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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990	OMB No 1545-0047 2015 Open to Public Inspection
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A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015			
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SUMMA HEALTH GROUP RETURN		D Employer identification number 90-0640432
	Doing business as		E Telephone number (234) 312-5867
	Number and street (or P O box if mail is not delivered to street address) 1077 GORGE BLVD PO BOX 2090	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code AKRON, OH 443092090		G Gross receipts \$ 1,116,133,051
F Name and address of principal officer THOMAS MALONE MD 1077 GORGE BLVD PO BOX 2090 AKRON, OH 443092090		H(a) Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
J Website: ▶ WWW.SUMMAHEALTH.ORG		H(c) Group exemption number ▶ 5864	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation	M State of legal domicile

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE MISSION OF SUMMA HEALTH IS TO PROVIDE THE HIGHEST QUALITY, COMPASSIONATE CARE TO PATIENTS AND MEMBERS AND CONTRIBUTE TO A HEALTHIER COMMUNITY		
	2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3	43
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	37
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	7,923
	6 Total number of volunteers (estimate if necessary)	6	1,115
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	9,342,904
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	8,525,120	5,313,648
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,002,586,876	1,036,977,973
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,685,360	7,422,791
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	28,711,727	18,594,038
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,050,509,083	1,068,308,450
	14 Benefits paid to or for members (Part IX, column (A), line 4)	354,193	245,767
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
Net Assets or Fund Balances	16a Professional fundraising fees (Part IX, column (A), line 11e)	457,028,302	454,148,546
	b Total fundraising expenses (Part IX, column (D), line 25) <u>▶3,255,164</u>	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	541,818,043	552,725,056
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	999,200,538	1,007,119,369
	19 Revenue less expenses Subtract line 18 from line 12	51,308,545	61,189,081
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26)	1,165,798,880	1,139,746,498	
22 Net assets or fund balances Subtract line 21 from line 20	687,554,548	672,875,229	
		478,244,332	466,871,269

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

Sign Here	***** Signature of officer		2016-11-10 Date		
	BRIAN K DERRICK SR VP, CFO, TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name ZACK FORTSCH	Preparer's signature ZACK FORTSCH	Date	Check <input type="checkbox"/> if self-employed	PTIN P00052725
	Firm's name ▶ RSM US LLP			Firm's EIN ▶ 42-0714325	
	Firm's address ▶ 1 S WACKER DRIVE STE 800 CHICAGO, IL 60606			Phone no (312) 634-3400	

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

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

2

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

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

3

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

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 373,883,716 including grants of \$) (Revenue \$ 529,583,648)

OUTPATIENT SERVICES FOR 2015 SUMMA HEALTH SYSTEM, SUMMA BARBERTON CITIZENS HOSPITAL AND SUMMA PHYSICIANS, INC PROVIDED MORE THAN 1 5 MILLION OCCASIONS OF SERVICE, INCLUDING 166,170 EMERGENCY DEPARTMENT VISITS, 14,193 OBSERVATION PATIENTS, 13,744 SURGICAL OPERATIONS, AND MORE THAN 1 3 MILLION OTHER OUTPATIENT VISITS

4b

(Code) (Expenses \$ 301,609,680 including grants of \$) (Revenue \$ 427,211,852)

INPATIENT SERVICES FOR 2015 SUMMA HEALTH SYSTEM AND SUMMA BARBERTON CITIZENS HOSPITAL HAD APPROXIMATELY 700 BEDS IN SERVICE, ADMITTED 37,286 ADULT PATIENTS, AND DELIVERED 3,700 NEWBORNS THE ADULT PATIENTS RECEIVED 169,245 DAYS OF CARE, INPATIENT SURGERIES TOTALED 7,109, EMERGENCY ADMISSIONS TOTALED 25,967 AND THE AVERAGE LENGTH OF STAY WAS 4 54 DAYS

4c

(Code) (Expenses \$ 55,085,130 including grants of \$) (Revenue \$ 12,749,024)

RESEARCH/EDUCATION FOR 2015 SUMMA HEALTH HAS A HISTORY OF SPONSORING AND SUPPORTING BASIC AND CLINICAL RESEARCH TO UNDERSTAND DISEASES AND TREATMENT CENTERS, PROGRAMS AND LABS FACILITATE RESEARCH IN A NUMBER OF MEDICAL FIELDS SUMMA HEALTH FOSTERS A LEARNING ENVIRONMENT FOR THE NEXT GENERATION OF CAREGIVERS AT SUMMA HEALTH'S HOSPITALS, APPROXIMATELY 250 MEDICAL SCHOOL GRADUATES TRAIN IN 19 ACCREDITED RESIDENCY PROGRAMS SUMMA HEALTH PROVIDES CLINICAL LEARNING EXPERIENCES TO MORE THAN 250 NURSING AND ALLIED HEALTH STUDENTS

See Additional Data

4d

Other program services (Describe in Schedule O)

(Expenses \$ 42,183,247 including grants of \$ 245,767) (Revenue \$ 59,750,016)

4e

Total program service expenses ▶ 772,761,773

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	0	
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		
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	7,923	
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		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
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 43		
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 37		
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	Yes
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	Yes

Section C. Disclosure

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
BRIAN K DERRICK 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 ☒

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

Form **990** (2015)

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 ▶ 410			
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	Yes	

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

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	1,200,818				
	d	Related organizations	1d	145,227				
	e	Government grants (contributions)	1e	1,057,430				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,910,173				
	g	Noncash contributions included in lines 1a-1f \$		1,226,311				
	h	Total. Add lines 1a-1f			5,313,648			
Program Service Revenue	2a	NET PATIENT REVENUE	Business Code 621110	956,229,233	956,001,529	227,704		
	b	PROGRAM RELATED INVESTMENTS	900099	12,058,874	11,677,222	381,652		
	c	REFERENCE LAB	621500	7,074,077		7,074,077		
	d	RENTAL INCOME FROM AFFILIATES	900099	4,672,647	4,672,647			
	e	ARRA MEANINGFUL USE	900099	872,175	872,175			
	f	All other program service revenue		56,070,967	56,070,967			
	g	Total. Add lines 2a-2f			1,036,977,973			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,607,597			1,607,597
4		Income from investment of tax-exempt bond proceeds . . .		4,791			4,791	
5		Royalties						
6a		Gross rents	(i) Real 7,798,428	(ii) Personal				
b		Less rental expenses	6,758,276					
c		Rental income or (loss)	1,040,152					
d		Net rental income or (loss)		1,040,152			1,040,152	
7a		Gross amount from sales of assets other than inventory	(i) Securities 46,196,074	(ii) Other				
b		Less cost or other basis and sales expenses	40,385,671					
c		Gain or (loss)	5,810,403					
d		Net gain or (loss)		5,810,403			5,810,403	
8a		Gross income from fundraising events (not including \$ 1,200,818 of contributions reported on line 1c) See Part IV, line 18	a 139,418					
b		Less direct expenses	b 680,654					
c		Net income or (loss) from fundraising events . . .		-541,236			-541,236	
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		CAFETERIA SALES	721210	5,441,424		174,179	5,267,245	
b	PARKING	812930	1,635,384			1,635,384		
c								
d	All other revenue		11,018,314		1,485,292	9,533,022		
e	Total. Add lines 11a-11d			18,095,122				
12	Total revenue. See Instructions			1,068,308,450	1,029,294,540	9,342,904	24,357,358	

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.	167,971	167,971		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	77,796	77,796		
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.	4,825,383	4,048,496	776,887	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	525,498	525,498		
7	Other salaries and wages.	369,991,664	308,600,884	59,319,842	2,070,938
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	6,665,770	5,592,581	1,073,189	
9	Other employee benefits.	47,804,107	39,734,935	7,624,940	444,232
10	Payroll taxes.	24,336,124	20,418,008	3,918,116	
11	Fees for services (non-employees):				
a	Management.	2,834,417	2,378,076	456,341	
b	Legal.	28,453		28,453	
c	Accounting.	196,815		196,815	
d	Lobbying.	22,675		22,675	
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	150		150	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	277,247,201	138,828,907	138,307,490	110,804
12	Advertising and promotion.	548,312	439,222	84,285	24,805
13	Office expenses.	13,414,627	11,039,127	2,118,354	257,146
14	Information technology.	2,379,252	1,978,573	379,679	21,000
15	Royalties.				
16	Occupancy.	28,514,983	23,924,071	4,590,912	
17	Travel.	1,456,266	1,215,411	233,232	7,623
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	1,529,444	1,282,324	246,072	1,048
20	Interest.	13,745,708	11,532,649	2,213,059	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	46,048,693	38,634,853	7,413,840	
23	Insurance.	5,144,613	4,316,330	828,283	
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	151,453,854	151,408,809		45,045
b	LICENSES, DUES, MEMBERS	4,038,606	3,355,079	643,823	39,704
c	TAXES	1,752,748	1,470,556	282,192	
d	RECRUITMENT	319,961	268,447	51,514	
e	All other expenses	2,048,278	1,523,170	292,289	232,819
25	Total functional expenses. Add lines 1 through 24e.	1,007,119,369	772,761,773	231,102,432	3,255,164
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		72,162	1	93,309	
	2	Savings and temporary cash investments		322,575,306	2	301,098,262	
	3	Pledges and grants receivable, net		9,308,859	3	7,720,160	
	4	Accounts receivable, net		159,136,952	4	151,756,363	
	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		15,155,310	7	11,451,568	
	8	Inventories for sale or use		10,757,612	8	11,012,611	
	9	Prepaid expenses and deferred charges		6,462,851	9	4,351,869	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	1,189,052,832			
	b	Less: accumulated depreciation	10b	771,261,606	426,043,017	10c	417,791,226
	11	Investments—publicly traded securities		135,242,113	11	82,850,601	
	12	Investments—other securities. See Part IV, line 11		11,806,000	12	12,937,471	
	13	Investments—program-related. See Part IV, line 11		34,220,043	13	41,370,447	
	14	Intangible assets		2,345,714	14	2,228,740	
	15	Other assets. See Part IV, line 11		32,672,941	15	95,083,871	
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,165,798,880	16	1,139,746,498		
Liabilities	17	Accounts payable and accrued expenses		106,690,047	17	89,946,402	
	18	Grants payable			18		
	19	Deferred revenue		1,762,007	19	1,535,914	
	20	Tax-exempt bond liabilities		348,796,530	20	378,662,903	
	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		16,861,900	23	0	
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		213,444,064	25	202,730,010	
	26	Total liabilities. Add lines 17 through 25		687,554,548	26	672,875,229	
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		429,271,710	27	422,063,212	
	28	Temporarily restricted net assets		28,611,311	28	24,717,317	
	29	Permanently restricted net assets		20,361,311	29	20,090,740	
	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		478,244,332	33	466,871,269	
	34	Total liabilities and net assets/fund balances		1,165,798,880	34	1,139,746,498	

Part XI **Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,068,308,450
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,007,119,369
3	Revenue less expenses Subtract line 2 from line 1	3	61,189,081
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	478,244,332
5	Net unrealized gains (losses) on investments	5	-10,125,939
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	-62,436,205
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	466,871,269

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: 90-0640432
Name: SUMMA HEALTH GROUP RETURN

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

(Code	(Expenses \$	including grants of \$	(Revenue \$)
PART III LINE 4D - OTHER PROGRAM SERVICES SUMMA HEALTH IS AN INTEGRATED HEALTHCARE DELIVERY SYSTEM THAT PROVIDES COORDINATED, VALUE-BASED CARE ACROSS THE CONTINUUM FOR THE PEOPLE AND POPULATIONS WE SERVE WE HOLD OURSELVES CLINICALLY AND FINANCIALLY ACCOUNTABLE FOR HEALTH OUTCOMES IN OUR COMMUNITIES SUMMA HEALTH SERVES MORE THAN ONE MILLION PATIENTS EACH YEAR IN COMPREHENSIVE EMERGENCY, ACUTE, CRITICAL, OUTPATIENT AND LONG-TERM/HOMECARE SETTINGS AND REPRESENTS MORE THAN 1,300 REGISTERED, INPATIENT BEDS ON THE CAMPUSES OF SUMMA HEALTH SYSTEM, SUMMA BARBERTON CITIZEN'S HOSPITAL, SUMMA REHAB HOSPITAL*, AND WESTERN RESERVE HOSPITAL* IN ADDITION, OUTPATIENT CARE IS PROVIDED IN MORE THAN 20 COMMUNITY HEALTH CENTERS AND EMERGENCY DEPARTMENTS (EDS), SOME INTEGRATED IN THE HEALTHCARE FACILITIES, OTHERS ARE FREE-STANDING *SUMMA REHAB HOSPITAL AND * WESTERN RESERVE HOSPITAL ARE JOINT VENTURES IN WHICH SUMMA HEALTH HAS AN INTEREST, AND ARE REFERENCED IN THIS DOCUMENT FOR THE PURPOSE OF IDENTIFYING ALL ENTITIES AFFILIATED WITH SUMMA HEALTH SUMMA'S PROPORTIONATE INTEREST OF THESE JOINT VENTURES' CHARITY CARE AND OTHER COMMUNITY BENEFITS ARE INCLUDED ON SCHEDULE H OF SUMMA HEALTH'S IRS FORM 990 GROUP RETURN PROVIDING SUPERIOR, MULTI-SPECIALTY PATIENT CARE, MEDICAL RESEARCH AND CONTINUING MEDICAL EDUCATION, SUMMA HEALTH RANKS AS A HIGHLY RECOGNIZED HEALTHCARE PROVIDER IN SEVERAL DISCIPLINES INCLUDING BARIATRIC SURGERY, CARDIOVASCULAR, EMERGENCY, ONCOLOGY, ORTHOPAEDIC SURGERY, PRIMARY CARE SPORTS MEDICINE, STROKE AND NURSING BY PRESTIGIOUS ORGANIZATIONS SUCH AS AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCERAMERICAN HEART ASSOCIATIONAMERICAN STROKE ASSOCIATIONNATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERSAMERICAN NURSING CREDENTIALING CENTERCENTERS FOR MEDICARE AND MEDICAID SERVICESPREMIER HEALTHCARE ALLIANCEOHIO PATIENT SAFETY INSTITUTEUS NEWS AND WORLD REPORTAMERICAN COLLEGE OF RADIATIONNURSES IMPROVING CARE FOR HEALTHSYSTEM ELDERSAMERICAN SOCIETY FOR METABOLIC AND BARIATRIC SURGERY CENTER OF EXCELLENCEMETABOLIC AND BARIATRIC SURGERY ACCREDITATION AND QUALITY IMPROVEMENT PROGRAMTHE JOINT COMMISSIONBABY-FRIENDLY THE LEAPFROG GROUPSUMMA HEALTH IS SUMMIT COUNTY'S LARGEST EMPLOYER AND A LEADING ECONOMIC ENGINE FOR THE REGION SUMMA HEALTH INCLUDES THE FOLLOWING SUMMA HEALTH SYSTEM SUMMA HEALTH SYSTEM IS A SINGLE LEGAL ENTITY THAT INCLUDES THREE INPATIENT HOSPITAL CAMPUSES AND SEVERAL AMBULATORY LOCATIONS SUMMA HEALTH SYSTEM OPERATES THE INPATIENT HOSPITAL LOCATIONS AS WELL AS THE HOSPITAL-BASED OFF-SITE LOCATIONS UNDER THE SAME MEDICARE PROVIDER NUMBER SUMMA HEALTH EMPLOYS MORE THAN 9,000 INDIVIDUALS WITH SUMMA HEALTH SYSTEM ACCOUNTING FOR APPROXIMATELY 6,000 OF THESE EMPLOYEES SUMMA HEALTH SYSTEM HAS A MEDICAL STAFF OF MORE THAN 1,000 PROFESSIONALS WORKING ON ITS CAMPUSES SUMMA HEALTH SYTSEM HAS 1,320 REGISTERED BEDS THE BUILDINGS AND FACILITIES ON ALL CAMPUSES TOTAL APPROXIMATELY 2.2 MILLION SQUARE FEET SUMMA HEALTH SYSTEM- AKRON CAMPUS OFFERS GENERAL MEDICAL, SURGICAL, OBSTETRICAL, TRAUMA AND CRITICAL CARE SERVICES THE AKRON CAMPUS PROVIDES ACUTE CARE SERVICES AND A WIDE RANGE OF OUTPATIENT SERVICES ON A CAMPUS OF APPROXIMATELY 60 ACRES SUMMA HEALTH SYSTEM RECEIVED THE FOLLOWING RECOGNITION IN 2015 SUMMA AKRON CITY & ST THOMAS HOSPITALS RANKED 13TH BEST HOSPITAL IN OHIO BY U.S. NEWS & WORLD REPORT IT IS RANKED AS HIGH PERFORMING IN 7 ADULT SPECIALTIES DIABETES AND ENDOCRINOLOGY, GASTROENTEROLOGY AND GASTROINTESTINAL SURGERY, GERIATRICS, NEPHROLOGY, NEUROLOGY & NEUROSURGERY, PULMONOLOGY, AND UROLOGY SUMMA HEALTH SYSTEM- ST THOMAS CAMPUS PROVIDES VARIOUS DIAGNOSTIC SERVICES ALONG WITH BEHAVIORAL HEALTH AND SUBSTANCE ABUSE CARE SUMMA HEALTH SYSTEM- ST THOMAS CAMPUS WAS ONE OF THE FIRST IN THE COUNTRY TO RECOGNIZE THE MEDICAL ASPECTS OF ALCOHOLISM AS A DISEASE AND IS THE FOUNDING LOCATION OF ALCOHOLICS ANONYMOUS THE HOSPITAL OPENED THE NATION'S FIRST ALCOHOLISM TREATMENT WARD AND CONTINUES ITS LONGSTANDING DEDICATION TO THIS PROGRAM TODAY AS A LEADER IN MEDICAL EDUCATION, SUMMA HEALTH SYSTEM SUPPORTS THE EDUCATION OF ITS PHYSICIANS AND HEALTHCARE PROFESSIONALS THE AKRON AND ST THOMAS CAMPUSES ARE TEACHING AFFILIATES OF THE NORTHEAST OHIO MEDICAL UNIVERSITY (NEOMED) AND INCLUDE A STAFF OF PHYSICIANS AND ACCREDITED RESIDENCY AND FELLOWSHIP PROGRAMS THAT FOSTER A DYNAMIC MEDICAL ENVIRONMENT APPROXIMATELY 80 RESIDENTS AND FELLOWS GRADUATE FROM THE AKRON CAMPUS'S MEDICAL EDUCATION PROGRAMS EACH YEAR THE BARBERTON CAMPUS HAS A FAMILY PRACTICE RESIDENCY PROGRAM AFFILIATED WITH NEOMED ALONG WITH PROVIDING EDUCATIONAL ROTATIONS FOR MEDICAL STUDENTS SUMMA HEALTH SYSTEM- BARBERTON CAMPUSUMMA HEALTH SYSTEM- BARBERTON CAMPUS IS A 500,000 SQUARE FOOT ACUTE CARE TEACHING HOSPITAL LOCATED ON NEARLY 16 ACRES, LOCATED APPROXIMATELY 10 MILES SOUTHWEST OF AKRON, OHIO THE HOSPITAL HAS MORE THAN 1,600 EMPLOYEES AND HAS A MEDICAL STAFF OF MORE THAN 1,510 PROFESSIONALS IT HAS 271 LICENSEDBEDS THE BARBERTON CAMPUS PROVIDES THE COMMUNITY WITH EASY ACCESS TO COMPREHENSIVE, HIGH-QUALITY CANCER SERVICES AT THE COMMISSION ON CANCER ACCREDITED PARKVIEW PAVILION, AS WELL AS THE FULL SPECTRUM OF CARDIOVASCULAR DISEASE CARE INCLUDING DIAGNOSTIC, INTERVENTIONAL AND SURGICAL SERVICES, ALONG WITH A VARIETY OF OUTPATIENT SERVICES				
(Code	(Expenses \$	including grants of \$	(Revenue \$)
PART III LINE 4D - OTHER PROGRAM SERVICES - CONTINUED CHARITY CAREIN 2015, SUMMA HEALTH PROVIDED CHARITY CARE AT AN ESTIMATED NET COST OF NEARLY \$8.1 MILLION THIS AMOUNT REPRESENTS THE NET COST ASSOCIATED WITH PROVIDING THE CARE AND DOES NOT INCLUDE BAD DEBT PATIENTS WITH INCOME UP TO 200% OF THE FEDERAL POVERTY INCOME GUIDELINES OR WHO HAVE A HOSPITAL BILL THAT EXCEEDS 25% OF THEIR GROSS ANNUAL FAMILY INCOME ARE ELIGIBLE TO APPLY FOR FULLY DISCOUNTED CHARITY CARE ASSISTANCE IN ADDITION, THERE IS A SLIDING SCALE DISCOUNT PROGRAM FOR THOSE WITH INCOMES BETWEEN 200% AND 400% OF THE FEDERAL POVERTY INCOME GUIDELINES IN 2015, THE CHARITY CARE PROGRAM (INCLUDING HOSPITAL CARE ASSURANCE PROGRAM) BENEFITED APPROXIMATELY 27,000 PATIENT ENCOUNTERS MEDICAID SHORTFALLHISTORICALLY, OHIO MEDICAID REIMBURSEMENTS HAVE NOT COVERED THE COST OF PROVIDING THE CARE TO PROGRAM BENEFICIARIES, CREATING A BUDGETARY SHORTFALL AS ONE OF NORTHEAST OHIO'S TOP PROVIDERS OF HOSPITAL CARE FOR MEDICAID PATIENTS, SUMMA HEALTH'S UNPAID COSTS FOR MEDICAID TOTALED MORE THAN \$16.3 MILLION BAD DEBTSUMMA HEALTH IS COMMITTED TO PROVIDING QUALITY AND ACCESSIBLE HEALTHCARE THIS INCLUDES COVERING THE EXPENSE OF PAYMENTS THAT WERE EXPECTED BUT NOT RECEIVED WHILE SUMMA HEALTH RECOGNIZES BAD DEBT IS PART OF DOING BUSINESS, IT AGREES WITH THE OHIO HOSPITAL ASSOCIATION THAT IT IS IMPORTANT TO REPORT THESE COSTS TO SHOW THE TOTAL PICTURE OF CARE SUMMA HEALTH PROVIDES TO THE COMMUNITY WITHOUT FULL REIMBURSEMENT IN 2015, THE COST FOR PROVIDING CARE WRITTEN OFF AS A BAD DEBT EXPENSE WAS APPROXIMATELY \$16 MILLION COMMUNITY HEALTH IMPROVEMENT SERVICESAN IMPORTANT PART OF SUMMA HEALTH'S MISSION IS OFFERING A PREVENTION AND WELLNESS PROGRAM TO BUILD A HEALTHIER COMMUNITY IN 2015, SUMMA HEALTH PROVIDED MORE THAN \$3.2 MILLION TO HELP FUND HEALTH IMPROVEMENT ACTIVITIES SUCH AS FREE AND LOW-COST HEALTH SCREENING, HEALTH EDUCATION SERVICES AND WELLNESS PROGRAMMING SUBSIDIZED HEALTH SERVICES SUMMA HEALTH IS COMMITTED TO PROVIDING SUBSIDIZED HEALTH SERVICES - CLINICAL SERVICES THAT MEET AN IDENTIFIED COMMUNITY NEED AND ARE PROVIDED DESPITE FINANCIAL LOSS VITAL SERVICES SUCH AS THE CENTER FOR SENIOR HEALTH, CARE CENTER FOR PATIENTS WITH HIV OR AIDS, AND DIABETES EDUCATION ARE OFFERED, EVEN THOUGH THEY ARE NOT PROFITABLE INCOME FROM OTHER SERVICES IS USED TO COVER THESE COSTS IN 2015, THE COST FOR SUBSIDIZED SERVICES WAS APPROXIMATELY \$26 MILLION FINANCIAL AND IN-KIND DONATIONSANNUALLY, SUMMA HEALTH CONTRIBUTES FINANCIAL ASSISTANCE AND IN-KIND SERVICES TO SUPPORT COMMUNITY ORGANIZATIONS THAT PROMOTE HEALTH, WELLNESS, AND AN IMPROVED QUALITY OF LIFE FROM THE LOCAL CHAPTERS OF NATIONAL GROUPS SUCH AS UNITED WAY, THE AMERICAN HEART ASSOCIATION AND THE AMERICAN CANCER SOCIETY, TO ACCESSPOINTE COMMUNITY HEALTH CENTER SUMMA HEALTH PARTICIPATES IN NUMEROUS COMMUNITY PROGRAMS AND HELPS OTHER NONPROFITS FULFILL THEIR MISSIONS IN 2015, THESE CONTRIBUTIONS WERE MORE THAN \$1.1 MILLION RESEARCH AND INNOVATIONSUMMA HEALTH'S QUALITY MEDICAL CARE IS DERIVED IN PART FROM ITS ABILITY TO TRANSLATE RESULTS FROM CAREFULLY PLANNED AND EXECUTED RESEARCH INTO EFFECTIVE PATIENT CARE STRATEGIES RESEARCH AND INNOVATION IS AN INTEGRAL FOCUS OF THE ACADEMIC AND CLINICAL ENVIRONMENT AT SUMMA HEALTH AND HELPS SET THE HIGHEST STANDARDS FOR MEDICAL CARE IN THE COMMUNITY SUMMA HEALTH'S REPUTATION FOR EXCELLENCE IN SUCH CRITICAL SPECIALTIES AS CARDIOLOGY, DIABETES, EMERGENCY SERVICES, ORTHOPAEDICS, ONCOLOGY, SENIOR HEALTH, SURGERY, AND WOMEN'S HEALTH CONTINUES TO GROWTHROUGH RESEARCH AND INNOVATION SUMMA HEALTH INVESTED MORE THAN \$4.8 MILLION IN RESEARCH IN 2015 IN ADDITION TO SUPPORT FROM SUMMA FOUNDATION, MAJOR RESEARCH PROGRAMS ARE SUPPORTED BY GRANTS FROM THE NATIONAL INSTITUTES OF HEALTH, THE DEPARTMENT OF DEFENSE AND INDUSTRY SPONSORS EDUCATION SUMMA HEALTH SUPPORTS THE EDUCATION OF PHYSICIANS AND OTHER HEALTHCARE PROFESSIONALS SUMMA HEALTH SYSTEM IS THE LARGEST OF THE MAJOR TEACHING AFFILIATES OF THE NORTHEAST OHIO MEDICAL UNIVERSITY (NEOMED), A CONSORTIUM OF THE UNIVERSITY OF AKRON, KENT STATE UNIVERSITY AND YOUNGSTOWN STATE UNIVERSITY), AND OFFERS EDUCATION TO NEOMED'S COLLEGES OF MEDICINE AND PHARMACY STUDENTS, AS WELL AS TO MEDICAL STUDENTS FROM SCHOOLS AROUND THE COUNTRY IN ADDITION, SUMMA HEALTH OFFERS 19 ACCREDITED RESIDENCY TRAINING PROGRAMS IN NUMEROUS SPECIALTIES, TRAINING THE NEXT GENERATION OF PRIMARY CARE AND SPECIALTY PHYSICIANS FOR THE REGION AND BEYOND NURSING EDUCATION ALSO IS OFFERED IN COLLABORATION WITH LOCAL AND NATIONAL UNIVERSITY PARTNERS IN 2015, APPROXIMATELY 250 RESIDENTS AND FELLOWS TRAINED AT SUMMA HEALTH'S THREE MAIN HOSPITALS ON AVERAGE, APPROXIMATELY 40% OF THESE RESIDENTS REMAIN IN OUR LOCAL AND SURROUNDING COMMUNITIES SUMMA HEALTH'S 2015 INVESTMENT IN HEALTH PROFESSIONS EDUCATION TOTALED \$36 MILLION				

(Code	(Expenses \$	including grants of \$	(Revenue \$)
PART III LINE 4D - OTHER PROGRAM SERVICES - CONTINUED	SUMMA HEALTH SERVICES FOLLOWING IS A DESCRIPTION OF SUMMA HEALTH'S NOTABLE ACCOMPLISHMENTS BY PRIMARY SERVICE LINES IN 2015	BARIATRIC CARE- METABOLIC AND BARIATRIC SURGERY ACCREDITATION AND QUALITY IMPROVEMENT PROGRAM (MBSAQIP)	SUMMA HEALTH HAS ACHIEVED REACCREDITATION THROUGH THE MBSAQIP, WHICH WORKS TO ADVANCE SAFE, HIGH-QUALITY CARE FOR BARIATRIC SURGERY PATIENTS THROUGH THE ACCREDITATION OF BARIATRIC SURGICAL CENTERS	A BARIATRIC SURGICAL CENTER ACHIEVES ACCREDITATION FOLLOWING A RIGOROUS REVIEW PROCESS DURING WHICH IT PROVES THAT IT CAN MAINTAIN CERTAIN PHYSICAL RESOURCES, HUMAN RESOURCES AND STANDARDS OF PRACTICE
	CARDIOVASCULAR - SUMMA HEALTH SYSTEM- AKRON CAMPUS IMPLANTED A BREAKTHROUGH MEDICAL DEVICE INTO TWO PATIENTS WHO SUFFER FROM ATRIAL FIBRILLATION (AF) THE DEVICE, KNOWN AS THE "WATCHMAN LEFT ATRIAL APPENDAGE CLOSURE (LAAC) IMPLANT," PROVIDES AN ALTERNATIVE FOR AF PATIENTS WHO PREVIOUSLY RELIED ON BLOOD THINNING MEDICATIONS, SUCH AS WARFARIN (COUMADIN) TO REDUCE THEIR RISK OF STROKE	THE AKRON CAMPUS WAS ONE OF ONLY TWO HOSPITALS IN OHIO TO OFFER WATCHMAN	SUMMA HEALTH SYSTEM EARNED THE AMERICAN HEART ASSOCIATION (AHA) DESIGNATION AS A MISSION LIFELINE HEART ATTACK RECEIVING CENTER	THE (AHA)/AMERICAN STROKE ASSOCIATION RECOGNIZED SUMMA HEALTH SYSTEM- AKRON CAMPUS AS A GOLD ACHIEVEMENT HOSPITAL FOR SUCCESSFULLY IMPLEMENTING A HIGHER STANDARD OF CARE FOR HEART FAILURE PATIENTS THROUGH THE GET WITH THE GUIDELINES -HEART FAILURE QUALITY IMPROVEMENT PROGRAM
	NEUROSCIENCE - SUMMA HEALTH INTRODUCED THE TELEMEDICINE PROGRAM FOR STROKE THAT INCLUDES ADVANCED INTOUCH HEALTH ROBOTS AT EMERGENCY DEPARTMENTS AT SUMMA HEALTH SYSTEM- AKRON AND BARBERTON CAMPUSES	THE ROBOTS ALLOW STROKE NEUROLOGISTS TO REMOTELY PERFORM LIVE, REAL-TIME AUDIOVISUAL CONSULTATIONS WITH THE PATIENT AND EMERGENCY MEDICINE TEAM TO SPEED THE DELIVERY OF CLOT-BUSTING DRUGS CRUCIAL TO HALT AND REVERSE STROKE DAMAGE	SUMMA HEALTH SYSTEM- AKRON CAMPUS HAS BEEN CERTIFIED AS AN ADVANCED PRIMARY STROKE CENTER BY THE JOINT COMMISSION SINCE 2007	OUR CENTER FOR STROKE CARE WAS RECOGNIZED NATIONALLY TO RECEIVE THE AMERICAN HEART ASSOCIATION AND AMERICAN STROKE ASSOCIATION'S GET WITH THE GUIDELINES STROKE GOLD PLUS QUALITY ACHIEVEMENT AWARD FOR THE SIXTH YEAR IN A ROW
	ONCOLOGY - IN 2015, SUMMA HEALTH SYSTEM- AKRON CAMPUS OPENED A NEW BREAST CENTER AND BECAME THE ONLY HEALTHCARE SYSTEM IN THE REGION TO OFFER 3D AND 2D SCREENING AND DIAGNOSTIC MAMMOGRAMS AT ALL OF ITS IMAGING LOCATIONS	RESPIRATORY - EXPANDED ITS SMOKING CESSATION PROGRAM ACROSS THE SYSTEM	WOMEN'S SERVICES - IN AN EFFORT TO SUPPORT A HEALTHY BEGINNING FOR ALL MOTHERS AND BABIES, SUMMA HEALTH SYSTEM- AKRON CAMPUS PURSUED AND EARNED RECOGNITION AS A BABY-FRIENDLY DESIGNATED BIRTH FACILITY	BABY-FRIENDLY HOSPITALS HELP PROVIDE THE EXTRA EDUCATION AND SUPPORT NEW MOMS NEED TO SUCCESSFULLY BREASTFEED THEIR BABIES
	CURRENTLY THERE ARE NEARLY 300 ACTIVE BABY-FRIENDLY HOSPITALS AND BIRTH CENTERS IN THE U S	THE AKRON CAMPUS IS THE ONLY FACILITY IN SUMMIT COUNTY TO EARN THIS DESIGNATION	SUMMA HEALTH RECEIVED A MONETARY AWARD FROM AMERICAN EXCESS INSURANCE EXCHANGE (AEIX) FOR THE CENTERING PREGNANCY FOR THE OPIATE ADDICTED PREGNANT WOMAN INITIATIVE	TAKING PLACE WITHIN THE HOSPITAL SYSTEM
	THE CENTERING GROUP CARE (CGC) PROGRAM AT SUMMA HEALTH SYSTEM OFFERS AN APPOINTMENT OPTION FOR WOMEN, WITH DEDICATED CLASSES FOR PREGNANT WOMEN BATTLING ADDICTION	THIS HIGH-RISK GROUP VISIT MODEL ASSISTS OPIATE-ADDICTED PREGNANT WOMEN TO ENSURE A HEALTHY BABY AND REDUCE THE ADMISSIONS AND LENGTH OF STAY IN THE NEONATAL INTENSIVE CARE UNIT (NICU)	SYSTEM- SUMMA HEALTH'S ACCOUNTABLE CARE ORGANIZATION, NEWHEALTH COLLABORATIVE, WAS RECOGNIZED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES FOR ACHIEVING SIGNIFICANT MULTI-MILLION DOLLAR SAVINGS IN THE MEDICARE SHARED SAVINGS PROGRAM	FOR THE 12TH CONSECUTIVE YEAR, SUMMA HEALTH WAS NAMED AS ONE OF THE 99 BEST WORKPLACES IN NORTHEAST OHIO, AS DETERMINED IN THE ANNUAL NORTHCOAST 99 AWARDS, SPONSORED BY THE EMPLOYERS RESOURCE COUNCIL
	FOR THE FIFTH CONSECUTIVE YEAR, SUMMA HEALTH WAS NAMED ONE OF "HEALTHCARE'S MOST WIRED ORGANIZATIONS BY HOSPITALS & HEALTH NETWORKS (H&HN) FOR ACHIEVEMENT IN THE USE OF HEALTHCARE IT			

(Code	(Expenses \$	42,183,247	including grants of \$	245,767)	(Revenue \$	59,750,016)
PART III LINE 4D - OTHER PROGRAM SERVICES - FINAL SECTION SUMMARYALTHOUGH REIMBURSEMENT FOR SERVICES RENDERED IS CRITICAL TO THE OPERATIONS AND STABILITY OF SUMMA HEALTH, NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL SERVICES SUMMA HEALTH PROVIDED SERVICES TO ALL PATIENTS ON A NON-DISCRIMINATORY BASIS AND WITHOUT REGARD TO ANY PATIENT'S ABILITY TO PAY FOR SUCH SERVICES OR THE INDIVIDUAL'S PARTICIPATION IN A GOVERNMENT-SPONSORED OR SUBSIDIZED HEALTHCARE SYSTEM PATIENTS WERE ENCOURAGED TO APPLY FOR UNCOMPENSATED CARE AND, DEPENDING ON THEIR LEVEL OF INCOME AND NUMBER OF DEPENDENTS, ALL (OR A PORTION) OF THEIR BILL WAS REDUCED GROSS ANNUAL FAMILY INCOME WAS COMPARED USING A SLIDING SCALE BASED ON THE FEDERAL POVERTY INCOME GUIDELINES TO DETERMINE THE CHARITY DISCOUNT FOR WHICH THE PATIENT MAY BE ELIGIBLE IN 2015, SUMMA HEALTH PROVIDED CHARITY CARE TO THE INDIGENT (INCLUDING UNREIMBURSED MEDICAID) AT THE COST OF APPROXIMATELY \$ 24 MILLION THIS AMOUNT DOES NOT INCLUDE SERVICES PROVIDED WRITTEN OFF AS BAD DEBT IN ADDITION TO UNCOMPENSATED MEDICAL CARE, SUMMA HEALTH PROVIDED WELLNESS PROGRAMS, COMMUNITY EDUCATION PROGRAMS AND SPECIAL PROGRAMS FOR THE ELDERLY, PERSONS WITH DISABILITIES AND THE MEDICALLY UNDERSERVED SUMMA HEALTH ALSO OPERATED A VARIETY OF BROAD COMMUNITY SUPPORT ACTIVITIES THESE PROGRAMS WERE OFFERED AT A REDUCED PRICE OR PROVIDED TO THE COMMUNITY FREE OF CHARGE SUMMA HEALTH OPERATES ITS FACILITIES IN A MANNER CONSISTENT WITH THE COMMUNITY BENEFIT REQUIREMENTS OF REV RULE 69-545 AND SUBSEQUENT CASE LAW AND IRS GUIDELINES SUMMA HEALTH'S HOSPITALS PROVIDE EMERGENCY SERVICES WHICH ARE OPEN AND AVAILABLE TO ALL PERSONS OF THE COMMUNITY, REGARDLESS OF THEIR ABILITY TO PAY THE BOARD OF DIRECTORS CONSISTED OF PERSONS WHO ARE BROADLY REPRESENTATIVE OF THE COMMUNITY AND MEDICAL STAFF SUMMA PHYSICIANS INC - PROGRAM SERVICE ACCOMPLISHMENTSSUMMA PHYSICIANS INC (SPI), A SUMMA HEALTH ENTITY, IS A MULTI-SPECIALTY GROUP OF PHYSICIANS AND PHYSICIAN PRACTICES IN TOTAL, SPI EMPLOYS NEARLY 300 PHYSICIANS AND MORE THAN 700 SUPPORT STAFF IN MORE THAN 30 SPECIALTIES AND SUB-SPECIALTIES SPI PROMOTES STRONG AFFILIATION AND EMPLOYMENT OF PHYSICIANS TO ENSURE COMMUNITY AND HOSPITAL NEEDS FOR PHYSICIAN SERVICES ARE MET IN 2015, SPI CONTINUED ITS DELVELOPMENT OF PRIMARY CARE PODS AND THE MEDICAL HOME MODEL OF CARE, TO FURTHER ENHANCE THE FOCUSED PATIENT CARE MODEL, BETTER COMMUNICATE QUALITY INITIATIVES AND ENHANCE PHYSICIAN RECRUITMENT SUMMA HEALTH FOUNDATION - PROGRAM SERVICE ACCOMPLISHMENTSTHROUGH PHILANTHROPY, SUMMA HEALTH FOUNDATION SUPPORTS PATIENT CARE, MEDICAL EDUCATION AND RESEARCH SUMMA HEALTH FOUNDATION OFFERS A SPECTRUM OF PHILANTHROPIC OPTIONS FOR DONORS DESIGNED TO CREATE A POSITIVE IMPACT ON SUMMA HEALTH'S OPERATIONS, PROGRAMS, PROJECTS AND PERCEPTIONS AND TO AFFECT POSITIVE CHANGE IN THE COMMUNITIES SUMMA HEALTH SERVES PHILANTHROPIC COMMITMENTS TO THE SUMMA HEALTH FOUNDATION IN 2015 TOTALED \$5.5 MILLION COMMUNITY BENEFIT AND DIVERSITY THIS DEPARTMENT LEADS EFFORTS TO ADDRESS HEALTH DISPARITIES AND OTHER IMPORTANT COMMUNITY NEEDS AND RAISE AWARENESS OF HEALTH AND HEALTHCARE ISSUES AFFECTING THE COMMUNITIES SERVED BY SUMMA HEALTH COMMUNITY BENEFIT AND DIVERSITY PROVIDE WELLNESS AND EDUCATIONAL TOOLS, FACILITATE ECONOMIC DEVELOPMENT PROGRAMS, DEVELOP COMMUNITY PARTNERSHIPS, COMMUNICATE SUMMA HEALTH'S BENEFIT TO THE COMMUNITY AND ENGAGE THE COMMUNITY AND ITS WORKFORCE WITHIN THE SYSTEM AND THROUGHOUT THE REGION GOVERNMENT RELATIONS THIS DEPARTMENT IS DEDICATED TO ELEVATING SUMMA HEALTH AS A CREDIBLE LEADER AND PARTNER IN THE HEALTH POLICY PLANNING PROCESS THIS DEPARTMENT COLLABORATES WITH NUMEROUS DEPARTMENTSTO BEST POSITION SUMMA EDUCATION, RESEARCH AND CLINICAL INNOVATION PRIORITIES WITH PUBLIC SECTOR FUNDING OPPORTUNITIES						

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, 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			
THOMAS CLARK DIRECTOR/CHAIR SF	4 00 0 00	X		X				0	0	0
DANIEL FINELLI MD DIR /VICE CHAIR SHS,SBH (END 10/15)	4 00 0 00	X		X				0	0	0
ROBERT A GERBERRY DIR SPI(END'15),SECTY SHS/SBH,GEN COUNSEL	4 00 46 00	X		X				0	475,922	6,307
SCOTT HONNOLD DIRECTOR/TREAS SF	2 00 0 00	X		X				0	0	0
MONA SARKAR DIRECTOR/SECTY SF	2 00 0 00	X		X				0	0	0
STEPHEN WILT DIRECTOR/VICE CHAIR SF	2 00 0 00	X		X				0	0	0
KEN BABBY DIRECTOR SF	2 00 0 00	X						0	0	0
SUSAN BAKER DIR SHS(END 10/15),SBH(END 5/15)	2 00 0 00	X						0	0	0
DANIELLE BARRAN DIRECTOR SF	2 00 0 00	X						0	0	0
WILLIAM BAUMAN MD DIR SHS(END'15)SBH(END'15)SPI(END'15)	50 00 0 00	X						662,465	0	26,667

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			
JULIA BIANCHI DIRECTOR SF	2 00 0 00	X						0	0	0
JASON BUTTERWORTH DIRECTOR SF	2 00 0 00	X						0	0	0
CANDACE CAMPBELL-JACKSON DIR SHS(END 10/15),SBH(END 5/15)	2 00 0 00	X						0	0	0
GEORGE DAVERIO JR DIRECTOR SF	2 00 0 00	X						0	0	0
ROBERT DEBSKI MD DIR SHS(END 10/15),SBH(END 5/15)	50 00 0 00	X						174,045	0	17,042
R JAMES DOM DERA MD DIR SHN,DIR SHS(END 10/15),SBH(END 5/15)	2 00 0 00	X						0	0	0
C GORDON EWERS DIRECTOR SF	2 00 0 00	X						0	0	0
STEVEN GAICH MD DIRECTOR SPI(END 12/15)	50 00 0 00	X						320,829	0	10,352
SAMIR GIBARA DIRECTOR SF	2 00 0 00	X						0	0	0
MARK GOLDFARB DIRECTOR SF	2 00 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
IRIS HARVEY DIRECTOR SF	2 00 0 00	X						0	0	0
ROBERT HEMPHILL MD DIRECTOR SF	2 00 0 00	X						0	0	0
MARY ANN JACKSON DIRECTOR SF	2 00 0 00	X						0	0	0
PHILIP KAUFMANN DIRECTOR SF	2 00 0 00	X						0	0	0
JOSEPH KOENIG MD DIRECTOR SPI(END 12/15)	50 00 0 00	X						676,935	0	23,110
MARK KROHN DIRECTOR SF	2 00 0 00	X						0	0	0
DAVID LIEBERTH DIR SHS(END 10/15),SBH(END 5/15)	2 00 0 00	X						0	0	0
HITESH MAKKAR MD DIR SHS(END 10/15),SBH(END 5/15)	2 00 0 00	X						0	0	0
DALE MURPHY MD DIR SPI (END 12/15)	2 00 0 00	X						0	0	0
CHARLES PARSONS DIR SHS(END 2/15),SBH(END 2/15)	2 00 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JONATHON PAVLOFF DIRECTOR SF	2 00 0 00	X						0	0	0
KATHLEEN RAYNOR DIRECTOR SF	2 00 0 00	X						0	0	0
ERIK STEELE DO DIR SHS,SBH(END 5/15),SYS CMO	46 00 4 00	X						0	755,289	7,950
GEORGE STRICKLER DIRECTOR SF	2 00 0 00	X						0	0	0
SUSAN TAFT DIR SHS(END 10/15),SBH(END 5/15)	2 00 0 00	X						0	0	0
PAUL TESTA DIRECTOR SF	2 00 0 00	X						0	0	0
SCOTT WEINER MD DIR SHS(END 10/15),SBH(END 5/15)	50 00 0 00	X						917,380	0	34,610
THOMAS MALONE MD PRES &CEO SHS & SBH,DIR SHS & SF	46 00 4 00	X		X				0	1,285,333	22,545
KAREN BUDD DIRECTOR SF	2 00 0 00	X						0	0	0
VIVIAN VON GRUENIGEN MD DIR /CHAIR SHS(END10/15),CHAIR SBH(END 5/15)	48 00 2 00	X		X				455,940	0	27,867

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			
MICHAEL HUGHES MD DIR SHS(CHR END5/15),DIR SBH(END5/15)	48 00 2 00	X		X				665,564	0	25,912
JAMES MCILVAINE DIR /CHR SHS, DIR /CHR SPI	4 00 2 00	X		X				0	0	0
REBECCA ANGERSTEIN RN DIR SHS(END 10/15),DIR SBH(END 5/15)	2 00 0 00	X						0	0	0
NICHOLAS BROWNING DIR SHS, DIR SPI	2 00 2 00	X						0	0	0
DARYL CAMERON DIRECTOR SHS	2 00 2 00	X						0	0	0
BETSY CLARK DIRECTOR SF	2 00 0 00	X						0	0	0
JAMES GRAVELL JR DIRECTOR SHS (END 11/15)	2 00 2 00	X						0	0	0
LYNN HAMRICH MD DIRECTOR SHS	2 00 2 00	X						0	0	0
THOMAS HARNDEN DIR SHS(END 10/15),DIR SBH(END 5/15)	2 00 0 00	X						0	0	0
DONALD KLINE DIRECTOR SHS	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			
JAMES KRAVEC MD DIRECTOR SHS	2 00	X						0	0	0
ANTHONY LOCKHART DIRECTOR SHS	2 00	X						0	0	0
JEANNINE MARKS DIRECTOR SF	2 00	X						0	0	0
RICHARD MARSH DIRECTOR SHS	2 00	X						0	0	0
MAXWELL MEHLMAN PH D DIR SHS(END 10/15),DIR SBH(END 5/15)	2 00	X						0	0	0
THERESA PROENZA DIRECTOR SHS (END 11/15)	2 00	X						0	0	0
ROBERT RICE DIRECTOR SF	2 00	X						0	0	0
BRIAN SMITH DIR SHS, DIR SPI	2 00	X						0	0	0
LEILA VESPOLI DIRECTOR SHS	2 00	X						0	0	0
NORMAN WELLS JR DIRECTOR SHS	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 DERRICK TREAS SHS/SBH, ASSIST TREAS SF, CFO	4 00 46 00			X				0	945,036	23,552
PHYLIS FERRARA PRESIDENT & CDO, SF	50 00 0 00			X				461,198	0	16,345
JAY WILLIAMSON MD PRESIDENT,SPI (END 10/15)	50 00 0 00			X				257,036	0	13,656
LYDIA COOK PRESIDENT SPI	50 00 0 00			X				256,278	0	40,298
VALERIE GIBSON RN PRESIDENT SHS, SBH (END 5/15), COO	46 00 4 00			X				0	544,477	19,810
KATHLEEN JOBE VP, CNO, SBH(END 5/15)	46 00 4 00				X			236,402	0	22,379
JASON NIEHAUS SVP HOSP OPS & SITE ADMIN	46 00 4 00				X			0	582,187	23,616
THOMAS P O'NEILL CFO, SHS, DIR SPI(END 2015)	46 00 4 00				X			0	555,666	18,277
MARY WARD SVP CNO	46 00 4 00				X			0	676,427	10,309
JOSEPH ZARCONI MD FACP SYS VP, MED ED & CHF ACADEMIC OFFICER(END 6/15)	50 00 0 00				X			0	897,420	19,462

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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID CUSTODIO MD SHS CMO	50 00 0 00				X			445,347	0	32,637
TAMMY SCARBOROUGH COO, SPI	50 00 0 00				X			0	253,354	6,380
MATTHEW WAYNE MD CMO, SPI	50 00 0 00				X			205,386	0	3,407
MARK POZSGAY DO BARIATRIC SURGERY	50 00 0 00					X		1,133,449	0	36,411
JOHN G ZOGRAFAKIS MD BARIATRIC SURGERY	50 00 0 00					X		1,053,418	0	38,404
ADRIAN G DAN MD BARIATRIC SURGERY	50 00 0 00					X		867,617	0	30,650
ERIC T MILLER MD ORTHOPAEDIC SURGERY	50 00 0 00					X		871,454	0	12,052
R DOUGLAS TROCHELMAN MD MEDICAL DIR ONCOLOGY	48 00 2 00					X		711,774	0	26,338
WILLIAM A POWEL III FRMR DIR-SPI/SECTY SHS/SBH, COUNSEL	0 00 2 00						X	0	163,138	1,864
THOMAS J STRAUSS FORMER DIR SF, SYSTEM PRES/CEO	8 00 0 00						X	0	544,652	3,570

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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS DEBORD FORMER PRESIDENT SBH	0 00 0 00						X	251,588	0	12,807
ROBERT D HARRIGAN FORMER OFFICER	0 00 0 00						X	0	215,100	3,874
STEVE SCHMIDT FORMER OFFICER	0 00 0 00						X	282,358	0	2,008
BRYAN FREDERICKS FORMER COO, SPI	0 00 0 00						X	184,109	0	12,304

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.

Department of the Treasury
Internal Revenue Service

Name of the organization SUMMA HEALTH GROUP RETURN	Employer identification number 90-0640432
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Part I

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

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

1

☐

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

2

☐

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

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

10

☐

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

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

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

b

☐

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

c

☐

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

d

☐

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

e

☐

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

f

Enter the number of supported organizations

g

Provide the following information about the supported organization(s)

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

Part II

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

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

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and 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	
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	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in 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	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b 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	
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	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
<div>1</div> <div>Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in 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>		

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>		
<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

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 GROUP RETURN	Employer identification number 90-0640432
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
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?														
		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 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?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		22,675
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i.		No	22,675
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912.			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	THE AMOUNT ON LINE 1(F) REPRESENTS THE PORTION OF ANNUAL DUES TO ORGANIZATIONS SUCH AS AHA AND OHA ALLOCABLE TO LOBBYING ACTIVITIES

Name of the organization SUMMA HEALTH GROUP RETURN	Employer identification number 90-0640432
---	--

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" 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) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education)<div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space</div><input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Preservation of a certified historic structure</div>	
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	
a	Total number of conservation easements	Held at the End of the Year
b	Total acreage restricted by conservation easements	2a
c	Number of conservation easements on a certified historic structure included in (a)	2b
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	2d
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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	17,564,267	16,730,854	15,896,470	15,633,841
b Contributions	313,575	1,927,170	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	17,564,267	16,730,854	15,896,470

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
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a)Cost or other basis (investment)	(b)Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land		69,133,188		69,133,188
b Buildings		655,032,375	418,726,818	236,305,557
c Leasehold improvements		3,800,486	2,108,881	1,691,605
d Equipment		439,822,051	331,167,283	108,654,768
e Other		21,264,732	19,258,624	2,006,108
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				417,791,226

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

Additional Data

Software ID:

Software Version:

EIN: 90-0640432

Name: SUMMA HEALTH GROUP RETURN

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

1	(a) Description of Liability	(b) Book Value
	LEASE ESCALATION LIABILITY	267,950
	CAPITAL LEASE OBLIGATIONS	25,177,247
	ASSET RETIREMENT OBLIGATION FI	2,580,880
	INTEREST RATE SWAP	13,214,216
	POST RETIREMENT BENEFITS	958,193
	CONTINGENT LIABILITIES	1,124,370
	MALPRACTICE LIABILITY	13,472,771
	UNSECURED PAYABLES	141,187,676
	PURCHASE OPTION LIABILITY	4,746,707

**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 GROUP RETURN

Employer identification number

90-0640432

Part I General Information on Activities Outside the United States.

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ **Yes** ☐ **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** 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	1	0	PROGRAM SERVICES	SELF INSURANCE	10,316,615
(2) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		260,349
(3)					
(4)					
(5)					
3a Sub-total	1	0			10,576,964
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	1	0			10,576,964

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	CENTRAL AMERICAN AND THE CARIBBEAN ACCRUAL

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3(F)	EXPENDITURES INSURANCE PREMIUMS PAID \$10,316,615

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
SUMMA HEALTH GROUP RETURN

Employer identification number
90-0640432

Part I Fundraising Activities

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

Part II Fundraising Events.

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

		(a)Event #1	(b)Event #2	(c)Other events	(d)
		GALA (event type)	GOLF OUTING (event type)	1 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	1,079,456	210,822	49,958	1,340,236
	2 Less Contributions	993,681	164,112	43,025	1,200,818
	3 Gross income (line 1 minus line 2)	85,775	46,710	6,933	139,418
Direct Expenses	4 Cash prizes	0	0	0	
	5 Noncash prizes	0	6,935	350	7,285
	6 Rent/facility costs	44,709	0	2,748	47,457
	7 Food and beverages	128,051	21,441	200	149,692
	8 Entertainment	204,220	56,293	1,000	261,513
	9 Other direct expenses	176,955	31,863	5,889	214,707
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				680,654
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-541,236

Part III Gaming.

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

☐ **Yes** ☐ **No**

12

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

☐ **Yes** ☐ **No**

13

Indicate the percentage of gaming activity conducted in

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

14

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

Name ▶

Address ▶

15a

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

☐ **Yes** ☐ **No**

b

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

c

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

Name ▶

Address ▶

16

Gaming manager information

Name ▶

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

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

☐ **Yes** ☐ **No**

b

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

Part IV

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

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

SCHEDULE H
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Hospitals

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization SUMMA HEALTH GROUP RETURN	Employer identification number 90-0640432
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Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			24,465,611	16,308,233	8,157,378	0 770 %
b Medicaid (from Worksheet 3, column a)			156,126,969	139,810,270	16,316,699	1 540 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			180,592,580	156,118,503	24,474,077	2 310 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3,182,164	113,556	3,068,608	0 290 %
f Health professions education (from Worksheet 5)			48,828,702	12,957,192	35,871,510	3 390 %
g Subsidized health services (from Worksheet 6)			26,495,902		26,495,902	2 500 %
h Research (from Worksheet 7)			5,690,350	860,931	4,829,419	0 460 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,184,605		1,184,605	0 110 %
j Total. Other Benefits			85,381,723	13,931,679	71,450,044	6 750 %
k Total. Add lines 7d and 7j			265,974,303	170,050,182	95,924,121	9 060 %

Part IICommunity Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development		16,666		16,666	0 %
3	Community support		7,084		7,084	0 %
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy		121,488		121,488	0 010 %
8	Workforce development					
9	Other					
10	Total		145,238		145,238	0 010 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

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

1

Yes

2

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

2

15,698,321

Yes

3

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

3

4

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

Section B. Medicare

5

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

5

198,599,541

6

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

6

211,075,542

7

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

7

-12,476,001

8

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

Section C. Collection Practices

9a

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

9a

Yes

b

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

9b

Yes

Part IVManagement Companies and Joint Ventures

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 SUMMA WESTERN RESERVE HOSPITAL LLC	GENERAL HOSPITAL	40 000 %	0 %	60 000 %
2 2 OHIO SLEEP DISORDERS LLC	SLEEP MEDICINE	66 670 %	0 %	33 330 %
3 3 DIGESTIVE HEALTH CENTER LLC	DIGESTIVE DISEASE	5 000 %	0 %	44 000 %
4 4 MEDINA-SUMMIT ASC LLC	AMBULATORY SURGERY CENTER	20 000 %	0 %	70 000 %
5				
6				
7				
8				
9				
10				
11				
12				
13				

Schedule H (Form 990) 2015

Part V Facility Information

Section A. Hospital Facilities

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

4

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

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

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

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

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group

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

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

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

FACILITY REPORTING GROUP - A		
Name of hospital facility or letter of facility reporting group		
	Yes	No
<div>13</div> <div>Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP</div> <div>a <input type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %</div> <div>b <input type="checkbox"/> Income level other than FPG (describe in Section C)</div> <div>c <input type="checkbox"/> Asset level</div> <div>d <input type="checkbox"/> Medical indigency</div> <div>e <input type="checkbox"/> Insurance status</div> <div>f <input type="checkbox"/> Underinsurance discount</div> <div>g <input type="checkbox"/> Residency</div> <div>h <input type="checkbox"/> Other (describe in Section C)</div>	13	Yes
<div>14</div> <div>Explained the basis for calculating amounts charged to patients?</div>	14	Yes
<div>15</div> <div>Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)</div> <div>a <input type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</div> <div>b <input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</div> <div>c <input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</div> <div>d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</div> <div>e <input type="checkbox"/> Other (describe in Section C)</div>	15	Yes
<div>16</div> <div>Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)</div> <div>a <input type="checkbox"/> The FAP was widely available on a website (list url) SEE ATTACHED SUPPLEMENTAL INFORMATION</div> <div>b <input type="checkbox"/> The FAP application form was widely available on a website (list url) SEE ATTACHED SUPPLEMENTAL INFORMATION</div> <div>c <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE ATTACHED SUPPLEMENTAL INFORMATION</div> <div>d <input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div> <div>e <input type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</div> <div>f <input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div> <div>g <input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility</div> <div>h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</div> <div>i <input type="checkbox"/> Other (describe in Section C)</div>	16	Yes
Billing and Collections		
<div>17</div> <div>Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?</div>	17	Yes
<div>18</div> <div>Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP</div> <div>a <input type="checkbox"/> Reporting to credit agency(ies)</div> <div>b <input type="checkbox"/> Selling an individual's debt to another party</div> <div>c <input type="checkbox"/> Actions that require a legal or judicial process</div> <div>d <input type="checkbox"/> Other similar actions (describe in Section C)</div> <div>e <input type="checkbox"/> None of these actions or other similar actions were permitted</div>		

Part V

Facility Information (continued)

FACILITY REPORTING GROUP - A

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

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

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

FACILITY REPORTING GROUP - B

Name of hospital facility or letter of facility reporting group

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

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

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

FACILITY REPORTING GROUP - B

Name of hospital facility or letter of facility reporting group			Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a	<input type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %			
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)			
c	<input type="checkbox"/> Asset level			
d	<input type="checkbox"/> Medical indigency			
e	<input type="checkbox"/> Insurance status			
f	<input type="checkbox"/> Underinsurance discount			
g	<input type="checkbox"/> Residency			
h	<input type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14		No
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a	<input type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b	<input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	<input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	<input type="checkbox"/> Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16		No
a	<input type="checkbox"/> The FAP was widely available on a website (list url)			
b	<input type="checkbox"/> The FAP application form was widely available on a website (list url)			
c	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url)			
d	<input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	<input type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	<input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	<input type="checkbox"/> Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Actions that require a legal or judicial process			
d	<input type="checkbox"/> Other similar actions (describe in Section C)			
e	<input type="checkbox"/> None of these actions or other similar actions were permitted			

Part V

Facility Information (continued)

FACILITY REPORTING GROUP - B

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

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

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

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

Form and Line Reference	Explanation

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

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

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

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

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

Provide the following information

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

Form and Line Reference	Explanation
PART I, LINE 6A	NAME OF RELATED ORGANIZATION THAT PREPARED THE COMMUNITY BENEFIT REPORT SUMMA HEALTH

Form and Line Reference	Explanation
PART I, LINE 7	EXPLANATION OF COST METHODOLOGY USED FOR CALCULATING LINE 7 TABLE COST OF FINANCIAL ASSISTANCE AT COST WAS CALCULATED WITH A COST TO CHARGE RATIO USING WORKSHEET 2 THE COST RELATED TO MEDICAID PATIENTS WAS DETERMINED USING SUMMA HEALTH'S COST ACCOUNTING SYSTEM FOR SUBSIDIZED SERVICES SUMMA HEALTH'S COST ACCOUNTING SYSTEM IS USED TO DETERMINE COST RELATED TO SPECIFIC SERVICES EXCLUDING TRADITIONAL MEDICAID AND MEDICAID MANAGED CARE PATIENTS COSTS FOR CHARITY AND BAD DEBT ACCOUNTS ARE DEDUCTED USING A RATIO OF COST TO CHARGE SPECIFIC TO THAT SUBSIDIZED SERVICE COSTS FOR OTHER PROGRAMS REFLECT THE DIRECT AND INDIRECT COSTS OF PROVIDING THOSE PROGRAMS

Form and Line Reference	Explanation
PART I, LINE 7G	DESCRIBE SUBSIDIZED HEALTH SERVICE COSTS FROM PHYSICIAN CLINIC ON LINE 7G THE AMOUNT OF SUBSIDIZED HEALTH SERVICES REPORTED ON LINE 7(G) ATTRIBUTABLE TO SUMMA PHYSICIANS, INC ("SPI") IS \$13,481,094

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	DESCRIBE HOW COMMUNITY BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY SUMMA HEALTH ADDRESSES VARIOUS COMMUNITY CONCERNS INCLUDING HEALTH IMPROVEMENT, POVERTY, WORKFORCE DEVELOPMENT, AND ACCESS TO HEALTH CARE SUMMA HEALTH HOSPITALS CONDUCT COMMUNITY HEALTH EDUCATION AND SUPPORT GROUPS, HEALTH FAIRS AND SCREENINGS FOR THE COMMUNITIES SERVED SUMMA HEALTH HOSPITALS WORK WITH STATE AND LOCAL LEADERSHIP TO ADDRESS COMMUNITY NEEDS AND PROVIDE HEALTHCARE SERVICES TO THE POOR AND UNDERSERVED SUMMA HEALTH HOSPITALS PROVIDE PROGRAMS TO IMPROVE THE PHYSICAL SURROUNDINGS AND HOUSING IN THE COMMUNITIES SERVED INADEQUATE HOUSING HAS A NEGATIVE IMPACT ON THE HEALTH OF RESIDENTS IN THE AREA BY LEADING TO VIOLENCE IN THE NEIGHBORHOODS A ROBUST ECONOMY POSITIVELY IMPACTS RESIDENTS COVERED BY HEALTH INSURANCE AND IMPROVES THE CAPACITY OF THE COMMUNITY TO SUPPORT HEALTH SERVICES

Form and Line Reference	Explanation
PART III, LINE 2	A COST-TO-CHARGE RATIO IS USED TO DETERMINE THE AMOUNT REFLECTED ON LINE 2 FOR A DESCRIPTION OF THE ACCOUNTING FOR BAD DEBT, SEE "NET PATIENT SERVICE REVENUE AND PATIENT ACCOUNTS RECEIVABLE" ON PAGE 12 OF THE ATTACHED CONSOLIDATED AUDITED FINANCIAL STATEMENTS UNDER FOOTNOTE 2, "SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES "

Form and Line Reference	Explanation
PART III, LINE 4	<p>FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT EXPENSE SUMMA HEALTH'S AUDITED FINANCIAL STATEMENTS CONTAIN A FOOTNOTE THAT DESCRIBES THE PROVISION FOR DOUBTFUL ACCOUNTS SUMMA HEALTH HAS ADOPTED ASU 2011-07 WHICH RESULTS IN BAD DEBT EXPENSE BEING REFLECTED AS A DEDUCTION FROM REVENUE RATHER THAN AN OPERATING EXPENSE NOTES TO CONSOLIDATED FINANCIAL STATEMENTS, 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, NET PATIENT SERVICE REVENUE AND PATIENT ACCOUNTS RECEIVABLE (PAGE 12) STATES SUMMA HEALTH MAINTAINS AN ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED ON THE EXPECTED COLLECTIBILITY OF PATIENT ACCOUNTS RECEIVABLE THE PROVISION FOR DOUBTFUL ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGES, AND OTHER COLLECTION INDICATORS</p>

Form and Line Reference	Explanation
PART III, LINE 8	DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED MEDICARE ALLOWABLE COST ARE BASED ON INFORMATION PROVIDED ON WORKSHEET B, PART I, COLUMN 26, LINE 118 FROM THE VARIOUS HOSPITALS' MEDICARE COST REPORTS COSTING METHOD USED WAS TOTAL ALLOWABLE COST LESS ALL COSTS DEEMED NON-ALLOWABLE BY MEDICARE REGULATIONS ANY MEDICARE SHORTFALL INCURRED BY SUMMA HEALTH IS NOT REPORTED AS A COMMUNITY BENEFIT

Form and Line Reference	Explanation
PART III, LINE 9B	DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE SUMMA WILL NOT PURSUE LEGAL ACTION FOR NON-PAYMENT OF BILLS AGAINST ANY PATIENT WHO IS WITHOUT ACCESS TO HEALTH INSURANCE AND WITHOUT OTHER SIGNIFICANT INCOME OR NET WORTH BEFORE INITIATING LEGAL ACTION FOR NON-PAYMENT, OUR HOSPITALS WILL, IN CONJUNCTION WITH THE PATIENT, MAKE SURE THAT THE PATIENT IS NOT ELIGIBLE FOR ANY ASSISTANCE PROGRAM AND DOES NOT QUALIFY UNDER THE HOSPITALS' CHARITY CARE POLICY

Form and Line Reference	Explanation
PART VI, LINE 2	NEEDS ASSESSMENT IN ADDITION TO THE CHNA DESCRIBED IN PART V, SECTION B, THE HEALTH CARE NEEDS OF THE COMMUNITY ARE COLLABORATIVELY ASSESSED BY SURVEY PROCESSES CONDUCTED BY SUMMA HEALTH, SUMMIT COUNTY PUBLIC HEALTH, CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON, THE UNITED WAY, SOCIAL SERVICES ADVISORY BOARD OF SUMMIT COUNTY, AND CLEVELAND CLINIC -AKRON GENERAL MEDICAL CENTER

Form and Line Reference	Explanation
PART VI, LINE 3	<p>PATIENT EDUCATION IN ACCORDANCE WITH THE RULES SET FORTH BY OHIO ADMINISTRATIVE CODE SECTION 2101 3-2-07 17 NOTICES, SUMMA HEALTH SYSTEM, AND SUMMA BARBERTON CITIZENS HOSPITAL HAVE NOTICES POSTED IN THE EMERGENCY ROOM, ADMISSION AREAS, CASHIER'S OFFICE, AND OTHER APPROPRIATE AREAS THE NOTICES SPECIFY THE RIGHTS OF INDIVIDUALS TO RECEIVE WITHOUT CHARGE, BASIC MEDICALLY NECESSARY HOSPITAL-LEVEL SERVICES A FINANCIAL COUNSELOR WHO IS ASSIGNED TO PATIENTS AT THE POINT OF ADMISSION REVIEWS THE AVAILABILITY OF FINANCIAL ASSISTANCE PROGRAMS AND ASSISTS WITH THE APPLICATION IF REQUESTED THE SUMMA WEBSITE PROVIDES INFORMATION REGARDING FINANCIAL ASSISTANCE CUSTOMER SERVICE REPRESENTATIVES PROVIDE FINANCIAL COUNSELING WITH EXPLANATION OF ASSISTANCE PROGRAMS TO PATIENTS WHO CALL EACH STATEMENT SENT TO THE PATIENT CONTAINS AN EXPLANATION OF THE FREE CARE PROGRAM AS WELL AS AN APPLICATION ON THE BACK SIDE OF THE STATEMENT</p>

Form and Line Reference	Explanation
PART VI, LINE 4	COMMUNITY INFORMATION BASED ON 2015 PATIENT ADMISSION DATA, SUMMA HEALTH CARE DELIVERY IS PRIMARILY IN SUMMIT COUNTY SUMMIT COUNTY REPRESENTS 75.32% OF THE 2015 ADMISSIONS FROM SUMMA HEALTH WHILE SUMMA ALSO TREATS PATIENTS FROM MEDINA, NORTHERN STARK, AND WAYNE COUNTIES, MOST PATIENTS COME FROM SUMMIT COUNTY THERE ARE 541,968 PEOPLE LIVING IN SUMMIT COUNTY SINCE 2010, THE POPULATION HAS INCREASED SLIGHTLY, BY LESS THAN A PERCENT THERE ARE 31 CITIES, VILLAGES, AND TOWNSHIPS IN SUMMIT COUNTY, WITH THE LARGEST BEING THE CITY OF AKRON COMPARED TO THE STATE OF OHIO, SUMMIT COUNTY HAS A SLIGHTLY SMALLER PROPORTION OF CHILDREN (UNDER 18 YEARS OLD) AND A SLIGHTLY HIGHER PROPORTION OF OLDER ADULTS IN SUMMIT COUNTY 20.5% PERCENT OF THE POPULATION IS NON WHITE, COMPARED TO 17.3% IN THE STATE EDUCATIONAL ATTAINMENT IS SLIGHTLY HIGHER IN SUMMIT COUNTY THAN THE STATE OF OHIO, WITH 90.7% HAVING A HIGH SCHOOL DIPLOMA OR HIGHER AND 29.9% HAVING A BACHELOR'S DEGREE OR HIGHER SIMILARLY, ANNUAL PER CAPITA INCOME IN SUMMIT COUNTY IS SLIGHTLY HIGHER THAN THE STATE OF OHIO, THE PERCENT OF SUMMIT COUNTY RESIDENTS LIVING IN POVERTY IS 2.2% LOWER THAN THAT OF THE STATE MORE THAN 50% OF THE HOUSEHOLDS IN SUMMIT COUNTY MAKE LESS THAN \$50,000 ANNUALLY AND 15.0% AND 14.5% OF HOUSEHOLDS MAKE LESS THAN \$15,000 ANNUALLY RESPECTIVELY FOR THE CALENDAR YEAR 2015, THE AVERAGE MONTHLY UNEMPLOYMENT RATE FOR SUMMIT COUNTY WAS 4.9% RESPECTIVELY LOW INCOMES AND AN ESSENTIALLY STAGNANT UNEMPLOYMENT RATE ADD TO SUMMA'S BURDEN FOR CHARITY CARE DESPITE THESE CHALLENGES, DEMAND FOR SUMMA'S SERVICES IN THESE COMMUNITIES IS PROJECTED TO GROW WHILE THE TOTAL POPULATION OF SUMMIT COUNTY IS EXPECTED TO DECLINE (BY -1.2%), OVER THE 5-YEAR PERIOD 2013-2018 MORE IMPORTANTLY, THE AGE GROUP THAT DEMAND HEALTHCARE SERVICES THE MOST (AGE 65 AND OLDER) IS EXPECTED TO GROW SIGNIFICANTLY THIS AGE GROUP IS EXPECTED TO INCREASE 16.0% IN SUMMIT COUNTY OVER THE FIVE YEAR PERIOD

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

Form and Line Reference	Explanation
PART VI, LINE 6	<p>DESCRIPTION OF AFFILIATED GROUP SUMMA HEALTH IS ONE OF THE LARGEST INTEGRATED DELIVERY SYSTEMS IN OHIO, ENCOMPASSING A NETWORK OF HOSPITALS, COMMUNITY-BASED HEALTH CENTERS, A HEALTH PLAN, A PHYSICIAN-HOSPITAL ORGANIZATION, RESEARCH AND MEDICAL EDUCATION AND A FOUNDATION SUMMA HEALTH IS RENOWNED FOR EXCELLENCE IN PATIENT CARE AND FOR EXCEPTIONAL APPROACHES TO HEALTHCARE DELIVERY DURING 2015, SUMMA HEALTH PROVIDED INPATIENT CARE THROUGH FACILITIES LOCATED ON SIX CAMPUSES AND IN ADDITION, OUTPATIENT CARE IS EXTENDED THROUGHOUT THE REGION IN A NUMBER OF OUTPATIENT CENTERS, BOTH HOSPITAL-BASED AND FREESTANDING SUMMA HEALTH SYSTEM'S AKRON CITY HOSPITAL TERTIARY CAMPUS IS LOCATED IN DOWNTOWN AKRON, OHIO AND HAS SERVED, TOGETHER WITH SUMMA HEALTH, AS THE LARGEST SAFETY-NET HOSPITAL IN THE COMMUNITY FOR MANY YEARS SUMMA BARBERTON HOSPITAL (SBH) IS A 249-BED GENERAL ACUTE CARE COMMUNITY HOSPITAL THAT OFFERS INPATIENT SERVICES, OUTPATIENT SERVICES AND COMMUNITY OUTREACH PROGRAMS SBH IS LOCATED IN THE CITY OF BARBERTON IN SOUTHERN SUMMIT COUNTY THE OPERATIONS OF SBH WERE MERGED INTO SUMMA HEALTH SYSTEM IN MAY 2015 SUMMA WESTERN RESERVE HOSPITAL, LLC ("SWRH") IS A JOINT VENTURE BETWEEN SUMMA HEALTH SYSTEM AND THE WESTERN RESERVE HEALTH PARTNERS AND PROVIDES A FULL RANGE OF ACUTE MEDICAL SERVICES SWRH PROVIDES ITS HOSPITAL OPERATIONS ON THE CAMPUS OF SUMMA CUYAHOGA FALLS GENERAL HOSPITAL SWRH PROVIDES A RANGE OF SERVICES INCLUDING A 24-HOUR EMERGENCY ROOM, AMBULATORY SURGERY, DIAGNOSTIC TESTING, ETC AND ADHERES TO THE CHARITY CARE POLICY OF SUMMA HEALTH SUMMA REHAB HOSPITAL, LLC, A JOINT VENTURE BETWEEN SUMMA HEALTH SYSTEM AND VIBRA HEALTHCARE, OPENED ON THE CAMPUS OF SUMMA AKRON CITY HOSPITAL IN 2012 THIS 60-BED FACILITY PROVIDES INPATIENT REHABILITATION CARE AND SERVICES AND ADHERES TO SUMMA'S CHARITY CARE POLICY ESTABLISHED IN 1993, SUMMACARE OFFERS HEALTH CARE COVERAGE TO MEMBERS INCLUDING MEMBERS INSURED THROUGH ITS STATUS AS A MEDICARE ADVANTAGE ORGANIZATION SUMMACARE IS RECOGNIZED BY THE HEALTH INDUSTRY RESEARCH COMPANY AS A HEALTH PLAN WITH EFFECTIVE DISEASE MANAGEMENT PROGRAMS FOR ASTHMA, HEALTH FAILURE AND DIABETES SUMMACARE, ALONG WITH ITS THIRD PARTY ADMINISTRATIVE SERVICES PRODUCTS COVERS APPROXIMATELY 120,000 MEMBERS SUMMA FOUNDATION IS A NONPROFIT ORGANIZATION ADVANCING TRANSFORMATIONAL PHILANTHROPY, COMMUNITY UNDERSTANDING AND GOODWILL FOR THE PROGRAMS AND PRIORITIES OF SUMMA HEALTH SUMMA HEALTH NETWORK, LLC IS THE INTEGRATED PHYSICIAN-HOSPITAL ORGANIZATION AFFILIATED WITH SUMMA HEALTH WITH MORE THAN 1,400 PHYSICIANS PARTICIPATING, SUMMA HEALTH NETWORK OVERSEES MUTUALLY BENEFICIAL CONTRACTS WITH INSURANCE COMPANIES, PREFERRED PROVIDER ORGANIZATIONS, THIRD-PARTY ADMINISTRATORS AND OTHER PAYORS ON BEHALF OF ITS PHYSICIANS AND HOSPITAL MEMBERS SUMMA ACCOUNTABLE CARE ORGANIZATION (D/B/A NEWHEALTH COLLABORATIVE ("NHC")) IS A CLINICIAN-LED COLLABORATIVE, ORGANIZED TO COMPASSIONATELY CARE FOR AND SERVE PATIENTS IN AN ACCOUNTABLE, VALUE AND EVIDENCE-BASED MANNER IN ACCORDANCE WITH THE AFFORDABLE CARE ACT, NHC CREATES INCENTIVES FOR PROVIDERS TO FURTHER ENHANCE THE QUALITY OF CARE OHIO HEALTH CHOICE, INC (OHC) IS OHIO'S OLDEST PREFERRED PROVIDER ORGANIZATION (PPO) NETWORK IN THE STATE OHC IS CO-OWNED BY SUMMA HEALTH AND MERCY MEDICAL CENTER, AND IS COMPRISED OF APPROXIMATELY 200 HOSPITALS, 8,000 PRIMARY CARE PROVIDERS, 18,000 SPECIALISTS, COVERING MEMBERS ACROSS ALL 88 COUNTIES IN OHIO SUMMA PHYSICIANS, INC ("SPI") IS A MULTI-SPECIALTY PHYSICIAN PRACTICE EMPLOYING CLOSE TO 300 PHYSICIANS IN MULTIPLE SPECIALTIES SPI PROMOTES STRONGER AFFILIATION AND EMPLOYMENT OF PHYSICIANS TO ENSURE COMMUNITY AND HOSPITAL NEEDS FOR PHYSICIANS SERVICES ARE MET</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 7	STATE FILING OF COMMUNITY BENEFIT REPORT THE STATE OF OHIO DOES NOT REQUIRE THE FILING OF THE COMMUNITY BENEFIT REPORT HOWEVER, INFORMATION FROM THE COMMUNITY BENEFIT REPORT IS SHARED ANNUALLY WITH THE OHIO HOSPITAL ASSOCIATION

Schedule H (Form 990) 2015

Additional Data

Software ID:
Software Version:
EIN: 90-0640432
Name: SUMMA HEALTH GROUP RETURN

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

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
4

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

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	SUMMA HEALTH SYSTEM 525 EAST MARKET STREET AKRON, OH 44304 WWW.SUMMAHEALTH.ORG 1275	X	X		X		X	X			A
2	SUMMA BARBERTON CITIZENS HOSPITAL 155 FIFTH STREET NE AKRON, OH 44203 WWW.SUMMAHEALTH.ORG 1280	X	X		X		X	X			A
3	SUMMA WESTERN RESERVE HOSPITAL LLC 1900 23RD STREET CUYAHOGA FALLS, OH 44223 WWW.WESTERNRESERVEHOSPITAL.ORG 1280	X	X		X			X			A
4	SUMMA REHAB HOSPITAL LLC 29 NORTH ADAMS STREET AKRON, OH 44304 WWW.SUMMAREHABHOSPITAL.COM 1503	X			X					REHABILITATION	B

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

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

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

Name and address	Type of Facility (describe)
1 1 - SUMMA HEALTH CNTR AT WADSWORTH-RITTMAN 195 WADSWORTH ROAD WADSWORTH, OH 44281	OUTPATIENT SERVICES
1 2 - SUMMA HEALTH CENTER AT LAKE MEDINA 3780 MEDINA ROAD MEDINA, OH 44256	LAB, IMAGING, THERAPY, SLEEP MEDICINE, RADIATION ONCOLOGY & OUTPATIENT SURGE
2 3 - REHABILITATION SVCS AT GREEN FAMILY 3838 MASSILLON ROAD UNIONTOWN, OH 44685	LAB, IMAGING, REHAB , THERAPY AND OTHER HEALTH SERVICES
3 4 - SUMMA HEALTH CENTER AT WHITE POND 1 PARK WEST BLVD SUITE 130 AKRON, OH 44320	LAB, IMAGING, AND OTHER SPECIALTY HEALTH PROGRAMS
4 5 - SUMMA HEALTH CENTER AT WESTERN RESERVE 5655 HUDSON DRIVE SUITE 200 HUDSON, OH 44236	LAB, IMAGING, REHABILITATION, WOUND CARE & SPORTS MEDICINE
5 6 - SUMMA HOME INFUSION 2743 GILCHRIST ROAD STE 200 AKRON, OH 44305	HOME CARE & INFUSION SERVICES
6 7 - SUMMA NEUROSCIENCE CENTER AT WHITE POND 701 WHITE POND DR SUITE 210 AKRON, OH 44320	NEUROLOGY SERVICES
7 8 - SUMMA HEALTH CNTR AT HERITAGE CROSSING 1835 FRANKS PARKWAY UNIONTOWN, OH 44685	LAB, IMAGING, AND OTHER SPECIALTY HEALTH PROGRAMS
8 9 - SUMMA SLEEP MEDICINE CENTER - GREEN 1700 BOETTTLER ROAD STE 215 UNIONTOWN, OH 44685	SLEEP AND NEUROLOGY SERVICES
9 10 - SUMMA HEALTH CENTER AT ANNA DEAN 28 CONSERVATORY DR STE A BARBERTON, OH 44203	OUTPATIENT REHAB AND THERAPY
10 11 - SUMMA HEALTH CENTER AT CUYAHOGA FALLS 1860 STATE ROAD CUYAHOGA FALLS, OH 44223	LAB AND IMAGING SERVICES
11 12 - SUMMA REHABILITATION SVCS AT WHITE POND 750 WHITE POND DR STE 500 AKRON, OH 44320	OCCUPATIONAL & REHAB SERVICES
12 13 - SUMMA WELLNESS INSTITUTE 5625 HUDSON DRIVE HUDSON, OH 44236	MEDICAL-BASED FITNESS PROGRAMS REHABILITATION & THERAPY
13 14 - SUMMA HEALTH CENTER AT LAKE ANNA 500 WEST HOPOCAN AVENUE BARBERTON, OH 44203	THERAPY, REHABILITATION, AND SPORTS MEDICINE
14 15 - SUMMA REHAB SERVICES AT TALLMADGE 46 NORTH MUNROE ROAD TALLMADGE, OH 44278	PHYSICAL THERAPY AND SPORTS HEALTH

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

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

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

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

Name and address	Type of Facility (describe)
16 16 - IGNATIA HALL SOUTH 3730 WHIPPLE AVE NW STE 5 CANTON,OH 44718	OUTPATIENT ADDICTION MEDICINES
1 17 - SUMMA CTR AT NEW SEASONS-HEALTH EQUITY 1493 S HAWKINS AVENUE AKRON,OH 44320	CHRONIC DISEASE MANAGEMENT, HEALTH, NUTRITION, EXERCISE & EDUCATION SERVICES
2 18 - SUMMA SERVICES-WADSWORTH COMMUNITY CTR 621 SCHOOL DRIVE WADSWORTH,OH 44281	IMAGING, REHABILITATION, AND ORTHOPAEDIC SPORTS MEDICINE
3 19 - NATATORIUM REHABILITATION AND WELLNESS 2345 4TH STREET CUYAHOGA FALLS,OH 44221	ORTHOPAEDIC & SPORTS THERAPY
4 20 - SUMMA REHAB SVCS AT UNIVERSITY PARK YMCA 477 EAST MARKET ST STE 100 AKRON,OH 44304	THERAPY, REHABILITATION, AND SPORTS MEDICINE

2015

**Open to Public
Inspection**

90-0640432

☒ Yes ☐ No

(h) Purpose of grant or assistance

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
(1) SUMMASHARES	7	5,457			
(2) DIABETES PROGRAM	9	7,981			
(3) MAMMOGRAM SCREENS	604	64,358			

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 PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IS BASED ON THE CRITERIA ESTABLISHED PRIOR TO AWARDING THE GRANT OR ASSISTANCE ONCE THE CRITERIA IS MET A PAYMENT WILL BE MADE TO THE ORGANIZATION UTILIZING THE FUNDS

Additional Data

Software ID:
Software Version:
EIN: 90-0640432
Name: SUMMA HEALTH GROUP RETURN

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
AMERICAN HEART ASSOCIATION 3505 EMBASSY PARKWAY STE 100 AKRON,OH 44333	13-5613797	501(C)(3)	105,000				RESEARCH AND EDUCATION
THE UNIVERSITY OF AKRON 302 BUCHTEL COMMON AKRON,OH 44301	34-6002924	GOVERNMENTAL	7,000				EDUCATIONAL
SUSAN G KOMEN FOR THE CURE 26210 EMERY RD CLEVELAND,OH 44128	75-1835298	501(C)(3)	10,000				CANCER WELLNESS SUPPORT

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
DIVERSITY & LEADERSHIP INC PO BOX 891212 HOUSTON, TX 772891212	20-4317404		5,500				DIVERSITY & LEADERSHIP
AMERICAN CANCER SOCIETY 525 NORTH BROAD STREET CANFIELD, OH 44406	25-1798733	501(C)(3)	20,000				CANCER RESEARCH

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 GROUP RETURN

Employer identification number
90-0640432

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.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b 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.			
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee		
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?	4c		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 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?	5b		No
If "Yes," on line 5a or 5b, describe in Part III.			
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?	6b		No
If "Yes," on line 6a or 6b, describe in Part III.			
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 SYSTEM GROSSED UP TAXES FOR SUPPLEMENTAL EXECUTIVE RETIREMENT PROGRAMS PAID TO ONE DIRECTOR, ONE OFFICER, NINE KEY EMPLOYEES, TWO FORMER EMPLOYEES AND FOUR FORMER OFFICERS. THE AMOUNT OF THE GROSS UP IS RECOGNIZED AS ADDITIONAL TAXABLE COMPENSATION. HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES. SOCIAL CLUB DUES WERE PAID ON BEHALF OF ONE OFFICER. ANY PERSONAL USE IS RECOGNIZED AS ADDITIONAL TAXABLE COMPENSATION.
PART I, LINE 3	ARRANGEMENTS USED TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION. THE COMPENSATION OF THE PRESIDENT AND CEO IS ESTABLISHED BY SUMMA HEALTH, THE RELATED PARENT ORGANIZATION FOR ALL MEMBERS IN THE SUMMA HEALTH SYSTEM GROUP RETURN. SUMMA HEALTH HAS A COMPENSATION COMMITTEE THAT USES AN INDEPENDENT COMPENSATION CONSULTANT, MARKET SURVEYS, AND AN ANNUAL REVIEW PROCESS TO ESTABLISH COMPENSATION FOR THE POSITION OF PRESIDENT AND CEO.
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, WILLIAM POWEL, III \$5,725, BRYAN FREDERICKS \$148,344, ROBERT D. HARRIGAN \$158,378, THOMAS DEBORD \$161,741, STEVEN SCHMIDT \$205,205, 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 INCLUDIBLE AS TAXABLE COMPENSATION FOR LISTED INDIVIDUALS, DUE TO PLAN PARTICIPATION IN THE REPORTING YEAR, WERE AS FOLLOWS: THOMAS MALONE, MD \$39,675, ERIK STEELE, DO \$41,374, BRIAN K. DERRICK \$114,825, PHYLIS FERRARA \$20,505, JAY WILLIAMSON, MD \$31,240, JASON NIEHAUS \$6,452, THOMAS P. O'NEILL \$55,117, MARY WARD \$109,424, JOSEPH ZARCONI, MD \$100,871, WILLIAM POWELL, III \$69,249, THOMAS STRAUSS \$148,461.
PART I, LINE 7	NON-FIXED PAYMENTS. THE SUMMA HEALTH SYSTEM MANAGEMENT INCENTIVE PROGRAM IS DESIGNED TO REWARD EMPLOYEES FOR MEETING QUALITY, PERFORMANCE AND FINANCIAL TARGETS. THESE 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.
FORM 990 PART VII, SECTION A, LINE 5 INFORMATION	PERSON RECEIVING COMPENSATION FROM AN UNRELATED ORGANIZATION FOR SERVICES RENDERED TO THE ORGANIZATION. SUMMA HEALTH SYSTEM PAYS HEALTHSPAN PARTNERS, AND UNRELATED ORGANIZATION, FOR THE COMPENSATION LISTED FOR LYDIA COOK IN THE AMOUNTS LISTED ON FORM 990 PART VII AND SCHEDULE J PART II.

Additional Data

Software ID:
Software Version:
EIN: 90-0640432
Name: SUMMA HEALTH GROUP RETURN

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1ROBERT A GERBERRY DIR SPI(END'15),SECTY SHS/SBH,GEN CO	(i)	0	0	0	0	0	0	0
	(ii)	350,682	59,706	65,534	4,846	-	-	0
1WILLIAM BAUMAN MD DIR SHS(END'15)SBH (END'15)SPI(END'15	(i)	636,691	22,573	3,201	7,950	18,717	689,132	0
	(ii)	0	0	0	0	-	-	0
2ROBERT DEBSKI MD DIR SHS(END 10/15),SBH (END 5/15)	(i)	166,925	7,120	0	0	17,042	191,087	0
	(ii)	0	0	0	0	-	-	0
3STEVEN GAICH MD DIRECTOR SPI(END 12/15)	(i)	295,314	25,070	445	7,950	2,402	331,181	0
	(ii)	0	0	0	0	-	-	0
4JOSEPH KOENIG MD DIRECTOR SPI(END 12/15)	(i)	633,868	40,877	2,190	9,275	13,835	700,045	0
	(ii)	0	0	0	0	-	-	0
5ERIK STEELE DO DIR SHS,SBH(END 5/15),SYS CMO	(i)	0	0	0	0	0	0	0
	(ii)	493,506	90,963	170,820	7,950	-	-	11,381
6SCOTT WEINER MD DIR SHS(END 10/15),SBH (END 5/15)	(i)	831,637	83,553	2,190	9,275	25,335	951,990	0
	(ii)	0	0	0	0	-	-	0
7THOMAS MALONE MD PRES &CEO SHS & SBH,DIR SHS & SF	(i)	0	0	0	0	0	0	0
	(ii)	796,996	250,000	238,337	5,608	-	-	0
8VIVIAN VON GRUENIGEN MD DIR /CHAIR SHS (END10/15),CHAIR SBH(E	(i)	454,350	0	1,590	3,130	24,737	483,807	0
	(ii)	0	0	0	0	-	-	0
9MICHAEL HUGHES MD DIR SHS (CHR END5/15),DIR SBH (END5/15	(i)	640,801	22,573	2,190	7,950	17,962	691,476	0
	(ii)	0	0	0	0	-	-	0
10BRIAN DERRICK TREAS SHS/SBH, ASSIST TREAS SF, CFO	(i)	0	0	0	0	0	0	0
	(ii)	540,515	143,655	260,866	6,625	-	-	55,878
11PHYLIS FERRARA PRESIDENT & CDO, SF	(i)	286,900	72,100	102,198	9,275	7,070	477,543	4,730
	(ii)	0	0	0	0	-	-	0
12JAY WILLIAMSON MD PRESIDENT,SPI (END 10/15)	(i)	135,432	33,331	88,273	5,052	8,604	270,692	0
	(ii)	0	0	0	0	-	-	0
13LYDIA COOK PRESIDENT SPI	(i)	192,716	23,836	39,726	23,868	16,430	296,576	0
	(ii)	0	0	0	0	-	-	0
14VALERIE GIBSON RN PRESIDENT SHS, SBH (END 5/15), COO	(i)	0	0	0	0	0	0	0
	(ii)	428,586	0	115,891	0	-	-	0
15KATHLEEN JOBE VP, CNO, SBH(END 5/15)	(i)	179,937	15,756	40,709	6,994	15,385	258,781	0
	(ii)	0	0	0	0	-	-	0
16JASON NIEHAUS SVP HOSP OPS & SITE ADMIN	(i)	0	0	0	0	0	0	0
	(ii)	319,850	143,334	119,003	1,313	-	-	0
17THOMAS P O'NEILL CFO, SHS, DIR SPI(END 2015)	(i)	0	0	0	0	0	0	0
	(ii)	291,048	70,000	194,618	9,275	-	-	32,825
18MARY WARDSPVP CNO	(i)	0	0	0	0	0	0	0
	(ii)	357,702	102,331	216,394	7,950	-	-	67,624
19JOSEPH ZARCONI MD FACP SYS VP, MED ED & CHF ACADEMIC OFFIC	(i)	0	0	0	0	0	0	0
	(ii)	158,039	49,541	689,840	7,771	-	-	63,647
						11,691	916,882	

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 CUSTODIO MD SHS CMO	(i)	343,173	34,313	67,861	9,275	23,362	477,984	0
	(ii)	0	0	0	0	- 0	- 0	0
1TAMMY SCARBOROUGH COO, SPI	(i)	0	0	0	0	0	0	0
	(ii)	221,250	0	32,104	0	- 6,380	- 259,734	0
2MATTHEW WAYNE MD CMO, SPI	(i)	181,731	0	23,655	0	3,407	208,793	0
	(ii)	0	0	0	0	- 0	- 0	0
3MARK POZSGAY DO BARIATRIC SURGERY	(i)	762,963	369,316	1,170	6,750	29,661	1,169,860	0
	(ii)	0	0	0	0	- 0	- 0	0
4JOHN G ZOGRFAKIS MD BARIATRIC SURGERY	(i)	704,530	347,538	1,350	9,275	29,129	1,091,822	0
	(ii)	0	0	0	0	- 0	- 0	0
5ADRIAN G DAN MD BARIATRIC SURGERY	(i)	655,790	210,627	1,200	7,875	22,775	898,267	0
	(ii)	0	0	0	0	- 0	- 0	0
6ERIC T MILLER MD ORTHOPAEDIC SURGERY	(i)	714,594	155,690	1,170	3,694	8,358	883,506	0
	(ii)	0	0	0	0	- 0	- 0	0
R DOUGLAS TROCHELMAN 7MD MEDICAL DIR ONCOLOGY	(i)	654,484	55,100	2,190	9,275	17,063	738,112	0
	(ii)	0	0	0	0	- 0	- 0	0
8WILLIAM A POWEL III FRMR DIR-SPI/SECTY SHS/SBH, COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	0	87,754	75,384	0	- 1,864	- 165,002	69,249
9THOMAS J STRAUSS FORMER DIR SF, SYSTEM PRES/CEO	(i)	0	0	0	0	0	0	0
	(ii)	86,438	294,381	163,833	0	- 3,570	- 548,222	148,461
10THOMAS DEBORD FORMER PRESIDENT SBH	(i)	0	55,723	195,865	0	12,807	264,395	0
	(ii)	0	0	0	0	- 0	- 0	0
11ROBERT D HARRIGAN FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	0	0	215,100	0	- 3,874	- 218,974	0
12STEVE SCHMIDT FORMER OFFICER	(i)	2,112	19,556	260,690	268	1,740	284,366	0
	(ii)	0	0	0	0	- 0	- 0	0
13BRYAN FREDERICKS FORMER COO, SPI	(i)	0	13,298	170,811	0	12,304	196,413	0
	(ii)	0	0	0	0	- 0	- 0	0

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As Filed Data -

DLN: 93493319009186

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

SUMMA HEALTH GROUP RETURN

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

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

Employer identification number

90-0640432

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756AY89	05-11-2001	180,125,341	SEE PART VI		X		X		X
B AKRON BATH AND COPLEY JOINT TOWNSHIP HOSPITAL DISTRICT	34-1448680		07-25-2012	32,509,635	SEE PART VI		X		X		X
C SEE SCHEDULE K PART VI	34-1448680		10-02-2014	145,250,000	SEE PART VI		X		X		X
D AKRON BATH AND COPLEY JT TWP HOSP DIST	34-1448680		12-16-2015	42,255,000	SEE PART VI		X		X		X

Part II

Proceeds

	A		B		C		D	
1 Amount of bonds retired			9,222,622		5,980,000			
2 Amount of bonds legally defeased								
3 Total proceeds of issue	180,162,106		32,509,635		145,250,000		42,255,000	
4 Gross proceeds in reserve funds	18,196,607							
5 Capitalized interest from proceeds	3,004,911				795,890		255,000	
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds	4,929,857							
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	154,030,731						37,789,920	
11 Other spent proceeds			32,509,635		144,454,110			
12 Other unspent proceeds							4,213,757	
13 Year of substantial completion	2012		2012		2008		2015	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X		X		X			X
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X			X	X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X				X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X			X	X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X				X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government▶	1 600 %				10 490 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government▶	0 120 %				0 260 %		0 %	
6	Total of lines 4 and 5	1 720 %				10 750 %		0 %	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?.	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?		X	X		X		X	
c	No rebate due?	X			X		X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X		X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X		X			X
b	Name of provider			RBS CITIZENS BANK		SEE SCHEDULE K VI			
c	Term of hedge			1200 00000000000 %		2000 00000000000 %			
d	Was the hedge superintegrated?				X		X		
e	Was the hedge terminated?				X		X		

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X		X		X
b	Name of provider	MORGAN STANLEY & COMPANY							
c	Term of GIC	220 00000000000 %							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V

Procedures To Undertake Corrective Action

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

Part VI

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

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME OHIO HIGHER EDUCATIONAL FACILITY COMMISSION DATE THE REBATE COMPUTATION WAS PERFORMED 05/11/2013

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN (A), LINE C	<p>ISSUER NAME</p> <p>THE 2014 BONDS CONSIST OF THE FOLLOWING THREE SERIES OF BONDS, WHICH ARE TREATED AS A SINGLE ISSUE OF BONDS FOR FEDERAL INCOME TAX PURPOSES (1) AKRON, BATH AND COPLEY JOINT TOWNSHIP HOSPITAL DISTRICT, OHIO HOSPITAL FACILITIES REFUNDING REVENUE BONDS, SERIES 2014A (SUMMA HEALTH SYSTEM OBLIGATED GROUP) ISSUED IN THE ORIGINAL PRINCIPAL AMOUNT OF \$93,685,000, (2) AKRON, BATH AND COPLEY JOINT TOWNSHIP HOSPITAL DISTRICT, OHIO HOSPITAL FACILITIES REFUNDING REVENUE BONDS, SERIES 2014B (SUMMA HEALTH SYSTEM OBLIGATED GROUP) ISSUED IN THE ORIGINAL PRINCIPAL AMOUNT OF \$37,890,000, AND (3) DEVELOPMENT FINANCE AUTHORITY OF SUMMIT COUNTY PORT FACILITIES REVENUE REFUNDING BONDS, SERIES 2014 (SUMMA HEALTH SYSTEM OBLIGATED GROUP PROJECT) ISSUED IN THE ORIGINAL PRINCIPAL AMOUNT OF \$13,675,000 THE SERIES 2014A BONDS AND THE DEVELOPMENT FINANCE AUTHORITY BONDS WERE EACH ISSUED ON OCTOBER 2, 2014, AND THE SERIES 2014B BONDS WERE ISSUED ON NOVEMBER 18, 2014 THE AKRON, BATH AND COPLEY JOINT TOWNSHIP HOSPITAL DISTRICT'S EIN IS 34-1448680, AND THE DEVELOPMENT FINANCE AUTHORITY'S EIN IS 34-1765940</p>

Return Reference	Explanation
<p>SCHEDULE K, PART I, LINE A, COLUMN (F)</p>	<p>OHIO HIGHER EDUCATIONAL FACILITY COMMISSION SERIES 2010 BONDS THE PURPOSES OF THE SERIES 2010 BONDS WERE TO (1) CURRENTLY REFUND A TAXABLE LOAN TO SUMMA BARBERTON CITIZENS HOSPITAL UNDER A LINE OF CREDIT, THE PROCEEDS OF WHICH WERE USED TO ACQUIRE HOSPITAL FACILITIES, (2) CURRENTLY REFUND A TAXABLE LOAN TO SUMMA AKRON CITY AND ST THOMAS HOSPITALS, THE PROCEEDS OF WHICH WERE USED FOR CERTAIN CAPITAL EXPENDITURES, (3) CONSTRUCT AND EQUIP HOSPITAL FACILITIES, (4) ACQUIRE, CONSTRUCT, AND EQUIP PARKING FACILITIES, NURSING FACILITIES, ADMINISTRATIVE FACILITIES, AMBULATORY CARE FACILITIES, AND MEDICAL EQUIPMENT, AND (5) PAY ISSUANCE COSTS</p>

Return Reference	Explanation
SCHEDULE K, PART I, LINE B, COLUMN (F)	AKRON, BATH AND COPLEY JOINT TOWNSHIP HOSPITAL DISTRICT BONDS THE PURPOSES OF THE SERIES 2012 BONDS WERE TO (1) CURRENTLY REFUND THE HOSPITAL FACILITIES REVENUE BONDS, SERIES 1998A ISSUED ON DECEMBER 23, 1998 IN THE ORIGINAL AMOUNT OF \$50,000,000, AND (2) PAY THE COSTS OF ISSUANCE OF THE SERIES 2012 BONDS

Return Reference	Explanation
SCHEDULE K, PART I, LINE C, COLUMN (F)	<p>SERIES 2014A, SERIES 2014B, AND SERIES 2014 BONDS THE PURPOSE OF THE SERIES 2014A BONDS WAS TO CURRENTLY REFUND THE SERIES 2004B BONDS, WHICH WERE ISSUED TO (1) CONSTRUCT AND EQUIP A CRITICAL CARE PAVILION, (2) CONSTRUCT AND EQUIP OTHER HOSPITAL FACILITIES, (3) REFUND PRIOR ISSUES WITH THE FOLLOWING ISSUE DATES (A) DECEMBER 22, 1992 AND (B) JUNE 10, 1993, (4) PAY THE INITIAL COSTS OF A LIQUIDITY FACILITY, AND (5) PAY ISSUANCE COSTS THE PURPOSES OF THE SERIES 2014B BONDS WERE TO (1) CURRENTLY REFUND THE SERIES 2004A BONDS, WHICH WERE ISSUED TO (A) CONSTRUCT AND EQUIP A CRITICAL CARE PAVILION, (B) CONSTRUCT AND EQUIP OTHER HOSPITAL FACILITIES, (C) REFUND PRIOR ISSUES WITH THE FOLLOWING ISSUE DATES (I) JULY 1, 1999, (II) JULY 28, 2000, AND (III) MARCH 12, 2002, (D) FUND A DEBT SERVICE RESERVE FOR SERIES 2004A BONDS, AND (E) PAY ISSUANCE COSTS, AND (2) FUND CAPITALIZED INTEREST ON THE SERIES 2014B BONDS THE PURPOSE OF THE DEVELOPMENT FINANCE AUTHORITY SERIES 2014 BONDS WAS TO CURRENTLY REFUND THE SERIES 2006 BONDS, WHICH WERE ISSUED TO (1) ACQUIRE A PROJECT SITE FOR AND CONSTRUCT AND EQUIP A WELLNESS INSTITUTE, AND (2) TO PAY ISSUANCE COSTS</p>

Return Reference	Explanation
SCHEDULE K, PART I, LINE D, COLUMN (F)	AKRON, BATH AND COPLEY JOINT TOWNSHIP HOSPITAL DISTRICT SERIES 2015 BONDS THE PURPOSE OF THE SERIES 2015 BONDS WAS TO (1) ACQUIRE, CONSTRUCT, IMPROVE, EQUIP CERTAIN HOSPITAL FACILITIES, AND (2) PAY ISSUANCE COSTS

Return Reference	Explanation
SCHEDULE K, PART II, LINE 3	TOTAL PROCEEDS OF ISSUE - COLUMN A THE DIFFERENCE BETWEEN THE TOTAL PROCEEDS OF THE ISSUE AND THE ISSUE PRICE PROVIDED IN PART I, LINE A, COL (E) IS DUE TO INVESTMENT PROCEEDS OF THE ISSUE

Return Reference	Explanation
SCHEDULE K, PART III, LINE 4	PRIVATE BUSINESS USAGE - BOND ISSUE C THE PRIVATE BUSINESS USAGE IS PROJECTED TO BE LESS THAN 5 PERCENT OVER THE LIFE OF THE SERIES 2014 BONDS DUE TO THE EXPECTED TERMINATION OF CERTAIN LEASE ARRANGEMENTS

Return Reference	Explanation
SCHEDULE K, PART III, LINE 6	TOTAL PRIVATE USE PERCENTAGE - COLUMN C THIS NUMBER IS PROJECTED TO BE LESS THAN 5% OVER THE LIFE OF THE SERIES 2014 BONDS DUE TO THE EXPECTED TERMINATION OF CERTAIN LEASE ARRANGEMENTS

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 4B	NAME OF HEDGE PROVIDER - COLUMN C SERIES 2014A BONDS GOLDMAN SACHS BANK USA SERIES 2014B BONDS THERE IS NO HEDGE WITH RESPECT TO THE SERIES 2014B BONDS DEVELOPMENT FINANCE AUTHORITY SERIES 2014 BONDS PNC BANK, NATIONAL ASSOCIATION

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 4C	TERM OF HEDGE - COLUMN C THE TERM OF THE HEDGE WITH GOLDMAN SACHS BANK USA IS 20 YEARS THE TERM OF THE HEDGE WITH PNC BANK, NATIONAL ASSOCIATION IS 30 YEARS

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) BRIAN BAUMAN	FAMILY MEMBER OF WILLIAM BAUMAN (DIRECTOR SHS, SBH, SPI)	462,630	EMPLOYMENT AND INDEPENDENT CONTRACTOR		No
(2) M&M PROPERTIES	DALE MURPHY, SPI DIRECTOR, HAS A REPORTABLE OWNERSHIP INTEREST IN M&M PROPE	54,300	INDEPENDENT CONTRACTOR		No
(3) CYNTHIA BROWNING	FAMILY MEMBER OF NICHOLAS BROWNING, SUMMA HEALTH BOARD MEMBER	51,704	EMPLOYMENT		No
(4) KAREN CUSTODIO	FAMILY MEMBER OF DAVID CUSTODIO (KEY EMPLOYEE SHS)	11,164	EMPLOYMENT		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
SUMMA HEALTH GROUP RETURN

Employer identification number
90-0640432

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	4	14,962	APPRAISAL
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		2,500	REPLACEMENT COST
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	9	1,151,615	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	1	11,850	REPLACEMENT COST
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>EVENTS</u>)	X	5	45,384	MARKET VALUE
26 Other ► (<u> </u>)				
27 Other ► (<u> </u>)				
28 Other ► (<u> </u>)				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b If "Yes," describe the arrangement in Part II

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

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b If "Yes," describe in Part II

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

Part II

Supplemental Information.

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

Return Reference	Explanation
PART I, COLUMN (B)	EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS ARTWORK NUMBER OF CONTRIBUTIONS SECURITIES - PUBLICALLY TRADED NUMBER OF CONTRIBUTIONS DRUGS AND MEDICAL SUPPLIES NUMBER OF CONTRIBUTIONS OTHER NUMBER OF CONTRIBUTIONS

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493319009186

SCHEDULE N
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization
SUMMA HEALTH GROUP RETURN

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

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

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

90-0640432

Part I

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

1	(a)Description of asset(s) distributed or transaction expenses paid	(b)Date of distribution	(c)Fair market value of asset(s) distributed or amount of transaction expenses	(d)Method of determining FMV for asset(s) distributed or transaction expenses	(e)EIN of recipient	(f)Name and address of recipient	(g)IRC section of recipient(s) (if tax-exempt) or type of entity
	SUMMA BARBERTON CITIZENS HOSPITAL PATIENT ACCOUNTS RECEIVABLE,PROPERTY AND EQUIPMENT, INVENTORY, OTHER ASSETS	05-31-2015	91,045,889	BOOK VALUE	34-0714755	SUMMA HEALTH SYSTEM 1077 GORGE BLVD AKRON, OH 44309	501(C)(3)

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

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

- 3** Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III
- 4a** Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?
- b** If "Yes," did the organization provide such notice?
- 5** Did the organization discharge or pay all of its liabilities in accordance with state laws?
- 6a** Did the organization have any tax-exempt bonds outstanding during the year?
- b** If "Yes" on line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?
- c** If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III

	Yes	No
3	Yes	
4a	Yes	
4b	Yes	
5	Yes	
6a		No
6b		

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets.

Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
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- 2** Did or will any officer, director, trustee, or key employee of the organization
- a** Become a director or trustee of a successor or transferee organization?
- b** Become an employee of, or independent contractor for, a successor or transferee organization?
- c** Become a direct or indirect owner of a successor or transferee organization?
- d** Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?
- e** If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III ►

	Yes	No
2a		
2b		
2c		
2d		

Part III **Supplemental Information.**

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or
990-EZ)Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**2015****Open to Public
Inspection**Name of the organization
SUMMA HEALTH GROUP RETURN**Employer identification number**

90-0640432

**Return
Reference****Explanation**FORM 990,
PART VI,
SECTION A, LINE
1LINES 1A AND 1B THE DIRECTOR COUNT INFORMATION IS PRESENTED IN THE FOLLOWING FORMAT ENTITY NAME -
NUMBER OF VOTING MEMBERS - NUMBER OF INDEPENDENT VOTING MEMBERS SUMMA HEALTH SYSTEM ("SHS") - 14 - 10
SUMMA FOUNDATION ("SF") - 26 - 25 SUMMA PHYSICIANS, INC ("SPI") - 3 - 2 TOTALS FOR GROUP RETURN - 43 - 37 ALL
OF THE ORGANIZATIONS LISTED ABOVE ARE SUBORDINATES UNDER THE CONTROL OF SUMMA HEALTH ("SH") AS OF
DECEMBER 31, 2015, SH HAD 14 VOTING DIRECTORS, 10 OF WHOM WERE INDEPENDENT VOTING DIRECTORS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS SUMMA HEALTH SYSTEM SUMMA BARBERTON CITIZENS HOSPITAL THOMAS MALONE, M D , THOMAS P O'NEILL, ERIK, STEELE, D O , AND MARY WARD - 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 RICHARD MARSH, LEILA VESPOLI, AND ANTHONY LOCKHART - BUSINESS RELATIONSHIP REBECCA ANGERSTEIN AND MICHAEL HUGHES, M D - BUSINESS RELATIONSHIP SUMMA FOUNDATION SAMIR GIBARA AND SCOTT HONNOLD - BUSINESS RELATIONSHIP GEORGE DAVERIO, JR AND C GORDON EWERS - BUSINESS RELATIONSHIP

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	<p>SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS SUMMA HEALTH SYSTEM THE ARTICLES OF INCORPORATION AND CODE OF REGULATIONS WAS AMENDED EFFECTIVE MARCH 1, 2015 TO CHANGE THE NAME FROM SUMMA AKRON CITY AND ST THOMAS HOSPITALS TO SUMMA HEALTH SYSTEM THE CODE OF REGULATIONS OF SUMMA HEALTH SYSTEM WAS FURTHER AMENDED AS FOLLOWS THE NUMBER AND CLASSIFICATION OF THE DIRECTORS WAS CHANGED TO PROVIDE THAT THOSE DIRECTORS OF SUMMA HEALTH, THE SOLE MEMBER OF SUMMA HEALTH SYSTEM, WOULD BE THE DIRECTORS OF SUMMA HEALTH SYSTEM AN EXECUTIVE COMMITTEE WAS AUTHORIZED FOR SUMMA HEALTH SYSTEM TO BE COMPRISED OF THOSE INDIVIDUALS WHO SERVE FROM TIME-TO-TIME AS THE EXECUTIVE COMMITTEE OF SUMMA HEALTH ALL MEMBERS OF THE EXECUTIVE COMMITTEE ARE DIRECTORS OF SUMMA HEALTH SYSTEM THE EXECUTIVE COMMITTEE IS AUTHORIZED TO MEET ON AN AD HOC BASIS AND IS AUTHORIZED TO EXERCISE THE POWERS OF THE BOARD AT SUCH TIME AS THE BOARD IS NOT IN SESSION, SUBJECT TO RESTRICTIONS IMPOSED BY PREVIOUS DECISIONS OF THE BOARD AND TO THE PROVISIONS OF THE SUMMA HEALTH SYSTEM CODE OF REGULATIONS ALL INTERIM ACTIONS BY THE EXECUTIVE COMMITTEE ARE REPORTED AT THE BOARD'S NEXT MEETING SUCCEEDING SUCH ACTION SUMMA BARBERTON CITIZENS HOSPITAL (MERGED MAY 31, 2015) SUMMA BARBERTON CITIZENS HOSPITAL MERGED WITH SUMMA HEALTH SYSTEM EFFECTIVE AS OF MAY 31, 2015 SUMMA HEALTH SYSTEM WAS THE SURVIVING ENTITY</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	CLASSES OF MEMBERS OR STOCKHOLDERS SUMMA HEALTH SYSTEM SUMMA HEALTH IS THE SOLE MEMBER OF SUMMA HEALTH SYSTEM SUMMA FOUNDATION SUMMA HEALTH IS THE SOLE MEMBER OF SUMMA FOUNDATION SUMMA BARBERTON CITIZENS HOSPITAL PRIOR TO THE MERGER OF SUMMA BARBERTON CITIZENS HOSPITAL WITH SUMMA HEALTH SYSTEM EFFECTIVE MAY 31, 2015, SUMMA HEALTH WAS THE SOLE MEMBER OF SUMMA BARBERTON CITIZENS HOSPITAL SUMMA PHYSICIANS, INC SUMMA PHYSICIANS, INC HAS STOCKHOLDERS, THE STOCK IS HELD IN TRUST FOR THE BENEFIT OF SUMMA HEALTH

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY SUMMA HEALTH SYSTEM THE CODE OF REGULATIONS OF SUMMA HEALTH SYSTEM WAS AMENDED IN 2015 TO PROVIDE THAT THOSE DIRECTORS OF SUMMA HEALTH, THE SOLE MEMBER OF SUMMA HEALTH SYSTEM, WOULD BE THE DIRECTORS OF SUMMA HEALTH SYSTEM SUMMA FOUNDATION IN ADDITION TO DIRECTORS ELECTED BY THE SUMMA HEALTH BOARD AS THE SOLE MEMBER OF SUMMA FOUNDATION, THE PRESIDENT AND CEO OF SUMMA HEALTH SERVES AS A DIRECTOR OF SUMMA FOUNDATION SUMMA PHYSICIANS, INC SUMMA PHYSICIANS, INC IS AFFILIATED WITH SUMMA HEALTH SYSTEM AND ONLY PERSONS APPROVED BY SUMMA HEALTH SYSTEM OR EMPLOYED BY SUMMA HEALTH SYSTEM OR AN AFFILIATED ENTITY MAY SERVE AS A DIRECTOR OF SUMMA PHYSICIANS, INC

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	<p>DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS SUMMA HEALTH SYSTEM SUMMA BARBERTON CITIZENS HOSPITAL SUMMA HEALTH IS THE SOLE MEMBER OF EACH OF SUMMA HEALTH SYSTEM AND SUMMA BARBERTON CITIZENS HOSPITAL AS THE SOLE MEMBER, SUMMA HEALTH HAS THE POWER AND AUTHORITY TO APPROVE OR DISAPPROVE OF EACH OF THE FOLLOWING ON BEHALF OF EACH OF SUMMA HEALTH SYSTEM AND SUMMA BARBERTON CITIZENS HOSPITAL (I)ANY MODIFICATION OF THE ESSENTIAL NATURE, PURPOSE, MISSION OR OPERATIONS OF THE CORPORATION, (II)ADOPTION OF A CODE OF REGULATIONS, BY LAWS OR OTHER CONSTITUTIVE DOCUMENT OF THE CORPORATION AND ANY AND ALL AMENDMENTS THERETO, (III)ADOPTION OF ANY AMENDMENTS TO THE ARTICLES OF INCORPORATION OR SIMILAR CHARTER OR ORGANIZATIONAL DOCUMENT OR AGREEMENT AND/OR ANY OTHER CHANGE IN THE CORPORATE STRUCTURE OR GOVERNANCE OF THE CORPORATION, (IV)ESTABLISHMENT OF QUALIFICATIONS FOR THE SELECTION OF DIRECTORS, DIRECTORS OR MANAGERS OF THE CORPORATION, (V)APPOINTMENT OR ELECTION AND REMOVAL OF MEMBERS OF THE GOVERNING BODY OF THE CORPORATION, (VI)APPOINTMENT OR ELECTION AND REMOVAL OF THE PRESIDENT AND/OR CHIEF EXECUTIVE OFFICER OR SIMILAR OFFICER(S) OF THE CORPORATION, (VII)ADOPTION OF ANNUAL OPERATING AND CAPITAL BUDGETS OF THE CORPORATION, (VIII)THE BORROWING OF MONEY OR OTHER INCURRING OR CREATING OF ANY INDEBTEDNESS OF THE CORPORATION, INCLUDING BY WAY OF A GUARANTY OF THE DEBT OF ANOTHER, IN AN AMOUNT GREATER THAN \$1,000,000 OR THAT WILL INCREASE THE AMOUNT OF INDEBTEDNESS INCURRED IN THE CURRENT CALENDAR YEAR, IN THE AGGREGATE, TO MORE THAN \$3,500,000, (IX)ADOPTION OF THE LONG RANGE PLANS OF THE CORPORATION, (X)DETERMINATIONS AS TO THE USE AND OCCUPANCY OF ANY BUILDING OWNED OR LEASED BY THE CORPORATION, (XI)THE SALE, ENCUMBRANCE, LEASE OR DISPOSITION OF REAL PROPERTY OF THE CORPORATION OTHER THAN IN THE ORDINARY COURSE OF THE OPERATIONS OF THE CORPORATION, AND (XII)THE MERGER, REORGANIZATION, DISSOLUTION OR OTHER CORPORATE ACTION OF A SIMILAR NATURE, INCLUDING PARTICIPATION IN A JOINT VENTURE, PROPOSED BY THE CORPORATION SUMMA FOUNDATION SUMMA HEALTH IS THE SOLE MEMBER ("MEMBER") OF SUMMA FOUNDATION THE FOLLOWING ARE THE MATTERS ("RESERVED POWERS") WHICH MUST BE SUBMITTED TO, AND RECEIVE THE APPROVAL OF BOTH THE BOARD OF DIRECTORS OF SUMMA FOUNDATION AND THE MEMBER (I)ADOPTION OF THE FOUNDATION'S ANNUAL OPERATING AND CAPITAL BUDGETS, (II)EXPENDITURES FOR (A) NON BUDGETED ITEMS IN EXCESS OF CERTAIN DOLLAR LIMITS SET FROM TIME TO TIME BY THE MEMBER AND (B) ITEMS WHICH ARE INCLUDED IN THE FOUNDATION'S ANNUAL BUDGETS BUT WHICH EXCEED THE BUDGETED AMOUNT BY AN AMOUNT IN EXCESS OF CERTAIN DOLLAR LIMITS SET FROM TIME TO TIME BY THE MEMBER, (III)INCURRENCE, ASSUMPTION OR GUARANTEE OF ANY INDEBTEDNESS IF FOLLOWING THE INCURRENCE, ASSUMPTION, OR GUARANTEE OF SUCH INDEBTEDNESS THE AGGREGATE AMOUNT OF ALL OUTSTANDING INDEBTEDNESS INCURRED, ASSUMED OR GUARANTEED BY THE FOUNDATION WHICH HAS NOT BEEN PREVIOUSLY APPROVED BY THE MEMBER EXCEEDS CERTAIN DOLLAR LIMITS SET FROM TIME TO TIME BY THE MEMBER, (IV)SUBMISSION OF ANY CERTIFICATE OF NEED APPLICATION WITH ANY STATE OR FEDERAL REGULATORY AGENCY, (V)EXECUTION OF ANY CONTRACT THAT CALLS FOR THE FOUNDATION TO EXPEND A SUM IN EXCESS OF CERTAIN DOLLAR LIMITS SET FROM TIME TO TIME BY THE MEMBER OR TO PROVIDE SERVICES WITH A VALUE IN EXCESS OF CERTAIN DOLLAR LIMITS SET FROM TIME TO TIME BY THE MEMBER, (VI)ELECTION OF SUCH OFFICERS AS ARE REQUIRED TO BE ELECTED UNDER THIS CODE OF REGULATIONS, (VII)APPOINTMENT OF THE FOUNDATION'S AUDITORS AND/OR ACCOUNTANTS, (VIII)ADOPTION OF THE FOUNDATION'S LONG RANGE PLANS AND MANAGEMENT OBJECTIVE, INCLUDING THE EXECUTION OF ANY AGREEMENT WITH CONSORTIUMS, ALLIANCES, ETC, (IX)SALE, LEASE OR OTHER DISPOSITION OF ANY REAL OR PERSONAL PROPERTY OF THE FOUNDATION WITH A VALUE IN EXCESS OF CERTAIN DOLLAR LIMITS TO BE SET FROM TIME TO TIME BY THE MEMBER, (X)SALE, RELEASE, DISSOLUTION, TRANSFER, EXCHANGE, OR OTHER DISPOSITION OF ANY ORGANIZATION (OR OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF SUCH ORGANIZATION) CONTROLLED BY THE FOUNDATION IF AFTER SUCH SALE, RELEASE, DISSOLUTION, TRANSFER, EXCHANGE OR OTHER DISPOSITION, SUCH ORGANIZATION (OR ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF SUCH ORGANIZATION) WOULD NO LONGER BE CONTROLLED BY THE FOUNDATION, (XI)ADOPTION OR AMENDMENT OF THE FOUNDATION'S CODE OF REGULATIONS OR ARTICLES OF INCORPORATION, (XII)ANY OTHER MATTER WHICH MAY BE SPECIFIED BY THE MEMBER OR BY THE BOARD OR REQUIRED BY LAW SUMMA PHYSICIANS, INC N/A</p>

Return Reference	Explanation
FORM 990, PART VI, 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 SCHEDULE H OF THE RETURN WAS ALSO REVIEWED BY THE SUMMA HEALTH COMMUNITY BENEFITS COMMITTEE AFTER THESE REVIEWS BY THE COMMITTEE ON GOVERNANCE AND THE COMMUNITY BENEFITS COMMITTEE, AND PRIOR TO FILING WITH THE IRS, AN EMAIL WAS SENT TO EACH VOTING MEMBER OF THE BOARDS OF DIRECTORS THIS EMAIL INCLUDED INSTRUCTIONS AND A LINK TO A PASSWORD-PROTECTED WEB SITE ON WHICH THE ENTIRE FORM 990 WAS AVAILABLE FOR VIEWING, PRIOR TO FILING WITH THE IRS</p>

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

Return Reference	Explanation
FORM 990, PART VII, SECTION B, LINE 1	BEGINNING WITH THE 2014 TAX YEAR ALL INDEPENDENT CONTRACTORS WERE PAID BY SUMMA HEALTH (EIN 34-1887844) WHICH IS THE PARENT ORGANIZATION OF THE FILING ORGANIZATION

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	<p> PURCHASED MEDICAL SERVICES PROGRAM SERVICE EXPENSES 42,993,337 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 42,993,337 PURCHASED NON-MEDICAL SERVICES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 134,931,170 FUNDRAISING EXPENSES 110,804 TOTAL EXPENSES 135,041,974 PERFUSION/BLOOD PROGRAM SERVICE EXPENSES 2,818,230 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,818,230 AMBULANCE SERVICES PROGRAM SERVICE EXPENSES 282,618 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 282,618 HOSPICE SERVICES PROGRAM SERVICE EXPENSES 2,370,354 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,370,354 PHYSICIAN PRACTICE SUPPORT PROGRAM SERVICE EXPENSES 20,788,149 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 20,788,149 PHYSICIAN SERVICES - AFFILIATES PROGRAM SERVICE EXPENSES 51,981,606 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 51,981,606 COLLECTIONS PROGRAM SERVICE EXPENSES 4,848,423 MANAGEMENT AND GENERAL EXPENSES 930,389 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 5,778,812 REPAIR/MAINTENANCE PROGRAM SERVICE EXPENSES 12,746,190 MANAGEMENT AND GENERAL EXPENSES 2,445,931 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 15,192,121 </p>

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PENSION LIABILITY ADJUSTMENT -281,000 POST RETIREMENT BENEFIT ADJUSTMENT 36,000 NET ASSETS RELEASED FROM RESTRICTION 3,752,000 NET ASSET CONTRIBUTION TO(FROM) AFFILIATED ORGANIZATION -61,644,000 OTHER CHANGES IN NET ASSETS 42,000 CHANGE IN TRUST VALUE -558,662 RESTRICTED ACTIVITY - SUMMA FOUNDATION 388,193 CHANGE IN TEMPORARILY RESTRICTED NET ASSETS -3,893,994 CHANGE IN PERMANENTLY RESTRICTED NET ASSETS -270,572 OTHER CHANGES IN NET ASSETS - ADJUSTMENTS -6,170

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 GROUP RETURN	Employer identification number 90-0640432
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Part I Identification of Disregarded Entities

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SUMMA ENTERPRISE GROUP LLC 525 EAST MARKET STREET AKRON, OH 44304 03-0507853	INVESTMENTS/REAL ESTATE, DISSOLVED DECEMBER 2015	OH	2,847,000	0	SUMMA HEALTH SYSTEM
(2) SEG PROPERTIES LLC 525 EAST MARKET STREET AKRON, OH 44304 55-0837372	REAL ESTATE	OH	0	0	SUMMA HEALTH SYSTEM
(3) AKRON ENDOSCOPY ASC LLC 525 EAST MARKET STREET AKRON, OH 44304 62-1865245	PROFESSIONAL MEDICAL SERVICES	OH	0	0	SUMMA HEALTH SYSTEM

Part II Identification of Related Tax-Exempt Organizations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ST THOMAS MEDICAL CENTER WOMEN'S BOARD 444 NORTH MAIN STREET AKRON, OH 44310 34-6576575	SUPPORT ORGANIZATION	OH	501(C)(3)	LINE 11A, I	SUMMA HEALTH SYSTEM		No
(2) SUMMA HEALTH SYSTEM COMMUNITY 1077 GORGE BLVD PO BOX 2090 AKRON, OH 443092090 46-3018310	SUPPORT ORGANIZATION	OH	501(C)(3)	LINE 11B, II	SUMMA HEALTH	Yes	
(3) SUMMA ROBINSON HEALTH VENTURES 1077 GORGE BLVD PO BOX 2090 AKRON, OH 443092090 20-8650711	SUPPORT ORGANIZATION	OH	501(C)(3)	LINE 11A, 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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) OHIO SLEEP DISORDERS CENTER 130 WEST EXCHANGE STREET AKRON, OH 44309 34-1872278	NEUROLOGY	OH	SUMMA HEALTH SYSTEM	RELATED				No			No	67 000 %
(2) SUMMA REHAB HOSPITAL LLC 29 NORTH ADAMS STREET AKRON, OH 44304 27-1952573	REHAB HOSPITAL	OH	SUMMA HEALTH SYSTEM	RELATED	14,843,156	4,425,032		No		Yes		52 000 %

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?		Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	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
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Additional Data

Software ID:
Software Version:
EIN: 90-0640432
Name: SUMMA HEALTH GROUP RETURN

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) OHIO HEALTH CHOICE INC 1077 GORGE BLVD AKRON, OH 443092090 34-1895396	PPO	OH	SHS 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	SHS 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	SHS 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	SIC	C	271,448,549	90,584,577	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	SHS CORP	C			100 000 %	Yes	
(9) SUMMA MANAGEMENT SERVICES ORGANIZATION 10 NORTH MAIN STREET AKRON, OH 44308 46-1145832	MGMT SVCS	OH	SHS 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	SHS 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)	SUMMA REHAB HOSPITAL LLC	A	2,362,572	FMV
(1)	SUMMA INSURANCE COMPANY INC	L	101,475,697	FMV
(2)	SUMMA REHAB HOSPITAL LLC	L	586,140	FMV
(3)	MIDDLEBURY ASSURANCE COMPANY	M	8,550,429	FMV
(4)	MIDDLEBURY ASSURANCE COMPANY	M	2,058,756	FMV
(5)	SUMMA INTEGRATED SERVICES ORGANIZATION	M	947,048	FMV
(6)	SUMMA HEALTH			