUTIONS RECLASSIFIED OUT OF NET ASSETS -362,996

Return Reference	Explanation
Form 990, Part XII, Line 2c	ADENA HEALTH SYSTEM'S BOARD OF DIRECTORS OVERSEES THE AUDIT PROCESS AND APPROVES THE INDEPENDENT AUDIT FIRM THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR

SCHEDULE R  
(Form 990)

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](http://www.irs.gov/form990).

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization  
ADENA HEALTH SYSTEM

Employer identification number  
  
31-4379443

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (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) ADENA MEDICAL GROUP LLC DEPT L637 COLUMBUS, OH 43260 27-1370967	HEALTHCARE PROVIDERS	OH	84,524,671	6,562,382	ADENA HEALTH SYSTEM
(2) ADENA HOSPICE LLC 272 HOSPITAL ROAD CHILLICOTHE, OH 45601 27-5340755	HEALTHCARE PROVIDERS	OH	1,961,655	187,857	ADENA HEALTH SYSTEM
(3) ADENA HOME HEALTH 272 HOSPITAL ROAD CHILLICOTHE, OH 45601 27-3752730	HEALTHCARE PROVIDERS	OH	2,620,406	131,172	ADENA HEALTH SYSTEM
(4) ADENA HOME INFUSIONHOME RESPIRATORY 272 HOSPITAL ROAD CHILLICOTHE, OH 45601 27-3752854	HEALTHCARE PROVIDERS	OH	1,431,951	1,041,580	ADENA HEALTH SYSTEM
(5) ADENA PHARMACY 272 HOSPITAL ROAD CHILLICOTHE, OH 45601 45-1138187	HEALTHCARE PROVIDERS	OH	5,367,070	816,696	ADENA HEALTH SYSTEM

Part II Identification of Related Tax-Exempt Organizations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) GREENFIELD AREA MEDICAL CENTER 550 MIRABEAU ST  GREENFIELD, OH 45123 31-0993422	HOSPITAL	OH	501(C)(3)	3	ADENA HEALTH SYSTEM	Yes	
(2) ADENA HEALTH FOUNDATION 272 HOSPITAL ROAD  CHILLICOTHE, OH 45601 75-3008742	FUNDRAISING	OH	501(C)(3)	11A	ADENA HEALTH SYSTEM	Yes	
(3) SOUTHERN OHIO HEALTHCARE NETWORK 272 HOSPITAL ROAD  CHILLICOTHE, OH 45601 26-1566590	FIBEROPTIC NETWORK GRANTS	OH	501(C)(3)	11A	ADENA HEALTH SYSTEM	Yes	
(4) PIKE HEALTH SERVICES INC 100 DAWN LANE  WAVERLY, OH 45690 31-1072406	HOSPITAL	OH	501(C)(3)	3	ADENA HEALTH SYSTEM	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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1)ADENA CARE  272 HOSPITAL ROAD CHILLICOTHE, OH 45601 45-3980850	PROVIDE EMPLOYEE HEALTH INSURANCE	OH	ADENA HEALTH SYSTEM	C	976,441		100 000 %	Yes	

**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
<b>1a</b>		No
<b>1b</b>	Yes	
<b>1c</b>	Yes	
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>	Yes	
<b>1p</b>	Yes	
<b>1q</b>		No
<b>1r</b>	Yes	
<b>1s</b>	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
(1)ADENA HEALTH FOUNDATION	R	148,357	BOOK VALUE
(2)GREENFIELD AREA MEDICAL CENTER	R	185,598	BOOK VALUE
(3)PIKE HEALTH SERVICES INC	S	3,152,142	BOOK VALUE
(4)SOUTHERN OHIO HEALTHCARE NETWORK	S	43,143	BOOK VALUE

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

[illegible]

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

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

Return Reference	Explanation
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