



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Part III

Statement of Program Service Accomplishments

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

☐

1

Briefly describe the organization's mission

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

2

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

☐ Yes ☒ No

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

3

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

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 101,183,454 including grants of \$ 437,500) (Revenue \$ 123,557,711)

SUMMA HEALTH DIRECTS THE ACTIVITIES OF THE SYSTEM SO THAT ALL SYSTEM RESOURCES AND ASSETS ARE BEST ALLOCATED AND UTILIZED FOR THE BENEFIT OF THE COMMUNITY. SUMMA HEALTH REPRESENTS THE COLLABORATIVE EFFORTS OF HEALTH CARE PROVIDERS TO BETTER ADMINISTER, MANAGE, PROVIDE AND PLAN FOR THE DELIVERY OF A FULL-RANGE OF HEALTH CARE SERVICES TO ALL PERSONS WITHIN THE COMMUNITIES SERVED BY SUMMA HEALTH WITHOUT REGARD TO THE RACE, SEX, CREED, COLOR, NATIONAL ORIGIN OR ECONOMIC STATUS OF SUCH PERSONS. SEE SUMMA HEALTH GROUP RETURN (EIN 90-0640432) FOR FURTHER DETAILS.

4b

(Code) (Expenses \$ 3,582,213 including grants of \$) (Revenue \$ 4,045,805)

SUMMA HEALTH NETWORK, LLC, A DISREGARDED ENTITY OF SUMMA HEALTH, PARTNERS WITH COMMUNITY PHYSICIANS, REGIONAL AND NATIONAL PAYERS TO IMPROVE THE CLINICAL QUALITY AND EFFICIENCY OF CARE, LOWER THE COST OF CARE TO PATIENTS AND EMPLOYERS AND ASSIST PHYSICIANS WITH TECHNOLOGY AND RESOURCES NECESSARY TO ACHIEVE THESE GOALS.

4c

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

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses ▶ 104,765,667

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 | No |
| 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 Yes | |
| 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 | No |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f Yes | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | No |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b Yes | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | No |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b Yes | |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | No |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | No |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | No |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | No |
| 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 | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | |

Part IV Checklist of Required Schedules *(continued)*

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

| | | | | |
|-----|--|-----|-----|----|
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. | 1a | 719 | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. | 1b | 0 | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. | 2a | 875 | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). | 2b | Yes | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | Yes | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. | 3b | Yes | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | Yes | |
| b | If "Yes," enter the name of the foreign country: CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year. | 7d | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12. | 10a | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. | 10b | | |
| 11 | Section 501(c)(12) organizations. Enter | | | |
| a | Gross income from members or shareholders. | 11a | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). | 11b | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | 12b | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | 13a | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. | 13b | | |
| c | Enter the amount of reserves on hand. | 13c | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | 14b | | |

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

| | | Yes | No |
|--|--------------|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year | 1a 14 | | |
| 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 Enter the number of voting members included in line 1a, above, who are independent | 1b 10 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | Yes | |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | Yes | |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | No |
| 6 Did the organization have members or stockholders? | 6 | Yes | |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | Yes | |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | Yes | |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| a The governing body? | 8a | Yes | |
| b Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |

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

| | Yes | No |
|---|------------|-----|
| 10a Did the organization have local chapters, branches, or affiliates? | 10a | No |
| 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? | 10b | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes |
| 13 Did the organization have a written whistleblower policy? | 13 | Yes |
| 14 Did the organization have a written document retention and destruction policy? | 14 | Yes |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a The organization's CEO, Executive Director, or top management official | 15a | Yes |
| b Other officers or key employees of the organization | 15b | Yes |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | No |
| 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? | 16b | |

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
BRIAN K DERRICK 1077 GORGE BLVD PO BOX 2090 AKRON, OH 443092090 (234) 312-5871

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

[illegible]

| | | | | | |
|-----------|--|---|------------|-----------|---------|
| 1b | Sub-Total | ▶ | | | |
| c | Total from continuation sheets to Part VII, Section A | ▶ | | | |
| d | Total (add lines 1b and 1c) | ▶ | 11,474,442 | 2,572,699 | 430,272 |

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 ► 65

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| MERCY HEALTH 4600 MCAULEY PL CINCINNATI, OH 45242 | IT & EMR SERVICES | 11,528,895 |
| PROFESSIONAL ANESTHESIA SERVICE 190 NORTH UNION STREET AKRON, OH 44304 | MEDICAL SERVICES | 7,174,761 |
| HEALTHSPAN LLC 225 PICTORIA DRIVE SUITE 320 CINCINNATI, OH 45246 | PROFESSIONAL SERVICES | 5,347,376 |
| ALLSCRIPTS HEALTHCARE LLC THREE RAVINIA DRIVE ATLANTA, GA 30346 | IT & EMR SERVICES | 4,844,153 |
| PATIENT CENTERED COLLABORATIVE 275 SPRINGSIDE DRIVE STE 100 AKRON, OH 44333 | MEDICAL SERVICES | 4,544,940 |

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 ► 102

Part VIII

Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|---|---|--|---|--|---|---|-----------|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns 1a | | | | | |
| | b | Membership dues 1b | | | | | |
| | c | Fundraising events 1c | | | | | |
| | d | Related organizations 1d | | | | | |
| | e | Government grants (contributions) 1e | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above 1f | | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ | | | | | |
| | h | Total. Add lines 1a-1f | | | | | |
| Program Service Revenue | 2a | CORPORATE ALLOCATION FEES | Business Code 900099 | 119,227,164 | 119,227,164 | | |
| | b | HEALTHCARE REVENUE | 524298 | 4,045,805 | 4,045,805 | | |
| | c | RENTAL INCOME FROM AFFILIATES | 900099 | 2,310,903 | 2,120,419 | 190,484 | |
| | d | PROGRAM RELATED INVESTMENTS | 900099 | 2,210,613 | 2,210,128 | 485 | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | 127,794,485 | | | |
| | Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 7,193,558 | | 7,193,558 |
| 4 | | Income from investment of tax-exempt bond proceeds | | | | | |
| 5 | | Royalties | | | | | |
| 6a | | Gross rents | (i) Real | (ii) Personal | | | |
| | | | | | | | |
| | | b | Less rental expenses | | | | |
| | | c | Rental income or (loss) | | | | |
| d | | Net rental income or (loss) | | | | | |
| 7a | | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | |
| | | | 93,923 | | | | |
| | | b | Less cost or other basis and sales expenses | 0 | | | |
| | | c | Gain or (loss) | 93,923 | | | |
| d | | Net gain or (loss) | | 93,923 | | 93,923 | |
| 8a | | Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 | a | | | | |
| | | b | Less direct expenses b | | | | |
| | | c | Net income or (loss) from fundraising events | | | | |
| 9a | | Gross income from gaming activities See Part IV, line 19 | a | | | | |
| | | b | Less direct expenses b | | | | |
| | | c | Net income or (loss) from gaming activities | | | | |
| 10a | | Gross sales of inventory, less returns and allowances | a | | | | |
| | | | | | | | |
| | | b | Less cost of goods sold b | | | | |
| | | c | Net income or (loss) from sales of inventory | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a | | MISCELLANEOUS INCOME | 900099 | 350,295 | | | 350,295 |
| b | PURCHASE DISCOUNTS/FEES EARNED | 900099 | 205,698 | | | 205,698 | |
| c | | | | | | | |
| d | All other revenue | | | | | | |
| e | Total. Add lines 11a-11d | | 555,993 | | | | |
| 12 | Total revenue. See Instructions | | 135,637,959 | 127,603,516 | 190,969 | 7,843,474 | |

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 | 437,500 | 437,500 | | |
| 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 | 7,573,545 | 3,933,699 | 3,639,846 | |
| 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 | 41,576,051 | 34,923,883 | 6,652,168 | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 669,382 | 562,281 | 107,101 | |
| 9 | Other employee benefits | 5,118,975 | 4,299,939 | 819,036 | |
| 10 | Payroll taxes | 2,990,078 | 2,511,666 | 478,412 | |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | 47,770 | 40,127 | 7,643 | |
| b | Legal | 3,442,007 | | 3,442,007 | |
| c | Accounting | 926,007 | | 926,007 | |
| d | Lobbying | 84,787 | | 84,787 | |
| e | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | 23,000 | | 23,000 | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 20,592,391 | 17,297,609 | 3,294,782 | |
| 12 | Advertising and promotion | 4,434,720 | 3,725,165 | 709,555 | |
| 13 | Office expenses | 5,988,810 | 5,030,600 | 958,210 | |
| 14 | Information technology | 24,245,438 | 20,366,168 | 3,879,270 | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 3,468,041 | 2,913,154 | 554,887 | |
| 17 | Travel | 209,218 | 175,743 | 33,475 | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 274,416 | 230,509 | 43,907 | |
| 20 | Interest | 607,140 | 509,998 | 97,142 | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 7,260,085 | 6,098,471 | 1,161,614 | |
| 23 | Insurance | 7,607 | 6,390 | 1,217 | |
| 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 | 492,939 | 414,069 | 78,870 | |
| b | DUES & LICENSES | 412,825 | 412,825 | | |
| c | TAX EXPENSE | 64,823 | | 64,823 | |
| d | RECRUITMENT | 57,220 | 48,065 | 9,155 | |
| e | All other expenses | 985,483 | 827,806 | 157,677 | |
| 25 | Total functional expenses. Add lines 1 through 24e | 131,990,258 | 104,765,667 | 27,224,591 | 0 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X

Balance Sheet

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

| | | | | (A) | | (B) | |
|-----------------------------|---|--|-------------|-------------------|-------------|-------------|------------|
| | | | | Beginning of year | | End of year | |
| Assets | 1 | Cash—non-interest-bearing | | | 1 | | |
| | 2 | Savings and temporary cash investments | | 76,662,559 | 2 | 85,920,722 | |
| | 3 | Pledges and grants receivable, net | | | 3 | | |
| | 4 | Accounts receivable, net | | 1,010,542 | 4 | 2,960,318 | |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | | 5 | | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | | 6 | | |
| | 7 | Notes and loans receivable, net | | 126,732 | 7 | 250,086 | |
| | 8 | Inventories for sale or use | | 3,510,131 | 8 | 2,408,786 | |
| | 9 | Prepaid expenses and deferred charges | | 3,618,109 | 9 | 3,883,545 | |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 85,844,291 | | | |
| | b | Less accumulated depreciation | 10b | 36,468,222 | 28,682,353 | 10c | 49,376,069 |
| | 11 | Investments—publicly traded securities | | 453,924,933 | 11 | 517,165,254 | |
| | 12 | Investments—other securities See Part IV, line 11 | | | 12 | | |
| | 13 | Investments—program-related See Part IV, line 11 | | 79,321,704 | 13 | 54,179,218 | |
| | 14 | Intangible assets | | | 14 | | |
| | 15 | Other assets See Part IV, line 11 | | 135,572,900 | 15 | 72,112,584 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 782,429,963 | 16 | 788,256,582 | | |
| Liabilities | 17 | Accounts payable and accrued expenses | | 341,054,379 | 17 | 345,272,849 | |
| | 18 | Grants payable | | 2,209,204 | 18 | 1,959,204 | |
| | 19 | Deferred revenue | | 458,437 | 19 | 494,271 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | | 21 | | |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | | 22 | | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 23 | | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 13,659,577 | 24 | 12,560,582 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | | | 25 | | |
| | 26 | Total liabilities. Add lines 17 through 25 | | 357,381,597 | 26 | 360,286,906 | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | | |
| | 27 | Unrestricted net assets | | 425,048,366 | 27 | 427,969,676 | |
| | 28 | Temporarily restricted net assets | | | 28 | | |
| | 29 | Permanently restricted net assets | | | 29 | | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 31 | | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | | |
| | 33 | Total net assets or fund balances | | 425,048,366 | 33 | 427,969,676 | |
| | 34 | Total liabilities and net assets/fund balances | | 782,429,963 | 34 | 788,256,582 | |

Part XI **Reconciliation of Net Assets**

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

| | | | |
|-----------|---|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 135,637,959 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 131,990,258 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 3,647,701 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . | 4 | 425,048,366 |
| 5 | Net unrealized gains (losses) on investments | 5 | -42,533,386 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 41,806,995 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 427,969,676 |

Part XII **Financial Statements and Reporting**

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

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

Additional Data

Software ID:
Software Version:
EIN: 34-1887844
Name: SUMMA HEALTH

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 | | | |
| NICHOLAS BROWNING TREASURER (TERM AS TREAS ENDED 2/15) | 2 00 | X | | X | | | | 0 | 0 | 0 |
| JAMES MCILVAINE CHAIRMAN | 2 00 | X | | X | | | | 0 | 0 | 0 |
| NORMAN WELLS JR DIRECTOR | 4 00 | X | | | | | | 0 | 0 | 0 |
| DARYL CAMERON DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| JAMES GRAVELL JR DIRECTOR (END 11/2015) | 2 00 | X | | | | | | 0 | 0 | 0 |
| MICHAEL HUGHES MD DIRECTOR | 2 00 48 00 | X | | | | | | 0 | 665,564 | 25,912 |
| JAMES KRAVEC MD DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| ANTHONY LOCKHART DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| RICHARD MARSH DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| THERESA PROENZA DIRECTOR (END 10/2015) | 2 00 2 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 | | | |
| BRIAN SMITH DIRECTOR | 2 00 2 00 | X | | | | | | 0 | 0 | 0 |
| R DOUGLAS TROCHELMAN MD DIRECTOR (END 7/2015) | 2 00 48 00 | X | | | | | | 0 | 711,774 | 26,338 |
| LEILA VESPOLI DIRECTOR | 2 00 2 00 | X | | | | | | 0 | 0 | 0 |
| VIVIAN VON GRUENIGEN MD DIRECTOR | 2 00 48 00 | X | | | | | | 0 | 455,940 | 27,867 |
| THOMAS MALONE MD PRESIDENT & CEO | 4 00 46 00 | X | | X | | | | 1,285,333 | 0 | 22,545 |
| LYNN HAMRICH MD DIRECTOR | 2 00 2 00 | X | | | | | | 0 | 0 | 0 |
| DONALD KLINE DIRECTOR | 2 00 2 00 | X | | | | | | 0 | 0 | 0 |
| BRIAN DERRICK TREASURER, SR VP, CFO | 46 00 4 00 | | | X | | | | 945,036 | 0 | 23,552 |
| ROBERT A GERBERRY SECRETARY/GENERAL COUNSEL | 46 00 4 00 | | | X | | | | 475,922 | 0 | 6,307 |
| ERIC HUMPHREY SR VP, HR (END 2/15) | 50 00 0 00 | | | | X | | | 273,219 | 0 | 7,682 |

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 | | | |
| KATHLEEN JOBE VP, CNO | 4 00 46 00 | | | | X | | | 0 | 236,402 | 22,379 |
| GREG KALL SR VP, CIO | 50 00 0 00 | | | | X | | | 522,983 | 0 | 25,382 |
| UNHEE KIM SR VP, CLINICAL SERVICES | 4 00 46 00 | | | | X | | | 825,869 | 0 | 8,202 |
| THOMAS P O'NEILL VP, CFO SHS | 4 00 46 00 | | | | X | | | 555,666 | 0 | 18,277 |
| ERIK STEELE DO CMO, SUMMA HOSPITALS | 4 00 46 00 | | | | X | | | 755,289 | 0 | 7,950 |
| MARK TERPYLAK DO PRESIDENT, SUMMA ACO | 4 00 46 00 | | | | X | | | 0 | 503,019 | 1,637 |
| MARY WARD SR VP, CNO | 4 00 46 00 | | | | X | | | 676,427 | 0 | 10,309 |
| VALERIE GIBSON RN CHIEF OPERATING OFFICER SUMMA HEALTH SYSTEM | 4 00 46 00 | | | | X | | | 544,477 | 0 | 19,810 |
| BENJAMIN P SUTTON SR VP STRATEGY & PERFORMANCE | 50 00 0 00 | | | | X | | | 312,917 | 0 | 31,952 |
| ROB WHITEHOUSE SR VP MARKETING & COMMUNICATION | 50 00 0 00 | | | | X | | | 201,827 | 0 | 17,002 |

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 | | | |
| ED FRIEDL VP, CONSTRUCTION | 50 00 0 00 | | | | | X | | 268,845 | 0 | 28,917 |
| JOSEPH ZARCONI MD FACP ATTENDING NEPHROLOGY | 0 00 50 00 | | | | | X | | 897,420 | 0 | 19,462 |
| JASON NIEHAUS SR VP SYS HOSP OPS | 4 00 46 00 | | | | | X | | 582,187 | 0 | 23,616 |
| DAVID P JOHNSON SR VP REVENUE CYCLE | 4 00 46 00 | | | | | X | | 321,986 | 0 | 13,155 |
| JEFFREY R PRICE VP PAYER STRATEGY | 4 00 46 00 | | | | | X | | 266,379 | 0 | 27,201 |
| THOMAS J STRAUSS FORMER PRESIDENT & CEO | 0 00 8 00 | | | | | | X | 544,652 | 0 | 3,570 |
| WILLIAM A POWEL III FORMER OFFICER | 0 00 0 00 | | | | | | X | 163,138 | 0 | 1,864 |
| ROBERT D HARRIGAN FORMER OFFICER | 0 00 0 00 | | | | | | X | 215,100 | 0 | 3,874 |
| PATRICE LANGE FORMER SR VP | 0 00 0 00 | | | | | | X | 111,769 | 0 | 808 |
| CHARLES ROSS MD FORMER CMI | 0 00 0 00 | | | | | | X | 414,808 | 0 | 2,399 |

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 | | | |
| ROXIA BOYKIN FORMER VP, COMM BENEFIT & DIVERSI | 0 00 0 00 | | | | | | X | 313,193 | 0 | 2,303 |

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.

Name of the organization
SUMMA HEALTH

Employer identification number
34-1887844

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

3
- g

Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii)EIN | (iii) Type of organization (described on lines 1- 9 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---------------------------------------|---------|---|--|----|--|--|
| | | | Yes | No | | |
| See Additional Data Table | | | | | | |
| | | | | | | |
| Total3 | | | | | 0 | |

Part II

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

| Section A. Public Support | | | | | | |
|---|---------|---------|---------|---------|---------|----------|
| Calendar year (or fiscal year beginning in) ► | (a)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 stop here ► <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 stop here. 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 stop here. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/> | | | | | | |
| b 10%-facts-and-circumstances test—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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/> | | | | | | |
| 18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/> | | | | | | |

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--|
| 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2014 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|--|
| 17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from 2014 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|-----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | No |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | 2 | No |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | 3a | No |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | 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 Part VI 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 | No |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | 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 | Yes |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | No |
| c Substitutions only. 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 Part VI . | 6 | Yes |
| 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 | No |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990). | 8 | No |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | 9a | No |
| b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | 9b | No |
| c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | 9c | No |
| 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below. | 10a | No |
| b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | 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 | No |
| b A family member of a person described in (a) above? | 11b | No |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI . | 11c | No |

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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i></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 Part VI 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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i></div> | | No |

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 Part VI 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 Part VI 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 line 2 below.</div></div> <div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 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 Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i></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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i></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) |
|---------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |

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

| Section C - Distributable Amount | | Current Year | |
|----------------------------------|--|--------------|--|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | 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 |
|-----------------------------|--|
| PART IV, SECTION A, LINE 1 | SUMMA FOUNDATION IS DESIGNATED AS SUPPORTED ORGANIZATIONS BY NAME THE ARTICLES OF INCORPORATION DESIGNATES THE OTHER SUPPORTED ORGANIZATIONS, BY CLASS AND PURPOSE, TO INCLUDE ANY OTHER HOSPITAL, HEALTH CARE PROVIDER OR OTHER ENTITY THAT QUALIFIES AS A PUBLICLY SUPPORTED ORGANIZATION WITHIN THE MEANING OF SECTIONS 509(A)(1) OR 509(A)(2) OF THE INTERNAL REVENUE CODE, THAT IS AFFILIATED WITH THE INTEGRATED HEALTH CARE DELIVERY SYSTEM OPERATED AND MANAGED BY SUMMA HEALTH, AND THAT IS RELATED TO SUMMA HEALTH IN A MANNER DESCRIBED IN SECTION 509(A)(3) OF THE INTERNAL REVENUE CODE |
| PART IV, SECTION A, LINE 5A | THE WADSWORTH AREA HOSPITAL ASSOCIATION, EIN 34-6549371, WAS REMOVED BECAUSE THE ORGANIZATION MERGED OUT OF EXISTENCE WITH THE SURVIVING ENTITY BEING SUMMA BARBERTON CITIZENS HOSPITAL, EIN 26-1375072, WHICH CONTINUES TO BE LISTED AS A SUPPORTED ORGANIZATION THE MERGER WAS CONDUCTED UNDER THE AUTHORITY OF THE OHIO REVISED CODE |
| PART IV, SECTION A, LINE 6 | IN 2015 SUMMA HEALTH PROVIDED SUPPORT TO THE UNIVERSITY OF AKRON, THE AKRON AREA YMCA, THE AMERICAN HEART ASSOCIATION AND PROVIDED A GRANT TO OPPORTUNITY PARISH ECUMENICAL NEIGHBORHOOD MINISTRY, A PUBLIC CHARITY, FOR A FREE CLINIC |
| PART IV, SECTION C, LINE 1 | THE MANAGEMENT OF THE SUPPORTING AND THE SUPPORTED ORGANIZATIONS RESIDES IN THE SAME MANAGEMENT GROUP THOMAS MALONE, M D IS SYSTEM PRESIDENT AND CEO AND AN OFFICER AND DIRECTOR FOR BOTH ORGANIZATIONS, BRIAN DERRICK IS SYSTEM CFO AND AN OFFICER FOR BOTH ORGANIZATIONS, AND ROBERT GERBERRY SERVED AS SECRETARY AND GENERAL COUNSEL AND AN OFFICER FOR BOTH ORGANIZATIONS |

Additional Data

Software ID:
Software Version:
EIN: 34-1887844
Name: SUMMA HEALTH

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

| (i) Name of supported organization | (ii)EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | Amount of other support (see (vi) instructions) |
|--|-----------|---|---|----|--|---|
| | | | Yes | No | | |
| (A) SUMMA HEALTH SYSTEM | 340714755 | | | No | 0 | 0 |
| (A) SUMMA BARBERTON CITIZENS HOSPITAL | 261375072 | | | No | 0 | 0 |
| (B) SUMMA FOUNDATION | 341219001 | | Yes | | 0 | 0 |

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

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 SUMMA HEALTH | Employer identification number 34-1887844 |
|--|--|

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 | | (a) | | (b) |
|--|--|-----|----|--------|
| | | Yes | No | Amount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | No | |
| a | Volunteers? | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | Yes | | |
| c | Media advertisements? | Yes | | 268 |
| d | Mailings to members, legislators, or the public? | | No | |
| e | Publications, or published or broadcast statements? | Yes | | 500 |
| f | Grants to other organizations for lobbying purposes? | | No | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | 72,075 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | Yes | | 11,941 |
| i | Other activities? | | No | |
| j | Total Add lines 1c through 1i | | | 84,784 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A

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

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

Part III-B

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

| | | | |
|---|--|----|--|
| 1 | Dues, assessments and similar amounts from members | 1 | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | 2a | |
| a | Current year | 2b | |
| b | Carryover from last year | 2c | |
| c | Total | 3 | |
| 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? | 4 | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

Part IV

Supplemental Information

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

| Return Reference | Explanation |
|-------------------|--|
| PART II-B, LINE 1 | IN 2015, SUMMA HEALTH BOARD MEMBERS, MANAGEMENT, PHYSICIANS AND STAFF INTERACTED WITH ELECTED OFFICIALS TO INFORM THEM OF THE IMPORTANCE OF POPULATION HEALTH MANAGEMENT, MAINTAINING EXPANDED COVERAGE UNDER THE MEDICAID PROGRAM IN OHIO, COMBAT THE TWIN SCOURGES OF OPIOID ADDICTION AND INFANT MORTALITY, MOVE TO VALUEBASED CONTRACTING IN THE MEDICAID PROGRAM, THE IMPORTANCE OF CENTERING PREGNANCY AND THE STATE CAPITAL BUDGET. SUMMA HEALTH CONDUCTED ITS FIRST POPULATION HEALTH SYMPOSIUM AND LUNCHEON TO INFORM ELECTED OFFICIALS OF THE OPPORTUNITIES AND POTENTIAL IN ACCOUNTABLE CARE ORGANIZATIONS. PUBLICATIONS AND MEDIA ADVERTISEMENTS INCLUDE THE COSTS OF MAINTAINING A WEBSITE FOR THE AKRON CANTON MEDICAID COALITION. |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► 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.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
SUMMA HEALTH

Employer identification number
34-1887844

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

► \$

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

Amount

1c

1d

1e

1f

2a

Did the organization include an amount on Form 990, Part X, line 21, 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 | 19,966,435 | 17,564,266 | 16,730,853 | 15,896,469 | 15,633,840 |
| b Contributions | 313,575 | 1,927,171 | 70,706 | 347,618 | 113,108 |
| c Net investment earnings, gains, and losses | -559,200 | 474,998 | 762,707 | 486,766 | 149,521 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 19,720,810 | 19,966,435 | 17,564,266 | 16,730,853 | 15,896,469 |

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100 000 %

c

Temporarily restricted endowment ▶

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

3a

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

(i) unrelated organizations

(ii) related organizations

Yes

No

3a(i)

No

3a(ii)

No

b

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

3b

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 | | 1,157,140 | | 1,157,140 |
| b Buildings | | 12,345,692 | 1,278,975 | 11,066,717 |
| c Leasehold improvements | | 19,978 | 19,978 | 0 |
| d Equipment | | 60,831,847 | 35,159,547 | 25,672,300 |
| e Other | | 11,489,634 | 9,722 | 11,479,912 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶ | | | | 49,376,069 |

Schedule D (Form 990) 2015

Part II

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

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

Part XIII

Supplemental Information

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

| Return Reference | Explanation |
|------------------|--|
| PART V, LINE 4 | ENDOWMENT FUNDS PROVIDE INCOME TO BE USED TO FULFILL THE TAX-EXEMPT PURPOSES OF SUMMA FOUNDATION |

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

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

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2015

**Open to Public
Inspection**

- **Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.**
► **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
SUMMA HEALTH

Employer identification number

34-1887844

Part I General Information on Activities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| (1) CENTRAL AMERICA AND THE CARIBBEAN | 0 | 0 | PROGRAM SERVICES | SELF INSURANCE | 57,201,789 |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| 3a Sub-total | 0 | 0 | | | 57,201,789 |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0 |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 57,201,789 |

Part II Grants and Other Assistance to Organizations or Entities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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

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

3 Enter total number of other organizations or entities ▶ _____

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

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

Part IV Foreign Forms

- 1

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

☒ Yes ☐ No
- 2

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

☐ Yes ☒ No
- 3

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

☒ Yes ☐ No
- 4

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

☐ Yes ☒ No
- 5

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

☐ Yes ☒ No
- 6

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

☐ Yes ☒ No

Part V **Supplemental Information**

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

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|---------------------|---|
| PART I, LINE 3 | METHOD TO ACCOUNT FOR EXPENDITURES ON ORGANIZATION'S FINANCIAL STATEMENTS CENTRAL AMERICA AND THE CARIBBEAN ACCRUAL |

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|-------------------------------|---|
| SCHEDULE F, PART I, LINE 3(F) | PROGRAM SERVICE ACTIVITY \$56,509,825 INVESTMENTS 691,964 EXPENSES \$57,201,789 TOTAL |

2015

34-1887844

Schedule I (Form 990) 2015

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 | THE PROCEDURE FOR MONITORING GRANT FUNDS IS BASED ON THE CRITERIA ESTABLISHED PRIOR TO AWARDING THE GRANT OR ASSISTANCE. ONCE THE CRITERIA IS MET, A PAYMENT WILL BE MADE TO THE UNIVERSITY OR AGENCY UTILIZING THE FUNDS. |

Additional Data

Software ID:
Software Version:
EIN: 34-1887844
Name: SUMMA HEALTH

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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| UNIVERSITY OF AKRON 302 BUCHTEL COMMON AKRON, OH 44301 | 34-6002924 | GOVERNMENTAL | 250,000 | | | | EDUCATIONAL |
| YMCA OF AKRON 50 SOUTH MAIN STREET STE LL 100 AKRON, OH 44308 | 34-0714727 | 501(C)(3) | 160,000 | | | | MISSION SUPPORT |
| AMERICAN HEART ASSOCIATION 3505 EMBASSY PARKWAY STE 100 AKRON, OH 44333 | 13-5613797 | 501(C)(3) | 25,000 | | | | RESEARCH AND EDUCATION |

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.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
SUMMA HEALTH

Employer identification number
34-1887844

Part I Questions Regarding Compensation

| | Yes | No |
|--|--------|----|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div> | | |
| b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b Yes | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? | 2 Yes | |
| 3 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><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div> | | |
| 4 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: a Receive a severance payment or change-of-control payment? | 4a Yes | |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b Yes | |
| c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | 4c | No |
| Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | |
| 5 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: a The organization? | 5a | No |
| b Any related organization? If "Yes," on line 5a or 5b, describe in Part III | 5b | No |
| 6 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: a The organization? | 6a | No |
| b Any related organization? If "Yes," on line 6a or 6b, describe in Part III | 6b | No |
| 7 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 | 7 Yes | |
| 8 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 | 8 | No |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | |

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

For each individual whose compensation must be reported 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 | TAX INDEMNIFICATION AND GROSS-UP PAYMENTS. SUMMA HEALTH GROSSED UP TAXES FOR SUPPLEMENTAL EXECUTIVE RETIREMENT PROGRAMS PAID TO THREE OFFICERS, ONE FORMER OFFICER, TWELVE KEY EMPLOYEES, TWO FORMER EMPLOYEES AND THREE HIGHEST COMPENSATED EMPLOYEES. THE AMOUNT OF THE GROSS UP IS RECOGNIZED AS ADDITIONAL TAXABLE COMPENSATION. |
| PART I, LINES 4A-B | PART I, LINE 4A SEVERANCE OR CHANGE-OF-CONTROL PAYMENT. IN 2015, THE FOLLOWING LISTED PERSONS RECEIVED SEVERANCE PAYMENTS AND BENEFITS FROM THE ORGANIZATION OR FROM A RELATED ORGANIZATION: THOMAS J. STRAUSS \$15,372, PATRICE LANGE \$4,121, WILLIAM POWEL, III \$5,725, CHARLES ROSS, MD \$237,680, ROBERT D. HARRIGAN \$158,378, ERIC HUMPHREY \$148,635, UNHEE KIM \$401,704, ROXIA BOYKIN \$183,436, JOSEPH ZARCONI, MD, FACP \$331,305. PART I, LINE 4B SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. SUMMA HEALTH HAS A 457(F) PROGRAM WHICH REWARDS CERTAIN OFFICERS, DIRECTORS, KEY AND HIGHEST COMPENSATED EMPLOYEES FOR MEETING LONG TERM STRATEGIC OBJECTIVES OF THE ORGANIZATION. AMOUNTS INCLUDABLE AS TAXABLE COMPENSATION FOR LISTED INDIVIDUALS, DUE TO PLAN PARTICIPATION IN THE REPORTING YEAR, WERE AS FOLLOWS: THOMAS MALONE, MD \$39,675, BRIAN K. DERRICK \$114,825, GREG KALL \$86,356, UNHEE KIM \$68,184, THOMAS P. O'NEILL \$55,117, ERIK STEELE, DO \$41,374, MARK TERPYLAK, DO \$6,879, MARY WARD \$109,424, JOSEPH ZARCONI, MD \$100,871, JASON NIEHAUS \$6,452, PATRICE LANGE \$46,643, WILLIAM POWELL, III \$69,249, CHARLES ROSS, MD \$34,672, THOMAS STRAUSS \$148,461, ROXIA BOYKIN \$25,155. |
| PART I, LINE 7 | THE SUMMA HEALTH MANAGEMENT INCENTIVE PROGRAM IS DESIGNED TO REWARD EMPLOYEES FOR MEETING QUALITY, PERFORMANCE AND FINANCIAL TARGETS. THESE TARGETS INCLUDE CLINICAL QUALITY, PATIENT SATISFACTION, EMPLOYEE/PHYSICIAN SATISFACTION, OPERATING MARGIN AND THE STRENGTHENING OF THE BALANCE SHEET. PAYMENT IS BASED ON A FACTOR OF BASE COMPENSATION AND IS SUBJECT TO REVIEW AND APPROVAL BY SUMMA'S COMPENSATION COMMITTEE. |

Additional Data

Software ID:
Software Version:
EIN: 34-1887844
Name: SUMMA HEALTH

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 | | | | |
| 1MICHAEL HUGHES MD DIRECTOR | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 640,801 | 22,573 | 2,190 | 7,950 | - | - | 0 |
| | | | | | 17,962 | | 691,476 | |
| R DOUGLAS TROCHELMAN 1MD DIRECTOR (END 7/2015) | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 654,484 | 55,100 | 2,190 | 9,275 | - | - | 0 |
| | | | | | | 17,063 | 738,112 | |
| 2VIVIAN VON GRUENIGEN MD DIRECTOR | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 454,350 | 0 | 1,590 | 3,130 | - | - | 0 |
| | | | | | | 24,737 | 483,807 | |
| 3THOMAS MALONE MD PRESIDENT & CEO | (i) | 796,996 | 250,000 | 238,337 | 5,608 | 16,937 | 1,307,878 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | - | - | 0 |
| | | | | | | 0 | 0 | |
| 4BRIAN DERRICK TREASURER, SR VP, CFO | (i) | 540,515 | 143,655 | 260,866 | 6,625 | 16,927 | 968,588 | 55,878 |
| | (ii) | 0 | 0 | 0 | 0 | - | - | 0 |
| | | | | | | 0 | 0 | |
| 5ROBERT A GERBERRY SECRETARY/GENERAL COUNSEL | (i) | 350,682 | 59,706 | 65,534 | 4,846 | 1,461 | 482,229 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | - | - | 0 |
| | | | | | | 0 | 0 | |
| 6ERIC HUMPHREY SR VP, HR (END 2/15) | (i) | 34,308 | 28,573 | 210,338 | 3,347 | 4,335 | 280,901 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | - | - | 0 |
| | | | | | | 0 | 0 | |
| 7KATHLEEN JOBEVP, CNO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 179,937 | 15,756 | 40,709 | 6,994 | - | - | 0 |
| | | | | | | 15,385 | 258,781 | |
| 8GREG KALLSR VP, CIO | (i) | 298,479 | 52,196 | 172,308 | 9,224 | 16,158 | 548,365 | 51,320 |
| | (ii) | 0 | 0 | 0 | 0 | - | - | 0 |
| | | | | | | 0 | 0 | |
| 9UNHEE KIM SR VP, CLINICAL SERVICES | (i) | 21,395 | 94,413 | 710,061 | 3,612 | 4,590 | 834,071 | 68,184 |
| | (ii) | 0 | 0 | 0 | 0 | - | - | 0 |
| | | | | | | 0 | 0 | |
| 10THOMAS P O'NEILL VP, CFO SHS | (i) | 291,048 | 70,000 | 194,618 | 9,275 | 9,002 | 573,943 | 32,825 |
| | (ii) | 0 | 0 | 0 | 0 | - | - | 0 |
| | | | | | | 0 | 0 | |
| 11ERIK STEELE DO CMO, SUMMA HOSPITALS | (i) | 493,506 | 90,963 | 170,820 | 7,950 | 0 | 763,239 | 11,381 |
| | (ii) | 0 | 0 | 0 | 0 | - | - | 0 |
| | | | | | | 0 | 0 | |
| 12MARK TERPYLAK DO PRESIDENT, SUMMA ACO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 324,035 | 75,185 | 103,799 | 505 | - | - | 0 |
| | | | | | | 1,132 | 504,656 | |
| 13MARY WARDSR VP, CNO | (i) | 357,702 | 102,331 | 216,394 | 7,950 | 2,359 | 686,736 | 67,624 |
| | (ii) | 0 | 0 | 0 | 0 | - | - | 0 |
| | | | | | | 0 | 0 | |
| 14VALERIE GIBSON RN CHIEF OPERATING OFFICER SUMMA HEALTH | (i) | 428,586 | 0 | 115,891 | 0 | 19,810 | 564,287 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | - | - | 0 |
| | | | | | | 0 | 0 | |
| 15BENJAMIN P SUTTON SR VP STRATEGY & PERFORMANCE | (i) | 228,649 | 57,157 | 27,111 | 8,999 | 22,953 | 344,869 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | - | - | 0 |
| | | | | | | 0 | 0 | |
| 16ROB WHITEHOUSE SR VP MARKETING & COMMUNICATION | (i) | 163,714 | 0 | 38,113 | 0 | 17,002 | 218,829 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | - | - | 0 |
| | | | | | | 0 | 0 | |
| 17ED FRIEDL VP, CONSTRUCTION | (i) | 208,622 | 21,659 | 38,564 | 5,600 | 23,317 | 297,762 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | - | - | 0 |
| | | | | | | 0 | 0 | |
| 18JOSEPH ZARCONI MD FACP ATTENDING NEPHROLOGY | (i) | 158,039 | 49,541 | 689,840 | 7,771 | 11,691 | 916,882 | 63,647 |
| | (ii) | 0 | 0 | 0 | 0 | - | - | 0 |
| | | | | | | 0 | 0 | |
| 19JASON NIEHAUS SR VP SYS HOSP OPS | (i) | 319,850 | 143,334 | 119,003 | 1,313 | 22,303 | 605,803 | 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 | | | | |
| 21DAVID P JOHNSON SR VP REVENUE CYCLE | (i) | 240,594 | 36,000 | 45,392 | 5,264 | 7,891 | 335,141 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | - 0 | - 0 | 0 |
| 1JEFFREY R PRICE VP PAYER STRATEGY | (i) | 219,614 | 24,355 | 22,410 | 5,250 | 21,951 | 293,580 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | - 0 | - 0 | 0 |
| 2THOMAS J STRAUSS FORMER PRESIDENT & CEO | (i) | 86,438 | 294,381 | 163,833 | 0 | 3,570 | 548,222 | 148,461 |
| | (ii) | 0 | 0 | 0 | 0 | - 0 | - 0 | 0 |
| 3WILLIAM A POWEL III FORMER OFFICER | (i) | 0 | 87,754 | 75,384 | 0 | 1,864 | 165,002 | 69,249 |
| | (ii) | 0 | 0 | 0 | 0 | - 0 | - 0 | 0 |
| 4ROBERT D HARRIGAN FORMER OFFICER | (i) | 0 | 0 | 215,100 | 0 | 3,874 | 218,974 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | - 0 | - 0 | 0 |
| 5PATRICE LANGE FORMER SR VP | (i) | 0 | 60,693 | 51,076 | 0 | 808 | 112,577 | 46,643 |
| | (ii) | 0 | 0 | 0 | 0 | - 0 | - 0 | 0 |
| 6CHARLES ROSS MD FORMER CMI | (i) | 0 | 54,415 | 360,393 | 0 | 2,399 | 417,207 | 34,672 |
| | (ii) | 0 | 0 | 0 | 0 | - 0 | - 0 | 0 |
| 7ROXIA BOYKIN FORMER VP, COMM BENEFIT & DIVERSE | (i) | 2,033 | 43,233 | 267,927 | 493 | 1,810 | 315,496 | 25,155 |
| | (ii) | 0 | 0 | 0 | 0 | - 0 | - 0 | 0 |

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons
▶ 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.

OMB No 1545-0047
2015
Open to Public Inspection

Name of the organization
SUMMA HEALTH

Employer identification number
34-1887844

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 |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Total ▶ \$ | | | | | | | | | | | | |

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Part IV Business Transactions Involving Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| (1) CYNTHIA BROWNING | FAMILY MEMBER OF NICHOLAS BROWNING, SUMMA HEALTH BOARD MEMBER | 51,704 | EMPLOYMENT | | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

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

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

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.**2015****Open to Public
Inspection**Name of the organization
SUMMA HEALTH**Employer identification number**

34-1887844

**Return
Reference****Explanation**FORM 990, PART
VI, SECTION A,
LINE 2FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS RICHARD MARSH, LEILA VESPOLI, AND
ANTHONY LOCKHART - BUSINESS RELATIONSHIP THOMAS MALONE, M D , THOMAS P O'NEILL AND ERIK N STEELE,
D O - BUSINESS RELATIONSHIP THOMAS P O'NEILL AND UNHEE KIM - BUSINESS RELATIONSHIP BRIAN DERRICK,
THOMAS MALONE, M D , JAMES MCILVAINE, AND ERIC N STEELE, D O - BUSINESS RELATIONSHIP

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION A, LINE 4 | SIGNIFICANT CHANGES IN GOVERNING DOCUMENTS SUMMA HEALTH THE ARTICLES OF INCORPORATION AND THE CODE OF REGULATIONS WERE AMENDED IN MARCH 2015 TO CHANGE THE NAME OF THE CORPORATION FROM SUMMA HEALTH SYSTEM TO SUMMA HEALTH |

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION A, LINE 6 | CLASSES OF MEMBERS OR STOCKHOLDERS THE MEMBERS OF SUMMA HEALTH ARE SUMMA HEALTH SYSTEM COMMUNITY ("SUMMA MEMBER") AND HEALTHSPAN PARTNERS ("COMMUNITY MEMBER") SUMMA MEMBER'S INTEREST IS 70%, COMMUNITY MEMBER'S INTEREST IS 30% |

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION A, LINE 7A | <p>MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY THE MEMBERS OF THE CORPORATION ARE SUMMA HEALTH SYSTEM COMMUNITY ("SUMMA MEMBER") AND HEALTHSPAN PARTNERS ("COMMUNITY MEMBER") THE MEMBERS HAVE THE FOLLOWING POWERS 1 COMMUNITY MEMBER TO ELECT 5 DIRECTORS (AT LEAST 1 TO BE A RESIDENT OR COMMUNITY LEADER ACTIVE IN SUMMA'S MARKET AREA AND AT LEAST 1 TO BE A PHYSICIAN, THESE MAY BE SAME INDIVIDUAL) 2 SUMMA MEMBER TO ELECT 10 DIRECTORS (7 ELECTED LAY DIRECTORS AND 3 PHYSICIAN DIRECTORS) A DIRECTOR MAY ONLY BE REMOVED BY THE MEMBER WHICH ELECTED SUCH DIRECTOR, AND IF A MEMBER REMOVES A DIRECTOR ELECTED BY SUCH MEMBER, THEN THAT MEMBER MAY ELECT A DIRECTOR TO FILL THE VACANCY</p> |

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION A, LINE 7B | DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS THE FOLLOWING ARE RESERVED POWERS FOR THE MEMBERS OF THE CORPORATION 1 ACTIONS THAT WOULD ADVERSELY IMPACT THE TAX-EXEMPT STATUS OF THE CORPORATION OR MERCY HEALTH 2 APPOINTMENT OF A NEW CEO 3 DISSOLUTION, MERGER, CONVERSION, OR CONSOLIDATION OF THE CORPORATION, OR SALE/LEASE/DISPOSITION OF SUBSTANTIALLY ALL OF THE CORPORATION'S ASSETS 4 SALE, LEASE, DISPOSITION OF CORPORATION'S CORE OPERATING ASSETS AS DEFINED IN DEFINITIVE AGREEMENT 5 ADDITION OF A NEW CORPORATE MEMBER OF THE CORPORATION 6 AMENDMENT TO THE STATEMENT OF COMMON VALUES 7 AMENDMENT TO THE ARTICLES OF INCORPORATION OR CODE OF REGULATIONS RESERVED POWERS 1, 3, 4, 5, 6, AND 7 REQUIRE THE APPROVAL OF EACH OF THE MEMBERS |

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 11 | <p>REVIEW OF FORM 990 BY GOVERNING BODY THE RETURN WAS REVIEWED IN DETAIL BY A COMMITTEE CONSISTING OF INTERNAL LEGAL COUNSEL, FINANCIAL MANAGEMENT, AND AN EXTERNAL AUDITOR THE REVIEW COMMITTEE INCLUDED THE SENIOR VICE PRESIDENT, FINANCE & CFO AND THE SENIOR VICE PRESIDENT, LEGAL SERVICES & GENERAL COUNSEL THIS DETAILED REVIEW OCCURRED IN OCTOBER 2016 FOLLOWING THIS REVIEW AND INCORPORATION OF CHANGES RECOMMENDED BY THIS COMMITTEE, THE RETURN WAS PROVIDED TO THE SUMMA HEALTH COMMITTEE ON GOVERNANCE PRIOR TO ITS OCTOBER 2016 MEETING FOR FURTHER REVIEW THE COMMITTEE ON GOVERNANCE IS A STANDING COMMITTEE APPOINTED BY THE SUMMA HEALTH BOARD OF DIRECTORS AND INCLUDES MEMBERS OF THE BOARD OF DIRECTORS AFTER THESE REVIEWS BY THE COMMITTEE ON GOVERNANCE AND THE COMMUNITY BENEFITS COMMITTEE, AND PRIOR TO FILING WITH THE IRS, AN EMAIL WAS SENT TO EACH VOTING MEMBER OF THE BOARD OF DIRECTORS THIS EMAIL INCLUDED INSTRUCTIONS AND A LINK TO A PASSWORD-PROTECTED WEB SITE ON WHICH THE ENTIRE FORM 990 WAS AVAILABLE FOR VIEWING, PRIOR TO FILING WITH THE IRS</p> |

| Return Reference | Explanation |
|---|--|
| FORM 990, PART VI, SECTION B, LINE 12C | <p>CONFLICT OF INTEREST PROCESS SUMMARY A CONFLICT OF INTEREST QUESTIONNAIRE IS SENT ANNUALLY TO ALL SUMMA HEALTH ENTITIES' BOARDS OF DIRECTORS, KEY EMPLOYEES, SENIOR MANAGERS, MEDICAL DIRECTORS, EMPLOYED PHYSICIANS, CONTRACTED PHYSICIANS, ADMINISTRATIVE DIRECTORS, EXECUTIVE DIRECTORS, DEPARTMENT HEADS, MANAGERS, SUPERVISORS, AND MEMBERS OF PURCHASING COMMITTEES FOR COMPLETION RESPONSES ARE INDIVIDUALLY REVIEWED FOR DETERMINATION OF POTENTIAL CONFLICTS THOSE RESPONSES DEEMED TO PRESENT POTENTIAL CONFLICTS ARE THEN PRESENTED TO THE COMMITTEE ON GOVERNANCE (SUB-COMMITTEE OF THE SUMMA HEALTH BOARD OF DIRECTORS) THE COMMITTEE ON GOVERNANCE REVIEWS EACH RESPONSE THAT PRESENTS A POTENTIAL CONFLICT AND DETERMINES WHETHER ADDITIONAL ACTION IS REQUIRED TO ELIMINATE OR MITIGATE THE POTENTIAL CONFLICT THIS ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE PROCESS IS MANAGED BY THE CORPORATE COMPLIANCE DEPARTMENT PURSUANT TO THE SUMMA HEALTH POLICY ON CONFLICT OF INTEREST AS APPROVED BY THE SUMMA HEALTH BOARD OF DIRECTORS IN ADDITION TO THE ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE, THE CONFLICT OF INTEREST POLICY IMPOSES A DUTY TO DISCLOSE CONFLICTING INTERESTS ON AN ONGOING BASIS</p> |

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 15 | <p>PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL AND OTHER EMPLOYEES EXECUTIVE COMPENSATION THE COMPENSATION COMMITTEE OF THE SUMMA HEALTH BOARD OF DIRECTORS MEETS AT LEAST TWICE EACH YEAR TO REVIEW AND APPROVE BASE COMPENSATION AND TOTAL REMUNERATION FOR EXECUTIVE STAFF EACH VOTING MEMBER OF THE COMPENSATION COMMITTEE IS AN INDEPENDENT DIRECTOR AND IS NOT AFFILIATED WITH MANAGEMENT THE COMPENSATION COMMITTEE ENGAGES OUTSIDE CONSULTING SUPPORT TO PROVIDE INDEPENDENT MARKET DATA, ADVICE AND COUNSEL TO THE COMPENSATION COMMITTEE FOR THE PAST SIX YEARS, THE COMPENSATION COMMITTEE HAS USED HAY GROUP, A NATIONALLY RECOGNIZED CONSULTING FIRM, TO ASSIST THEIR EFFORTS THE HAY GROUP PROVIDES THE FOLLOWING SERVICES TO THE COMPENSATION COMMITTEE (A) EDUCATION OF COMMITTEE MEMBERS REGARDING EXECUTIVE COMPENSATION TRENDS AND BEST PRACTICES IN HEALTHCARE ORGANIZATIONS, (B) ASSESSMENT OF THE MARKET COMPETITIVENESS AND REASONABLENESS OF SUMMA'S EXECUTIVE COMPENSATION PROGRAMS INCLUDING BASE SALARY, INCENTIVE COMPENSATION, CORE AND EXECUTIVE BENEFITS, AS WELL AS THEIR ALIGNMENT WITH THE MISSION AND FUTURE PERFORMANCE EXPECTATIONS, (C) WRITTEN, DETAILED EVALUATION OF THE MARKET REASONABLENESS OF SUMMA'S EXECUTIVE COMPENSATION AND BENEFITS PROGRAM, AND (D) ONGOING SUPPORT AND INDEPENDENT ADVICE TO THE COMPENSATION COMMITTEE ON MATTERS RELATED TO EXECUTIVE COMPENSATION EACH YEAR THE COMPENSATION COMMITTEE REVIEWS AND APPROVES THE COMPENSATION FOR THE FOLLOWING POSITIONS SUMMA HEALTH PRESIDENT & CEO SENIOR VICE PRESIDENT, FINANCE & CFO SENIOR VICE PRESIDENT, LEGAL SERVICES & GENERAL COUNSEL SENIOR VICE PRESIDENT, IT&S & CIO SENIOR VICE PRESIDENT, PLANNING & MARKETING SENIOR VICE PRESIDENT & CHIEF NURSING OFFICER SENIOR VICE PRESIDENT, HUMAN RESOURCES SENIOR VICE PRESIDENT, CHIEF MEDICAL OFFICER CHIEF OPERATING OFFICER PRESIDENT, SUMMACARE</p> |

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION C, LINE 19 | REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC SUMMA HEALTH MAKES ITS CONFLICTS OF INTEREST POLICY AVAILABLE UPON REQUEST THE ARTICLES OF INCORPORATION OF SUMMA HEALTH AND ITS RELATED ENTITIES ARE AVAILABLE ON THE WEBSITE OF THE OHIO SECRETARY OF STATE (WWW SOS STATE OH US) SUMMA HEALTH MAKES ITS FINANCIAL STATEMENTS AVAILABLE ON ITS WEBSITE (WWW SUMMAHEALTH ORG) THE FINANCIAL STATEMENTS ARE ALSO AVAILABLE THROUGH THE ELECTRONIC MUNICIPAL MARKET ACCESS (WWW EMMA MSRB ORG) |

| Return Reference | Explanation |
|-----------------------------------|--|
| FORM 990, PART IX, LINE 11G | NON-BILLABLE PURCHASED SERVICES PROGRAM SERVICE EXPENSES 13,566,627 MANAGEMENT AND GENERAL EXPENSES 2,584,119 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 16,150,746 CONSULTANT FEES PROGRAM SERVICE EXPENSES 3,677,009 MANAGEMENT AND GENERAL EXPENSES 700,383 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 4,377,392 HEALTH SCREENING PROGRAM SERVICE EXPENSES 53,973 MANAGEMENT AND GENERAL EXPENSES 10,280 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 64,253 |

| Return Reference | Explanation |
|------------------------------|---|
| FORM 990, PART XI, LINE 9 | TRANSFERS TO/FROM AFFILIATES 61,644,000 POST RETIREMENT BENEFIT ADJUSTMENT 39,752 OTHER ADJUSTMENTS 107,696 OTHER NET ASSETS ADJUSTMENTS -19,984,453 |

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

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 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.

| | |
|--|--|
| Name of the organization SUMMA HEALTH | Employer identification number 34-1887844 |
|--|--|

| Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. | | | | | |
|--|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
| (1) SUMMA HEALTH NETWORK LLC 525 EAST MARKET STREET AKRON, OH 44304 34-1887844 | CONTRACTING | OH | 4,224,000 | 12,285,000 | SUMMA HEALTH |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| 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) SUMMA HEALTH SYSTEM COMMUNITY 1077 GORGE BLVD AKRON, OH 443092090 46-3018310 | SUPPORTING ORGANIZATION | OH | 501(C)(3) | 11 TYPE II | SUMMA HEALTH | Yes | |
| (2) SUMMA ROBINSON HEALTH VENTURES 1077 GORGE BLVD AKRON, OH 443092090 20-8650711 | SUPPORTING ORGANIZATION | OH | 501(C)(3) | 11 TYPE I | SUMMA HEALTH | Yes | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part III

Identification of Related Organizations Taxable as a Partnership

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproporionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|---|--|--|---------------------------------|--|--|----|--|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) OHIO SLEEP DISORDERS LLC 130 W EXCHANGE AKRON, OH 44302 34-1872278 | SLEEP CENTER | OH | N/A | | | | | | | | | |
| (2) SUMMA REHAB HOSPITAL 29 NORTH ADAMS STREET AKRON, OH 44034 27-1952573 | REHAB HOSPITAL | OH | N/A | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

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

Part V

Transactions With Related Organizations

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

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

1

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

a

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

b

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

c

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

d

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

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

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

k

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

l

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

m

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

n

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

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

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

s

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

Yes

No

1a

Yes

1b

No

1c

No

1d

No

1e

No

1f

Yes

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

No

1n

No

1o

No

1p

Yes

1q

Yes

1r

Yes

1s

Yes

| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds | | | |
|---|----------------------------------|------------------------|--|
| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
| See Additional Data Table | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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 |
|------------------|-------------|
|------------------|-------------|

Additional Data

Software ID:
Software Version:
EIN: 34-1887844
Name: SUMMA HEALTH

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|-------------------------|---|-------------------------------------|---|---------------------------------|---|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| (1) OHIO HEALTH CHOICE INC 1077 GORGE BLVD AKRON, OH 443092090 34-1895396 | PPO | OH | SUMMA HEALTH SYSTEM CORP | C | 2,790,000 | 5,346,000 | 80 000 % | Yes | |
| (1) SUMMA INSURANCE COMPANY INC 10 NORTH MAIN STREET AKRON, OH 44308 34-1809108 | PROP/CAS INS | OH | SUMMA HEALTH SYSTEM CORP | C | 214,854,062 | 59,694,266 | 100 000 % | Yes | |
| (2) SUMMA HEALTH SYSTEM CORP 1077 GORGE BLVD AKRON, OH 443092090 34-1515252 | MGMT SVCS | OH | SUMMA HEALTH | C | 1,997,833 | 4,213,744 | 100 000 % | Yes | |
| (3) WADSWORTH RITTMAN HOS PROF SVC CORP 195 WADSWORTH RD WADSWORTH, OH 44281 01-0842997 | PROF MED SVCS | OH | SUMMA HEALTH SYSTEM CORP | C | | | 100 000 % | Yes | |
| (4) MIDDLEBURY ASSURANCE COMPANY PO BOX 1051 KY1-1102 GRAND CAYMAN CJ 98-0405096 | SELF INSURANCE | CJ | SUMMA HEALTH | C | 10,818,647 | 62,744,101 | 100 000 % | Yes | |
| (5) SUMMACARE INC 10 NORTH MAIN STREET AKRON, OH 44308 34-1726655 | PROP/CAS INS | OH | SUMMA INSURANCE COMPANY INC | C | 271,448,549 | 90,854,577 | 100 000 % | Yes | |
| (6) ARIS TELERADIOLOGY HOLDINGS INC 5655 HUDSON DRIVE SUITE 210 HUDSON, OH 44236 45-3697866 | RADIOLOGY SVC | OH | SUMMA HEALTH SYSTEM | C | 24,468,674 | 13,179,234 | 58 800 % | Yes | |
| (7) SUMMA ACCOUNTABLE CARE ORGANIZATION 1077 GORGE BLVD AKRON, OH 443092090 27-3857055 | CONTRACTING | OH | SUMMA HEALTH | C | 11,972,000 | 5,256,000 | 100 000 % | Yes | |
| (8) HEALTH CARE CENTERS PHYSICIANS INC 1900 23RD STREET CUYAHOGA FALLS, OH 44223 34-1692767 | INACTIVE | OH | SUMMA HEALTH SYSTEM CORP | C | | | 100 000 % | Yes | |
| (9) SUMMA MANAGEMENT SERVICES ORGANIZATION 10 NORTH MAIN STREET AKRON, OH 44308 46-1145832 | MGMT SVCS | OH | SUMMA HEALTH SYSTEM CORP | C | 32,869,000 | 8,170,000 | 100 000 % | Yes | |
| (10) SUMMA INTEGRATED SERVICES ORGANIZATION 10 NORTH MAIN STREET AKRON, OH 44308 46-1159251 | MGMT SVCS | OH | SUMMA HEALTH SYSTEM CORP | C | 21,962,000 | 12,863,000 | 100 000 % | Yes | |

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

| (a) Name of related organization | | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------------|---------------------------------|------------------------|---|
| (1) | SUMMACARE INC | A | 2,299,764 | FMV |
| (1) | MIDDLEBURY ASSURANCE COMPANY | F | 2,340,851 | FMV |
| (2) | MIDDLEBURY ASSURANCE COMPANY | F | 5,000,000 | COST |
| (3) | SUMMA PHYSICIANS INC | L | 736,959 | FMV |
| (4) | SUMMA HEALTH SYSTEM | L | 532,644 | FMV |
| (5) | SUMMACARE INC | L | 77,178,000 | FMV |
| (6) | MIDDLEBURY ASSURANCE COMPANY | P | 621,799 | FMV |
| (7) | SUMMA REHAB HOSPITAL LLC | Q | 148,248 | FMV |
| (8) | SUMMA ACCOUNTABLE CARE ORGANIZATION | Q | 2,883,480 | FMV |
| (9) | SUMMA HEALTH SYSTEM | Q | 81,761,484 | COST |
| (10) | SUMMA BARBERTON CITIZENS HOSPITAL | Q | 25,797,732 | COST |
| (11) | SUMMA PHYSICIANS INC | Q | 4,559,076 | COST |
| (12) | SUMMA INSURANCE COMPANY | Q | 3,797,220 | FMV |
| (13) | SUMMA FOUNDATION | Q | 101,844 | COST |
| (14) | MIDDLEBURY ASSURANCE COMPANY | S | 3,657,566 | COST |
| (15) | OHIO HEALTH CHOICE INC | A | 76,988 | FMV |
| (16) | SUMMA ACCOUNTABLE CARE ORGANIZATION | A | 113,496 | FMV |