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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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](#)

Department of the Treasury  
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☒ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

SUMMA HEALTH GROUP RETURN

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

1077 GORGE BLVD PO BOX 2090

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

AKRON, OH 443092090

F Name and address of principal officer

T CLIFFORD DEVENY MD

1077 GORGE BLVD PO BOX 2090

AKRON, OH 443092090

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

☒ Yes ☐ No

H(b) Are all subordinates included?

☒ Yes ☐ No

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

H(c) Group exemption number

5864

D Employer identification number

90-0640432

E Telephone number

(234) 312-5867

G Gross receipts \$ 1,036,762,143

I Tax-exempt status

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

J Website: ▶ WWW.SUMMAHEALTH.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

M State of legal domicile

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

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

2 Check this box ☒ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶3,212,136

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Part II Signature Block

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

Sign Here

\*\*\*\*\*

Signature of officer

BRIAN K DERRICK SR VP, CFO, TREAS

Type or print name and title

2017-11-14

Date

Paid Preparer Use Only

Print/Type preparer's name

ZACK FORTSCH

Preparer's signature

ZACK FORTSCH

Date

Check ☐ 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

Phone no (312) 634-3400

CHICAGO, IL 60606

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

**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

<b>4a</b>	(Code	) (Expenses \$	415,693,143	including grants of \$	) (Revenue \$	505,947,812 )
	See Additional Data					

<b>4b</b>	(Code	) (Expenses \$	337,606,493	including grants of \$	) (Revenue \$	410,907,104 )
	See Additional Data					

<b>4c</b>	(Code	) (Expenses \$	45,138,008	including grants of \$	) (Revenue \$	12,219,755 )
	See Additional Data					

See Additional Data Table

<b>4d</b>	Other program services (Describe in Schedule O )					
	(Expenses \$	43,925,589	including grants of \$	246,200 )	(Revenue \$	53,462,646 )

<b>4e</b>	<b>Total program service expenses ▶</b>	842,363,233
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> 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	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<b>4</b> Yes	
<b>5</b> 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	<b>5</b>	No
<b>6</b> 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	<b>6</b>	No
<b>7</b> 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	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> 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	<b>9</b>	No
<b>10</b> 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	<b>10</b> Yes	
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> Yes	
<b>b</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	<b>11b</b>	No
<b>c</b> 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	<b>11c</b>	No
<b>d</b> 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	<b>11d</b> Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> 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	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</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	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</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	<b>14b</b> Yes	
<b>15</b> 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	<b>15</b>	No
<b>16</b> 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	<b>16</b>	No
<b>17</b> 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)	<b>17</b>	No
<b>18</b> 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	<b>18</b> Yes	
<b>19</b> 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	<b>19</b>	No

**Part IV Checklist of Required Schedules** (continued)

	Yes	No	
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	20a	Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	20b	Yes	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	21	Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	22	Yes	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .	23	Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .	24a	Yes	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b		No
<b>c</b> 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
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d		No
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	25a		No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	25b		No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II . . . . .	26		No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	27		No
<b>28</b> 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) <b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . . <b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . . <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .	28a		No
<b>28b</b> Yes	28b	Yes	
<b>28c</b> No	28c		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	29	Yes	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	32	Yes	
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	33	Yes	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	34	Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	35b	Yes	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36		No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .	37		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

**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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0
<b>b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
<b>2a</b>	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	8,006
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
<b>b</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
<b>4a</b>	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>b</b>	If "Yes," enter the name of the foreign country <span style="border-bottom: 1px solid black; display: inline-block; width: 200px;"></span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b>	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>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a	
<b>b</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	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
<b>b</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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year	41	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent	33	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?	Yes	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

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

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

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

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

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

[illegible]

[illegible]

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	6,941,630	8,086,396	468,974

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .	3	No
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? If "Yes," complete Schedule J for such individual . . . . .	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? If "Yes," complete Schedule J for such person . . . . .	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)	(B)	(C)
Name and business address	Description of services	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	<b>1a</b> Federated campaigns . . .	<b>1a</b>					
	<b>b</b> Membership dues . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . .	<b>1c</b>	759,558				
	<b>d</b> Related organizations	<b>1d</b>	4,560				
	<b>e</b> Government grants (contributions)	<b>1e</b>	1,026,119				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	658,959				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____		374,548				
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶		2,449,196				
Program Service Revenue			Business Code				
	<b>2a</b> NET PATIENT REVENUE LESS BAD DEBT		621110	916,854,915	916,494,321	360,594	
	<b>b</b> PROGRAM RELATED INVESTMENTS		900099	9,140,536	8,577,180	563,356	
	<b>c</b> REFERENCE LAB		621500	5,971,716		5,971,716	
	<b>d</b> RENTAL INCOME FROM AFFILIATES		900099	4,693,887	4,693,887		
	<b>e</b> _____						
	<b>f</b> All other program service revenue			52,771,929	52,771,929		
<b>g Total.</b> Add lines 2a-2f . . . . . ▶		989,432,983					
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶			1,013,268		1,013,268	
	<b>4</b> Income from investment of tax-exempt bond proceeds ▶			-38,878		-38,878	
	<b>5</b> Royalties . . . . . ▶						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
			7,727,090				
		<b>b</b> Less rental expenses	6,698,254				
		<b>c</b> Rental income or (loss)	1,028,836				
	<b>d</b> Net rental income or (loss) . . . . . ▶			1,028,836		1,028,836	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			19,085,070				
		<b>b</b> Less cost or other basis and sales expenses	15,252,040				
		<b>c</b> Gain or (loss)	3,833,030				
	<b>d</b> Net gain or (loss) . . . . . ▶			3,833,030		3,833,030	
	<b>8a</b> Gross income from fundraising events (not including \$ <u>759,558</u> of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>						
		<b>b</b> Less direct expenses . . . . . <b>b</b>	140,440				
		<b>c</b> Net income or (loss) from fundraising events . . . ▶	285,923				
				-145,483		-145,483	
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>							
	<b>b</b> Less direct expenses . . . . . <b>b</b>						
	<b>c</b> Net income or (loss) from gaming activities . . . ▶						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>							
	<b>b</b> Less cost of goods sold . . . . . <b>b</b>						
	<b>c</b> Net income or (loss) from sales of inventory . . . ▶						
Miscellaneous Revenue		Business Code					
<b>11a</b> CAFETERIA SALES	722210	5,014,801		654,411	4,360,390		
<b>b</b> PURCHASING REBATES	900099	2,964,972			2,964,972		
<b>c</b> PARKING	812930	1,661,002			1,661,002		
<b>d</b> All other revenue . . . . .		7,312,199		933,501	6,378,698		
<b>e Total.</b> Add lines 11a-11d . . . . . ▶		16,952,974					
<b>12 Total revenue.</b> See Instructions . . . . . ▶		1,014,525,926	982,537,317	8,483,578	21,055,835		

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	204,401	204,401		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	41,799	41,799		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	2,174,990	1,824,817	350,173	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	27,793	27,793		
<b>7</b> Other salaries and wages.	379,834,454	316,784,313	60,789,362	2,260,779
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	6,885,418	5,776,866	1,108,552	
<b>9</b> Other employee benefits.	42,567,045	35,373,179	6,787,940	405,926
<b>10</b> Payroll taxes.	24,864,097	20,860,977	4,003,120	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	2,258,547	1,894,921	363,626	
<b>b</b> Legal.				
<b>c</b> Accounting.	277,489		277,489	
<b>d</b> Lobbying.	4,979		4,979	
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	91,590,051	65,371,761	26,180,469	37,821
<b>12</b> Advertising and promotion.	248,378	207,936	39,902	540
<b>13</b> Office expenses.	12,343,215	10,294,501	1,975,465	73,249
<b>14</b> Information technology.	1,714,297	1,384,247	265,630	64,420
<b>15</b> Royalties.				
<b>16</b> Occupancy.	15,610,694	13,097,372	2,513,322	
<b>17</b> Travel.	1,392,967	1,161,234	222,835	8,898
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	1,322,996	1,108,920	212,796	1,280
<b>20</b> Interest.	14,028,838	11,770,195	2,258,643	
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	45,533,949	38,202,983	7,330,966	
<b>23</b> Insurance.	579,929	486,560	93,369	
<b>24</b> 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):				
<b>a</b> MEDICAL SUPPLIES	150,596,089	150,588,815		7,274
<b>b</b> MANAGEMENT FEES	128,058,997	107,441,498	20,617,499	
<b>c</b> SHMG PRACTICE SUPPORT	34,174,477	28,672,386	5,502,091	
<b>d</b> TAXES	864,033	724,924	139,109	
<b>e</b> All other expenses	34,989,418	29,060,835	5,576,634	351,949
<b>25</b> Total functional expenses. Add lines 1 through 24e.	992,189,340	842,363,233	146,613,971	3,212,136
<b>26</b> 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 IX ☐

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		93,309	<b>1</b>	107,155
	<b>2</b>	Savings and temporary cash investments . . . . .		301,098,262	<b>2</b>	411,735,118
	<b>3</b>	Pledges and grants receivable, net . . . . .		7,720,160	<b>3</b>	
	<b>4</b>	Accounts receivable, net . . . . .		151,756,363	<b>4</b>	142,106,435
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			<b>5</b>	
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .		11,451,568	<b>7</b>	3,492,773
	<b>8</b>	Inventories for sale or use . . . . .		11,012,611	<b>8</b>	12,500,792
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		4,351,869	<b>9</b>	7,584,082
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 1,218,107,802			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b> 812,934,868	417,791,226	<b>10c</b>	405,172,934
	<b>11</b>	Investments—publicly traded securities . . . . .		82,850,601	<b>11</b>	70,571,814
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		12,937,471	<b>12</b>	12,295,574
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		41,370,447	<b>13</b>	39,752,531
	<b>14</b>	Intangible assets . . . . .		2,228,740	<b>14</b>	2,228,740
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		95,083,871	<b>15</b>	64,369,557
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		1,139,746,498	<b>16</b>	1,171,917,505	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		89,946,402	<b>17</b>	77,708,308
	<b>18</b>	Grants payable . . . . .			<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .		1,535,914	<b>19</b>	1,830,076
	<b>20</b>	Tax-exempt bond liabilities . . . . .		378,662,903	<b>20</b>	474,491,066
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D			<b>21</b>	
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .			<b>23</b>	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>	
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		202,730,010	<b>25</b>	234,924,140
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		672,875,229	<b>26</b>	788,953,590
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets		422,063,212	<b>27</b>	382,588,725
	<b>28</b>	Temporarily restricted net assets . . . . .		24,717,317	<b>28</b>	8,389
	<b>29</b>	Permanently restricted net assets		20,090,740	<b>29</b>	366,801
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds			<b>32</b>	
	<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		466,871,269	<b>33</b>	382,963,915
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		1,139,746,498	<b>34</b>	1,171,917,505	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,014,525,926
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	992,189,340
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	22,336,586
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	466,871,269
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-5,258,437
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-100,985,503
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	382,963,915

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

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

# Additional Data

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

Form 990 (2016)

**Form 990, Part III, Line 4a:**

OUTPATIENT SERVICES FOR 2016 SUMMA HEALTH SYSTEM, AND SUMMA PHYSICIANS, INC DBA SUMMA HEALTH MEDICAL GROUP, PROVIDED MORE THAN 1.5 MILLION OCCASIONS OF SERVICE, INCLUDING 169,601 EMERGENCY DEPARTMENT VISITS, 14,222 OBSERVATION PATIENTS, 13,805 SURGICAL OPERATIONS, AND MORE THAN 1.3 MILLION OTHER OUTPATIENT VISITS

**Form 990, Part III, Line 4b:**

INPATIENT SERVICES FOR 2016 SUMMA HEALTH SYSTEM HAD APPROXIMATELY 700 BEDS IN SERVICE, ADMITTED 34,544 ADULT PATIENTS, AND DELIVERED 3,871 NEWBORNS THE ADULT PATIENTS RECEIVED 151,793 DAYS OF CARE, INPATIENT SURGERIES TOTALED 6,764, EMERGENCY ADMISSIONS TOTALED 20,602 AND THE AVERAGE LENGTH OF STAY WAS 4 40 DAYS

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**Form 990, Part III, Line 4c:**

RESEARCH/EDUCATION FOR 2016 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 280 MEDICAL SCHOOL GRADUATES TRAIN IN 19 ACCREDITED RESIDENCY PROGRAMS SUMMA HEALTH PROVIDES CLINICAL LEARNING EXPERIENCES TO MORE THAN 1,110 NURSING AND ALLIED HEALTH STUDENTS

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**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 REHAB HOSPITAL, AND WESTERN RESERVE HOSPITAL IN ADDITION, OUTPATIENT CARE IS PROVIDED IN NEARLY 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 SURGERYMETABOLIC AND BARIATRIC SURGERY ACCREDITATION AND QUALITY IMPROVEMENT PROGRAM- COMPREHENSIVE CENTERTHE JOINT COMMISSIONBABY-FRIENDLY THE LEAFROG 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 8,000 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- 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 271 LICENSED BEDS 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 2016, SUMMA HEALTH PROVIDED CHARITY CARE AT AN ESTIMATED NET COST OF NEARLY \$10 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 2016, THE CHARITY CARE PROGRAM (INCLUDING HOSPITAL CARE ASSURANCE PROGRAM) BENEFITED APPROXIMATELY 15,600 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 \$23 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 2016, 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 2016, SUMMA HEALTH PROVIDED MORE THAN \$4.2 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 2016, THE COST FOR SUBSIDIZED SERVICES WAS APPROXIMATELY \$27.7 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 AXESSPOINTE COMMUNITY HEALTH CENTER SUMMA HEALTH PARTICIPATES IN NUMEROUS COMMUNITY PROGRAMS AND HELPS OTHER NONPROFITS FULFILL THEIR MISSIONS IN 2016, THESE CONTRIBUTIONS WERE MORE THAN \$1.3 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 GROW THROUGH RESEARCH AND INNOVATION SUMMA HEALTH INVESTED MORE THAN \$6.8 MILLION IN RESEARCH IN 2016 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 2016, APPROXIMATELY 279 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 2016 INVESTMENT IN HEALTH PROFESSIONAL EDUCATION TOTALED \$27.7 MILLION			



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

(Code)	(Expenses \$	including grants of \$	(Revenue \$
SUMMA HEALTH SERVICES FOLLOWING IS A DESCRIPTION OF SUMMA HEALTH'S NOTABLE ACCOMPLISHMENTS BY PRIMARY SERVICE LINES IN 2016 BARIATRIC CARE- SUMMA'S BARIATRIC CARE CENTER IS DESIGNATED BY THE AMERICAN SOCIETY FOR METABOLIC AND BARIATRIC SURGERY (ASMBS) AS A MBSAQIP ACCREDITED - COMPREHENSIVE CENTER THE MBSAQIP ACCREDITED - COMPREHENSIVE CENTER DESIGNATION IS ONLY AWARDED TO SURGICAL PROGRAMS THAT SUCCESSFULLY UNDERGO A RIGOROUS SITE SURVEY TO VERIFY COMPLIANCE WITH A SET OF NATIONALLY RECOGNIZED STANDARDS AND REQUIREMENTS DEMONSTRATE A COMPREHENSIVE COMMITMENT TO A HIGH LEVEL OF CARE SUBMIT INFORMATION FOR INCLUSION IN THE LARGEST REPOSITORY OF DEDICATED WEIGHT LOSS SURGERY PATIENT STATISTICAL DATA IN THE WORLD MEASURE AND REPORT SURGICAL OUTCOMES WHICH ARE DEEMED FAVORABLE BY THE ASMBS, AN ORGANIZATION DEDICATED TO EXCELLENCE IN SURGICAL OUTCOMES CARDIOVASCULAR SUMMA HEALTH BECAME THE FIRST HOSPITAL IN THE AKRON/CANTON/YOUNGSTOWN AREA AND ONE OF ONLY A HANDFUL ACROSS THE STATE TO OFFER THE WORLD'S SMALLEST PACEMAKER TO PATIENTS WITH ABNORMAL HEART RHYTHMS THE MICRA TRANSCATHETER PACING SYSTEM (TPS) IS A NEW TYPE OF HEART DEVICE THAT PROVIDES PATIENTS WITH THE MOST ADVANCED PACING TECHNOLOGY AT ONE-TENTH THE SIZE OF A TRADITIONAL PACEMAKER MICRA IS THE ONLY LEADLESS PACEMAKER APPROVED FOR USE IN THE U S 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 PLUS 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 SYSTEM- AKRON CAMPUS HAS BEEN CERTIFIED AS AN ADVANCED PRIMARY STROKE CENTER BY THE JOINT COMMISSION SINCE 2007 OUR STROKE CENTER WAS RECOGNIZED NATIONALLY TO RECEIVE THE AMERICAN HEART ASSOCIATION AND AMERICAN STROKE ASSOCIATION'S GET WITH THE GUIDELINES STROKE GOLD PLUS QUALITY ACHIEVEMENT AWARD SINCE 2009 IN 2016, OUR AKRON CAMPUS'S DOOR-TO-DRUG TIME WAS 13 MINUTES FASTER THAN THE NATIONAL GOAL (47 MINUTE AVERAGE) NURSING SUMMA HEALTH SYSTEM- AKRON AND ST THOMAS CAMPUSES WERE REDESIGNATED WITH MAGNET RECOGNITION FOR EXCELLENCE IN NURSING FROM THE AMERICAN NURSES CREDENTIALING CENTER (ANCC) SUMMA SHARES MAGNET STATUS WITH JUST SEVEN PERCENT OF HOSPITALS IN THE COUNTRY ONCOLOGY THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) SELECTED SUMMA HEALTH AS ONE OF NEARLY 200 PHYSICIAN GROUP PRACTICES AND 17 HEALTH INSURANCE COMPANIES TO PARTICIPATE IN A CARE DELIVERY MODEL THAT SUPPORTS AND ENCOURAGES HIGHER QUALITY, MORE COORDINATED CANCER CARE THE MEDICARE ARM OF THE ONCOLOGY CARE MODEL INCLUDES MORE THAN 3,200 ONCOLOGISTS AND WILL COVER APPROXIMATELY 155,000 MEDICARE BENEFICIARIES NATIONWIDE SUMMA HEALTH LUNG IMAGING CENTER WAS NAMED A SCREENING CENTER OF EXCELLENCE BY THE LUNG CANCER ALLIANCE FOR THE ONGOING COMMITMENT TO RESPONSIBLE LUNG CANCER SCREENING WOMEN'S SERVICES IN AN EFFORT TO HELP PROSPECTIVE PARENTS FIND HOSPITALS THAT DELIVER QUALITY MATERNITY CARE, ANTHEM BLUE CROSS AND BLUE SHIELD IN OHIO DESIGNATED SUMMA HEALTH SYSTEM-AKRON CAMPUS AS ONE OF THE FIRST HOSPITALS TO RECEIVE THE BLUE DISTINCTION CENTER FOR MATERNITY CARE DESIGNATION, A NEW DESIGNATION UNDER THE BLUE DISTINCTION SPECIALTY CARE PROGRAM 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 NORTHEAST 99 AWARDS, SPONSORED BY THE EMPLOYERS RESOURCE COUNCIL 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 SUMMA HEALTH FLOURISH MADE HEALTHLINE'S LIST OF THE BEST WOMEN'S HEALTH BLOGS OF 2016 HEALTHLINE'S EDITORS SELECTED EACH WINNER BASED ON THEIR REACH TO EDUCATE, INSPIRE, AND EMPOWER THEIR READERS WITH FREQUENT UPDATES AND HIGH QUALITY INFORMATION			
(Code)	(Expenses \$	43,925,589 including grants of \$	246,200 ) (Revenue \$ 53,462,646 )
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 2016, SUMMA HEALTH PROVIDED CHARITY CARE TO THE INDIGENT (INCLUDING UNREIMBURSED MEDICAID) AT THE COST OF APPROXIMATELY \$33 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 HEALTH MEDICAL GROUP- PROGRAM SERVICE ACCOMPLISHMENTS SUMMA HEALTH MEDICAL GROUP, A SUMMA HEALTH ENTITY, IS A MULTI-SPECIALTY GROUP OF PHYSICIANS AND PHYSICIAN PRACTICES IN TOTAL, SUMMA HEALTH MEDICAL GROUP EMPLOYS NEARLY 300 PHYSICIANS AND MORE THAN 700 SUPPORT STAFF IN MORE THAN 30 SPECIALTIES AND SUB-SPECIALTIES SUMMA HEALTH MEDICAL GROUPPROMOTES STRONG AFFILIATION AND EMPLOYMENT OF PHYSICIANS TO ENSURE COMMUNITY AND HOSPITAL NEEDS FOR PHYSICIAN SERVICES ARE MET IN 2016, SUMMA HEALTH MEDICAL GROUP 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 FOUNDATION - PROGRAM SERVICE ACCOMPLISHMENTS THROUGH PHILANTHROPY, SUMMA 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 2016 TOTALED \$8.5 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			
NICHOLAS BROWNING ..... DIRECTOR SHS & SHMG	2 00 ..... 2 00	X						0	0	0
DARYL CAMERON ..... DIRECTOR SHS	2 00 ..... 2 00	X						0	0	0
STEPHEN COMUNALE ..... DIRECTOR SHS (AS OF 08/2016)	2 00 ..... 2 00	X						0	0	0
LYNN HAMRICH MD ..... DIRECTOR SHS	2 00 ..... 2 00	X						0	0	0
JAMES KRAVEC MD ..... DIRECTOR SHS	2 00 ..... 2 00	X						0	0	0
ANTHONY LOCKHART ..... DIRECTOR SHS	2 00 ..... 2 00	X						0	0	0
THOMAS MALONE MD ..... CEO SHS, DIRECTOR SHS & SF	4 00 ..... 46 00	X						0	1,538,920	22,254
JAMES MCILVAINE ..... CHAIR SHS & CHAIR SHMG	4 00 ..... 2 00	X		X				0	0	0
ROBERT SHRODER ..... DIRECTOR SHS (AS OF 04/2016)	2 00 ..... 2 00	X						0	0	0
BRIAN SMITH ..... DIRECTOR SHS & SHMG	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			
LEILA VESPOLI ..... DIRECTOR SHS	2 00 ..... 2 00	X						0	0	0
VIVIAN VON GRUENIGEN MD ..... DIRECTOR SHS	2 00 ..... 48 00	X		X				0	503,848	18,487
NORMAN WELLS JR ..... DIRECTOR SHS (END 7/2016)	2 00 ..... 2 00	X						0	0	0
SCOTT WILBER MD ..... DIRECTOR SHS (AS OF 04/2016)	2 00 ..... 2 00	X						0	0	0
MICHAEL HUGHES MD ..... DIRECTOR SHS(END 4/2016)	48 00 ..... 2 00	X						0	626,882	23,986
DONALD KLINE ..... DIRECTOR SHS (END 3/2016)	2 00 ..... 2 00	X						0	0	0
RICHARD MARSH ..... DIRECTOR SHS(END 3/2016)	2 00 ..... 2 00	X						0	0	0
KEN BABBY ..... DIRECTOR SF	2 00 ..... 2 00	X						0	0	0
JULIA BIANCHI ..... DIRECTOR SF	2 00 ..... 2 00	X						0	0	0
JASON BUTTERWORTH ..... DIRECTOR SF	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)

(B)

(C)

(D)

(E)

(F)

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS CLARK ..... DIRECTOR/CHAIR SF	4 00 .....	X		X				0	0	0
GEORGE DAVERIO JR ..... DIRECTOR SF	2 00 .....	X						0	0	0
C GORDON EWERS ..... DIRECTOR SF	2 00 .....	X						0	0	0
PHYLIS FERRARA ..... PRESIDENT & CDO, SF	50 00 .....	X		X				505,135	0	19,022
SAMIR GIBARA ..... DIRECTOR SF	2 00 .....	X						0	0	0
WILLIAM GINTER ..... DIRECTOR SF	2 00 .....	X						0	0	0
MARK GOLDFARB ..... DIRECTOR SF	2 00 .....	X						0	0	0
IRIS HARVEY ..... DIRECTOR SF	2 00 .....	X						0	0	0
ROBERT HEMPHILL MD ..... DIRECTOR SF	2 00 .....	X						0	0	0
SCOTT HONNOLD ..... DIRECTOR/TREAS SF (END 8/2016)	2 00 .....	X		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			
MARY ANN JACKSON ..... DIRECTOR SF	2 00 .....	X						0	0	0
PHILIP KAUFMANN ..... DIRECTOR SF	2 00 .....	X						0	0	0
JEANNINE MARKS ..... DIRECTOR SF	2 00 .....	X						0	0	0
JONATHON PAVLOFF ..... DIRECTOR SF	2 00 .....	X						0	0	0
KATHLEEN RAYNOR ..... DIRECTOR SF	2 00 .....	X						0	0	0
ROBERT RICE ..... DIRECTOR SF	2 00 .....	X						0	0	0
MONA SARKAR ..... DIRECTOR/SECTY SF	2 00 .....	X		X				0	0	0
GEORGE STRICKLER ..... DIRECTOR SF	2 00 .....	X						0	0	0
PAUL TESTA ..... DIRECTOR SF	2 00 .....	X						0	0	0
R MARK WERNIG ..... DIRECTOR SF	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			
KAREN BUDD ..... DIRECTOR SF	2 00 .....	X						0	0	0
BETSY CLARK ..... DIRECTOR SF	2 00 .....	X						0	0	0
LYDIA COOK MD ..... PRESIDENT SUMMA HEALTH MEDICAL GROUP	50 00 .....			X				470,001	0	10,240
BRIAN DERRICK ..... SVP CFO, TR SHS, ASST TR SF&SHMG	4 00 ..... 46 00			X				0	1,061,568	30,014
ROBERT A GERBERRY ..... SECRETARY/SR VP GENERAL COUNSEL	4 00 ..... 46 00			X				0	573,423	7,922
VALERIE GIBSON RN ..... PRESIDENT SHS, COO	46 00 ..... 4 00			X				0	834,373	35,561
THOMAS P O'NEILL ..... VP, CFO SHS, ASSISTANT TREASURER SHS	46 00 ..... 4 00			X				0	530,469	18,584
JASON NIEHAUS ..... SVP HOSP OPS & SITE ADMIN (END 7/16)	46 00 ..... 4 00				X			0	418,172	18,980
MARY WARD ..... SR VP CNO SHS	46 00 ..... 4 00				X			0	638,815	9,860
KATHLEEN JOBE ..... CNO SHS (END 9/2016)	46 00 ..... 4 00				X			212,115	0	17,269

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			
DAVID CUSTODIO MD ..... CMO SHS	50 00 .....				X			426,787	0	31,683
CYNTHIA KELLEY DO ..... VP MED ED & CHF ACADE OFFICER SHS	46 00 ..... 4 00				X			0	282,415	18,883
TAMMY SCARBOROUGH ..... COO SUMMA HEALTH MEDICAL GROUP	46 00 ..... 4 00				X			0	336,914	15,716
ERIK STEELE DO ..... CMO SHS (END 6/2016)	46 00 ..... 4 00				X			0	740,597	19,010
MATTHEW WAYNE MD ..... CMO SUMMA HEALTH MEDICAL GROUP	50 00 .....				X			381,119	0	6,878
MARK POZSGAY DO ..... CLINICAL PHYSICIAN - SHMG	50 00 .....					X		1,119,725	0	29,874
JOHN G ZOGRAFAKIS MD ..... CLINICAL PHYSICIAN - SHMG	50 00 .....					X		900,718	0	34,806
ERIC A ESPINAL MD ..... CLINICAL PHYSICIAN - SHMG	50 00 .....					X		1,108,464	0	33,260
ANAND B DESAI MD ..... CLINICAL PHYSICIAN - SHMG	50 00 .....					X		952,908	0	30,394
TIFFANY D MARCHAND MD ..... CLINICAL PHYSICIAN - SHMG	50 00 .....					X		864,658	0	16,291

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

SUMMA HEALTH GROUP RETURN

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

90-0640432

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10

☐

An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% 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 )
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- 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

1

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 10 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		
(A) SUMMA HEALTH SYSTEM	340714755	3	Yes		0	0
Total	1				0	0



Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	5,122,826	7,808,474	8,525,120	5,313,648	1,438,055	28,208,123
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	<b>Total.</b> Add lines 1 through 3	5,122,826	7,808,474	8,525,120	5,313,648	1,438,055	28,208,123
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)						2,703,161
6	<b>Public support.</b> Subtract line 5 from line 4						25,504,962

Section B. Total Support								
Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total	
7	Amounts from line 4	5,122,826	7,808,474	8,525,120	5,313,648	1,438,055	28,208,123	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,814,584	1,047,164	236,286	212,488	98,245	3,408,767	
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	<b>Total support.</b> Add lines 7 through 10						31,616,890	
12	Gross receipts from related activities, etc (see instructions)						12	7,348,164
13	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/>							

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14 80.670 %
15	Public support percentage for 2015 Schedule A, Part II, line 14	15 79.820 %
16a	<b>33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ► <input checked="" type="checkbox"/>	
b	<b>33 1/3% support test—2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
17a	<b>10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
b	<b>10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
18	<b>Private foundation.</b> 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 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

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

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2015</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2016.** 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—2015.** 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<b>1</b>	
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<b>2</b>	
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<b>3a</b>	
<b>b</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)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>	<b>3b</b>	
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<b>4a</b>	
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>	
<b>c</b> 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)? <i>If "Yes," explain in <b>Part VI</b> 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.</i>	<b>4c</b>	
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, 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).</i>	<b>5a</b>	
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>6</b>	
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>7</b>	
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>8</b>	
<b>9a</b> 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))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9a</b>	
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9b</b>	
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9c</b>	
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	<b>10a</b>	
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<b>10b</b>	

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		
<b>2</b> 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>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> 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>		
<b>2</b>		
<b>3</b> 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>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b> 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>		
<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b> 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? <i>Provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

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

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

**Section A - Adjusted Net Income**

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

**Section B - Minimum Asset Amount**

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

**Section C - Distributable Amount**

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

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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013. . . . .			
d From 2014. . . . .			
e From 2015. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013. . . . .			
c Excess from 2014. . . . .			
d Excess from 2015. . . . .			
e Excess from 2016. . . . .			

**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).

<b>Facts And Circumstances Test</b>
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**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART I, LINE 3, 7, 12	SUMMA HEALTH SYSTEM, EIN 34-0714755, IS A SUBORDINATE MEMBER OF THE SUMMA HEALTH GROUP RULING THE ORGANIZATION'S PUBLIC CHARITY STATUS IS AS A HOSPITAL ORGANIZATION DESCRIBED IN SECTION 170(B)(1)(A)(III) SUMMA PHYSICIANS, INC DBA SUMMA HEALTH MEDICAL GROUP (SHMG), EIN 34-1790929, IS A SUBORDINATE MEMBER OF THE SUMMA HEALTH GROUP RULING THE ORGANIZATION'S PUBLIC CHARITY STATUS IS SECTION 509(A)(3) TYPE III FUNCTIONALLY INTEGRATED AND MUST COMPLETE SCHEDULE A, PART IV, SECTIONS A, D, AND E THE NUMBER OF SUPPORTING ORGANIZATIONS FOR LINE 12F IS 1 THE SUPPORTED ORGAIZATION FOR LINE 12G IS SUMMA HEATLH SYSTEM, EIN 34-0714755, WHOSE ORGANIZATION TYPE DESCRIBED ON LINES 1-10 IS 3, AND WHICH IS LISTED IN THE SHMG ORGANIZING DOCUMENTS LISTING ZERO IN SUPPORT FOR LINE 12G COLUMN (V) AND (VI) SUMMA FOUNDATION, EIN 34-1219001, IS A SUBORDINATE MEMBER OF THE SUMMA HEALTH GROUP RULING THE ORGANIZATION'S PUBLIC CHARITY STATUS 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) AND MUST COMPLETE SCHEDULE A PART II THE SOFTWARE USED TO PREPARE THE SUMMA HEALTH GROUP RETURN DOES NOT ALLOW FOR MULTIPLE PUBLIC CHARITY STATUS ACCORDINGLY, THE ABOVE LISTED ORGANIZATIONS HAVE SEPARATELY DOCUMENTED THEIR COMPLIANCE REQUIREMENTS ON SCHEDULE A, PART VI, SUPPLEMENTAL INFORMATION

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART II, SECTION A, PUBLIC SUPPORT	<p>SCHEDULE A PUBLIC SUPPORT SCHEDULE IS BEING PREPARED FOR SUMMA FOUNDATION, EIN 34-219001 SUMMA FOUNDATION IS A SUBORDINATE MEMBER OF THE SUMMA HEALTH GROUP RULING THE ORGANIZATIO</p> <p>N'S PUBLIC CHARITY STATUS 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) AND MUST COMPLETE SCHEDULE A PART II THE SOFTWARE USED TO PREPARE THE SUMMA HEALTH GROUP RETURN DOES NOT ALLOW FOR MULTIPLE PUBLIC CHARITY STATUS ACCORDINGLY, THE ABOVE LISTED ORGANIZATION IS SEPARATELY DOCUMENTING ITS PUBLIC SUPPORT PERCENTAGES AGGREGATED AS FOLLOWS PUBLIC SUPPORT PERCENTAGE FOR 2016, SCHEDULE A, PART II, LINE 14 IS 80 67% PUBLIC SUPPORT PERCENTAGE FOR 2015, SCHEDULE A, PART II, LINE 15 IS 79 82%</p>



**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART IV, SECTIONS A, D, AND E	SUMMA PHYSICIANS, INC DBA SUMMA HEALTH MEDICAL GROUP (SHMG), EIN 34-1790929, IS A SUBORDINATE MEMBER OF THE SUMMA HEALTH GROUP RULING THE ORGANIZATION'S PUBLIC CHARITY STATUS IS SECTION 509(A)(3) TYPE III FUNCTIONALLY INTEGRATED AND MUST COMPLETE SCHEDULE A, PART IV, SECTIONS A, D, AND E THE SOFTWARE USED TO PREPARE THE SUMMA HEALTH GROUP RETURN DOES NOT ALLOW FOR MULTIPLE PUBLIC CHARITY STATUS ACCORDINGLY, THE ANSWERS PROVIDED ON SCHEDULE A, PART VI, FOR SCHEDULE A PART IV, SECTIONS A, D AND E ARE PROVIDED FOR SHMG

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART IV, SECTION A, LINE 1	SUPPORTED ORGANIZATIONS LISTED BY NAME SUMMA PHYSICIANS, INC DBA SUMMA HEALTH MEDICAL GROUP(SHMG), EIN 34-1790929, WAS THE SUPPORTING ORGANIZATION TO THE FOLLOWING SUPPORTED ORGANIZATION - SUMMA HEALTH SYSTEM, INC EIN 34-0714755 SUMMA HEALTH SYSTEM IS DESIGNATED AS A SUPPORTED ORGANIZATION BY NAME IN THE ARTICLES OF INCORPORATION OF SUMMA PHYSICIANS, INC DBA SUMMA HEALTH MEDICAL GROUP AN HISTORIC AND CONTINUING RELATIONSHIP OF SUPPORT EXISTS BETWEEN SUMMA PHYSICIANS, INC DBA SUMMA HEALTH MEDICAL GROUP, AND SUMMA HEALTH SYSTEM, THE SUPPORTED HOSPITAL LISTED ON PART I LINE 12G

990 Schedule A, Supplemental Information	
Return Reference	Explanation
SCHEDULE A, PART IV, SECTION A, LINES 2 - 4A	THE ANSWERS FOR SCHEDULE A, PART IV, SECTION A, LINES 2-4A ARE AS FOLLOWS 2, NO 3A, NO 4A, NO

## 990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART IV, SECTION A, LINE 5A	THE ANSWER FOR SCHEDULE A, PART IV, SECTION A, LINE 5A IS YES SUMMA BARBERTON CITIZENS HOSPITAL, EIN 26-1375072, WAS REMOVED BECAUSE THE ORGANIZATION MERGED OUT OF EXISTENCE WITH THE SURVIVING ENTITY BEING SUMMA HEALTH SYSTEM, EIN 34-0714755, WHICH CONTINUES TO BE LISTED AS A SUPPORTED ORGANIZATION THE MERGER WAS CONDUCTED UNDER THE AUTHORITY OF THE OHIO REVISED CODE

990 Schedule A, Supplemental Information	
Return Reference	Explanation
SCHEDULE A, PART IV, SECTION A, LINES 6-11C	THE ANSWERS FOR SCHEDULE A, PART IV, SECTION A, LINES 6 - 11C ARE AS FOLLOWS 6, NO 7, NO 8, NO 9A-9C, NO 10A, NO 11A-11C, NO

990 Schedule A, Supplemental Information	
Return Reference	Explanation
SCHEDULE A, PART IV, SECTION D, LINES 1-3	THE ANSWERS FOR SCHEDULE A, PART IV, SECTION D, LINES 1 - 3 ARE AS FOLLOWS 1, YES 2, YES 3, NO

990 Schedule A, Supplemental Information	
Return Reference	Explanation
SCHEDULE A, PART IV, SECTION E, LINE 1A	SCHEDULE A, PART IV, SECTION E, LINE 1A IS "X"

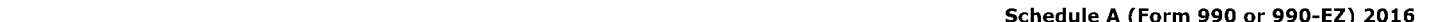
**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART IV, SECTION E, LINE 2A	THE ANSWER FOR SCHEDULE A, PART IV, SECTION E, LINE 2A IS YES ORGANIZATION ACTIVITIES DIRECTLY FURTHER THE EXEMPT PURPOSES SUMMA PHYSICIANS, INC DBA SUMMA HEALTH MEDICAL GROUP (SHMG) PROMOTES THE STRONGER AFFILIATION AND EMPLOYMENT OF PHYSICIANS TO ENSURE THE SUPPORTED HOSPITALS LISTED IN PART I LINE 12G MEET COMMUNITY AND HOSPITAL NEEDS FOR PHYSICIAN SERVICES, AND ALSO DEVELOPS PHYSICIAN COVERAGE IN NEW MARKETS SHMG DIRECTORS AND OFFICERS SERVE AS DIRECTORS AND OFFICERS ON THE BOARDS OF THE SUPPORTED ORGANIZATIONS, ENSURING RESPONSIVENESS SHMG'S PROGRAM SERVICE ACCOMPLISHMENTS INCLUDE HOSPITAL-BASED PRACTICES, MISSION-BASED PRACTICES, AND STRATEGIC-BASED PRACTICES, ALL BASED EXCLUSIVELY IN THE IDENTIFIED SUPPORTED HOSPITALS AND CONSTITUTING SUBSTANTIALLY ALL OF SHMG'S ACTIVITIES



**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART IV, SECTION E, LINE 2B	THE ANSWER FOR SCHEDULE A, PART IV, SECTION E, LINE 2B IS YES ACTIVITIES THAT ONE OR MORE SUPPORTED ORGANIZATIONS ENGAGED IN BUT FOR SHMG'S WORK TO ENSURE A STRONG AFFILIATION AND EMPLOYMENT OF PHYSICIANS TO ENSURE THE SUPPORTED HOSPITALS LISTED IN PART I LINE 12G MEET COMMUNITY AND HOSPITAL NEEDS FOR PHYSICIAN SERVICES, THE IMPORTANT RELATIONSHIPS BETWEEN THE TWO SUPPORTED HOSPITALS AND THEIR PHYSICIANS WOULD HAVE TO BE MANAGED BY EACH HOSPITAL INDIVIDUALLY



**SCHEDULE C**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

**2016**

**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.**

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

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

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

<b>1</b>	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
<b>2</b>	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
<b>3</b>	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
<b>4</b>	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5</b>	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

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

**g** Grassroots nontaxable amount (enter 25% of line 1f)

**h** Subtract line 1g from line 1a If zero or less, enter -0-

**i** Subtract line 1f from line 1c If zero or less, enter -0-

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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	
<b>1</b>	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		
<b>a</b>	Volunteers?		No
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No
<b>c</b>	Media advertisements?		No
<b>d</b>	Mailings to members, legislators, or the public?		No
<b>e</b>	Publications, or published or broadcast statements?		No
<b>f</b>	Grants to other organizations for lobbying purposes?	Yes	4,979
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?		No
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No
<b>i</b>	Other activities?		No
<b>j</b>	Total. Add lines 1c through 1i		4,979
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912		
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		
<b>d</b>	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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	<b>2a</b>	
<b>a</b>	Current year	<b>2b</b>	
<b>b</b>	Carryover from last year	<b>2c</b>	
<b>c</b>	Total	<b>3</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>4</b>	
<b>4</b>	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?	<b>5</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)		

**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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493318003497	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.</div> <div>Information about Schedule D (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>			<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
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?				<input type="checkbox"/> Yes <input type="checkbox"/> No
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?				<input type="checkbox"/> Yes <input type="checkbox"/> No
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) <input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year				
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			
		2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►				
4	Number of states where property subject to conservation easement is located ►				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►				
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$				
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements				
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items				
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items				
(i) Revenue included on Form 990, Part VIII, line 1		► \$			
(ii) Assets included in Form 990, Part X		► \$			
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items				
a	Revenue included on Form 990, Part VIII, line 1	► \$			
b	Assets included in Form 990, Part X	► \$			
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
		Cat No 52283D		Schedule D (Form 990) 2016	

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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .	19,720,810	19,966,435	17,564,267	16,730,854	15,896,470
b Contributions . . . . .	66,105	313,575	1,927,170	70,706	347,618
c Net investment earnings, gains, and losses	651,021	-559,200	474,998	762,707	486,766
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .	20,437,936	19,720,810	19,966,435	17,564,267	16,730,854

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 . . . . .

b

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

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		71,644,404		71,644,404
b Buildings		665,252,173	438,172,995	227,079,178
c Leasehold improvements		4,248,767	2,320,829	1,927,938
d Equipment . . . . .		451,824,435	351,914,333	99,910,102
e Other . . . . .		25,138,023	20,526,711	4,611,312
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				405,172,934

Schedule D (Form 990) 2016

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.  
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.  
See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DEFERRED PENSION & COMP	289,787
(2) NON-PERF ASSET AIR RIGHTS	491,870
(3) OTHER ACCOUNTS RECEIVABLE	69,321
(4) BENEFICIAL INTEREST IN PROPERTY	3,036,179
(5) DUE FROM RELATED ORGANIZATIONS	60,482,400
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) . . . . . ▶	64,369,557

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.  
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
LEASE ESCALATION LIABILITY	258,575
CAPITAL LEASE OBLIGATIONS	24,621,195
ASSET RETIREMENT OBLIGATION FI	2,652,880
INTEREST RATE SWAP	11,940,639
POST RETIREMENT BENEFITS	905,008
CONTINGENT LIABILITIES	490,082
MALPRACTICE LIABILITY	11,717,550
UNSECURED PAYABLES	177,672,598
PURCHASE OPTION LIABILITY	4,665,613
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	234,924,140

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒



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

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

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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**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	258,575
	CAPITAL LEASE OBLIGATIONS	24,621,195
	ASSET RETIREMENT OBLIGATION FI	2,652,880
	INTEREST RATE SWAP	11,940,639
	POST RETIREMENT BENEFITS	905,008
	CONTINGENT LIABILITIES	490,082
	MALPRACTICE LIABILITY	11,717,550
	UNSECURED PAYABLES	177,672,598
	PURCHASE OPTION LIABILITY	4,665,613

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

**Supplemental Information**

Return Reference	Explanation
PART X, LINE 2	<p>SUMMA HEALTH AND MOST OF ITS SUBSIDIARIES ARE NOT-FOR-PROFIT CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (CODE) AND ARE EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO SECTION 501(A) OF THE CODE. THE SYSTEM ALSO HAS CERTAIN SUBSIDIARIES THAT ARE TAXABLE FOR FEDERAL INCOME TAX PURPOSES. SUMMACARE ("SC"), TOGETHER WITH AFFILIATES OF SUMMA HEALTH SYSTEM CORPORATION ("SHSC"), FILE A CONSOLIDATED FEDERAL INCOME TAX RETURN IN ACCORDANCE WITH A TAX SHARING AGREEMENT DATED JANUARY 1, 2010. THE ENTITIES UTILIZE A CONSOLIDATED APPROACH TO THE ALLOCATION OF FEDERAL INCOME TAXES, WHEREAS SHSC'S TAX SHARING AGREEMENT WITH ITS SUBSIDIARIES ALLOWS IT TO MAKE CERTAIN CODE ELECTIONS IN ITS CONSOLIDATED FEDERAL TAX RETURN. IN THE EVENT SUCH CODE ELECTIONS ARE MADE, ANY BENEFIT OR LIABILITY IS THE RESPONSIBILITY OF SHSC AND IS ACCRUED AND PAID BY THE PARTICIPATING SUBSIDIARIES. SC IS NOT SUBJECT TO STATE INCOME TAXES AND IT IS LICENSED AS A HEALTH INSURANCE COMPANY UNDER CHAPTER 1751 OF THE OHIO REVISED CODE. DEFERRED TAX ASSETS AND LIABILITIES ARE RECOGNIZED FOR THE FUTURE TAX CONSEQUENCES ATTRIBUTABLE TO DIFFERENCES BETWEEN THE FINANCIAL STATEMENT CARRYING AMOUNTS OF EXISTING ASSETS AND LIABILITIES AND THE RESPECTIVE TAX BASIS AND OPERATING LOSS AND TAX CREDIT CARRYFORWARDS. DEFERRED TAX ASSETS AND LIABILITIES ARE MEASURED USING ENACTED TAX RATES EXPECTED TO APPLY TO TAXABLE INCOME IN THE YEARS IN WHICH THOSE TEMPORARY DIFFERENCES ARE EXPECTED TO BE RECOVERED OR SETTLED. THE EFFECT OF DEFERRED TAX ASSETS AND LIABILITIES OF A CHANGE IN TAX RATES IS RECOGNIZED IN INCOME IN THE PERIOD THAT INCLUDES THE ENACTMENT DATE. SUMMA RECOGNIZES INTEREST INCOME, INTEREST EXPENSE, AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS WITH THE PROVISION FOR INCOME TAX.</p>

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SUMMA HEALTH GROUP RETURN

**Statement of Activities Outside the United States**

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

► Attach to Form 990. ► See separate instructions.

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

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

**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
See Add'l Data					
<b>3a</b> Sub-total	1	0			10,290,685
<b>b</b> Total from continuation sheets to Part I	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	1	0			10,290,685

**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.

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

- 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 . . . . .  \_\_\_\_\_

<b>Part III</b>	<b>Grants and Other Assistance to Individuals Outside the United States.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]



**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 separately 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)* ☐ 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ 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).

Return Reference	Explanation
PART I, LINE 3	CENTRAL AMERICAN AND THE CARIBBEAN ACCRUAL

Return Reference	Explanation
PART I, LINE 3(F)	EXPENDITURES INSURANCE PREMIUMS PAID \$10,043,592

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 90-0640432

**Name:** SUMMA HEALTH GROUP RETURN

### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
CENTRAL AMERICA AND THE CARIBBEAN	1	0	PROGRAM SERVICES	SELF INSURANCE	10,043,592
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		247,093



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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<b>GALA</b> (event type)	<b>GOLF OUTING</b> (event type)	(total number)	Total events (add col (a) through col (c))
<b>1</b>	Gross receipts . . . . .	679,952	220,046		899,998
<b>2</b>	Less Contributions . . . . .	589,012	170,546		759,558
<b>3</b>	Gross income (line 1 minus line 2) . . . . .	90,940	49,500		140,440
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .	440	17,303		17,743
	<b>6</b> Rent/facility costs . . . . .	107,151	96		107,247
	<b>7</b> Food and beverages . . . . .	0	26,167		26,167
	<b>8</b> Entertainment . . . . .	75,000	47,431		122,431
	<b>9</b> Other direct expenses . . . . .	3,325	9,010		12,335
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				285,923
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				-145,483

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<b>1</b>	Gross revenue . . . . .				
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
	<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> 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
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 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)

Hospitals

OMB No 1545-0047

2016

Open to Public Inspection

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.  
► Attach to Form 990.  
► Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury

Name of the organization

Employer identification number

SUMMA HEALTH GROUP RETURN

90-0640432

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	Yes	
1b	If "Yes," was it a written policy?	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year		
	<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities		
	<input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care	Yes	
	<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	Yes	
	<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
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"?	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		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?		
6a	Did the organization prepare a community benefit report during the tax year?	Yes	
b	If "Yes," did the organization make it available to the public?	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)			32,286,061	22,206,367	10,079,694	0 960 %
b Medicaid (from Worksheet 3, column a)			158,193,760	135,277,942	22,915,818	2 170 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			190,479,821	157,484,309	32,995,512	3 130 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			4,311,432	116,975	4,194,457	0 400 %
f Health professions education (from Worksheet 5)			40,807,543	13,111,023	27,696,520	2 630 %
g Subsidized health services (from Worksheet 6)			27,282,472		27,282,472	2 590 %
h Research (from Worksheet 7)			7,727,336	883,485	6,843,851	0 650 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,315,629		1,315,629	0 120 %
j Total. Other Benefits			81,444,412	14,111,483	67,332,929	6 390 %
k Total. Add lines 7d and 7j			271,924,233	171,595,792	100,328,441	9 520 %



**Part II Community 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
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development			16,666	0	16,666	0 %
<b>3</b> Community support						
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy			873	0	873	0 %
<b>8</b> Workforce development						
<b>9</b> Other						
<b>10 Total</b>			17,539		17,539	0 %

**Part III Bad Debt, Medicare, & Collection Practices****Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>	15,509,000	
<b>3</b> 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.	<b>3</b>		
<b>4</b> 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**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	193,003,795
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	196,322,948
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	-3,319,153
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

<b>9a</b> Did the organization have a written debt collection policy during the tax year?	<b>9a</b>	Yes	
<b>b</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.	<b>9b</b>	Yes	

**Part IV Management 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 %
<b>1</b> 1 SUMMA WESTERN RESERVE HOSPITAL LLC	GENERAL HOSPITAL	40 000 %	0 %	60 000 %
<b>2</b> 3 DIGESTIVE HEALTH CENTER LLC	DIGESTIVE DISEASE	5 000 %	0 %	44 000 %
<b>3</b> 4 MEDINA-SUMMIT ASC LLC	AMBULATORY SURGERY CENTER	20 000 %	0 %	70 000 %
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**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?

3

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

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

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
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
<b>Community Health Needs Assessment</b>		
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C) _____		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b>	Yes
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	Yes
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b>	Yes
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SUPPLEMENTAL INFORMATION</u>		
<b>b</b> <input type="checkbox"/> Other website (list url) _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C) _____		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b>	Yes
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 13</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>SEE SUPPLEMENTAL INFORMATION</u>	<b>10</b>	Yes
<b>a</b> _____		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V**

**Facility Information** *(continued)*

**Financial Assistance Policy (FAP)**

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group

	Yes	No
<div>Did the hospital facility have in place during the tax year a written financial assistance policy that</div> <div><b>13</b> 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><div><div><b>a</b> <input checked="" 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>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)</div><div><b>c</b> <input type="checkbox"/> Asset level</div><div><b>d</b> <input checked="" type="checkbox"/> Medical indigency</div><div><b>e</b> <input checked="" type="checkbox"/> Insurance status</div><div><b>f</b> <input checked="" type="checkbox"/> Underinsurance discount</div><div><b>g</b> <input checked="" type="checkbox"/> Residency</div><div><b>h</b> <input type="checkbox"/> Other (describe in Section C)</div></div></div>	<b>13</b> Yes	
<div><b>14</b> Explained the basis for calculating amounts charged to patients?</div> <div><b>15</b> 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><div><b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</div><div><b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</div><div><b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</div><div><b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</div><div><b>e</b> <input type="checkbox"/> Other (describe in Section C)</div></div>	<b>14</b> Yes	<b>15</b> Yes
<div><b>16</b> Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)</div> <div><div><b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE ATTACHED SUPPLEMENTAL INFORMATION</div><div><b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE ATTACHED SUPPLEMENTAL INFORMATION</div><div><b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE ATTACHED SUPPLEMENTAL INFORMATION</div><div><b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div><b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div><b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div><b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention</div><div><b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</div><div><b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</div><div><b>j</b> <input type="checkbox"/> Other (describe in Section C)</div></div>	<b>16</b> Yes	

**Part V Facility Information** (continued)**Billing and Collections**

## FACILITY REPORTING GROUP - A

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No
<b>17</b> 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? . . . . .	<b>17</b>	Yes	
<b>18</b> 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			
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	<b>19</b>		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	<b>21</b>	Yes	
If "No," indicate why			
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)			

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

FACILITY REPORTING GROUP - A

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**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** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**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

**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

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		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):** \_\_\_\_\_**Community Health Needs Assessment**

	Yes	No
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C) _____		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b>	Yes
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	Yes
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b>	Yes
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SUPPLEMENTAL INFORMATION</u>		
<b>b</b> <input type="checkbox"/> Other website (list url) _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C) _____		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b>	Yes
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 13</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>SEE SUPPLEMENTAL INFORMATION</u>	<b>10</b>	Yes
<b>a</b> _____		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V**

**Facility Information** *(continued)*

**Financial Assistance Policy (FAP)**

FACILITY REPORTING GROUP - B

Name of hospital facility or letter of facility reporting group

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
<b>13</b> 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	<b>13</b>	Yes	
<b>a</b> <input checked="" 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>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)			
<b>c</b> <input type="checkbox"/> Asset level			
<b>d</b> <input checked="" type="checkbox"/> Medical indigency			
<b>e</b> <input checked="" type="checkbox"/> Insurance status			
<b>f</b> <input checked="" type="checkbox"/> Underinsurance discount			
<b>g</b> <input checked="" type="checkbox"/> Residency			
<b>h</b> <input type="checkbox"/> Other (describe in Section C)			
<b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes	
<b>15</b> 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)	<b>15</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
<b>e</b> <input type="checkbox"/> Other (describe in Section C)			
<b>16</b> Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE ATTACHED SUPPLEMENTAL INFORMATION			
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE ATTACHED SUPPLEMENTAL INFORMATION			
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE ATTACHED SUPPLEMENTAL INFORMATION			
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
<b>j</b> <input type="checkbox"/> Other (describe in Section C)			



**Part V Facility Information** (continued)**Billing and Collections**

## FACILITY REPORTING GROUP - B

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No
<b>17</b> 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? . . . . .	<b>17</b>	Yes	
<b>18</b> 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			
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	<b>19</b>		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
<b>a</b> <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	<b>21</b>		No
If "No," indicate why			
<b>a</b> <input checked="" type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)			

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

FACILITY REPORTING GROUP - B

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**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** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**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

**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

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

**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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

[illegible]



**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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 6A	NAME OF RELATED ORGANIZATION THAT PREPARED THE COMMUNITY BENEFIT REPORT SUMMA HEALTH
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 THAT SUBSIDIZED SERVICE COSTS FOR OTHER PROGRAMS REFLECT THE DIRECT AND INDIRECT COST OF PROVIDING THOSE PROGRAMS

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 7G	
PART II, COMMUNITY BUILDING ACTIVITIES	<p>DESCRIBE HOW COMMUNITY BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY SUMMA HEALTH H 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 IN THE COMMUNITIES SERVED A ROBUST ECONOMY POSITIVELY IMPACTS RESIDENTS COVERED BY HEALTH INSURANCE AND IMPROVES THE CAPACITY OF THE COMMUNITY TO SUPPORT HEALTH SERVICES</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 2	
PART III, LINE 4	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 RE FLECTED AS A DEDUCTION FROM REVENUE RATHER THAN AN OPERATING EXPENSE NOTES TO CONSOLIDATE D FINANCIAL STATEMENTS, 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, NET PATIENT SERVICE REVENUE AND PATIENT ACCOUNTS RECEIVABLE (PAGE 12) STATES SUMMA HEALTH MAINTAINS AN ALLOWA NCE FOR DOUBTFUL ACCOUNTS BASED ON THE EXPECTED COLLECTABILITY OF PATIENT ACCOUNTS RECEIVA BLE THE PROVISION FOR DOUBTFUL ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORIC AL AND EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, T RENDS IN HEALTH CARE COVERAGES, AND OTHER COLLECTION INDICATORS

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 8	
PART III, LINE 9B	<p>DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOW N TO QUALIFY FOR ASSISTANCE SUMMA WILL NOT PURSUE LEGAL ACTION FOR NON-PAYMENT OF BILLS AG AINST 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, I N CONJUNCTION WITH THE PATIENT, MAKE SURE THAT THE PATIENT IS NOT ELIGIBLE FOR ANY ASSISTA NCE PROGRAM AND DOES NOT QUALIFY UNDER THE HOSPITALS' CHARITY CARE POLICY</p>



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 2	
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'S HOSPITALS HAVE NOTICES POSTED IN THE EMERGENCY ROOMS, 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>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 4	
PART VI, LINE 5	<p>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</p>

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
PART VI, LINE 6	
SCHEDULE H, PART VI, LINE 7 FACILITY REPORTING GROUP A & B	STATE FILING OF COMMUNITY BENEFIT REPORT THE STATE OF OHIO DOES NOT REQUIRE THE FILING OF THE COMMUNITY BENEFIT REPORT FOR 2016 HOWEVER, INFORMATION FROM THE COMMUNITY BENEFIT REPORT IS SHARED ANNUALLY WITH THE OHIO HOSPITAL ASSOCIATION

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		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 3											
1	SUMMA HEALTH SYSTEM 525 EAST MARKET STREET AKRON, OH 44304 WWW.SUMMAHEALTH.ORG 1275	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

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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, SECTION B, LINE 7A FACILITY REPORTING GROUP A & B	GROUP A <a href="https://www.summahealth.org/about-us/about-summa/community-benefit-and-diversity/communityneedsassessments/communityneedsassessment2016group">HTTPS //WWW SUMMAHEALTH ORG/ABOUT-US/ABOUT-SUMMA/COMMUNITY-BENEFIT-AND-DIVERSITY/COMMUNITYNEEDSASSESSMENTS/COMMUNITYNEEDSASSESSMENT2016GROUP</a> B <a href="http://www.summarehabhospital.com/support_groups.aspx">HTTP //WWW SUMMAREHABHOSPITAL COM/SUPPORT_GROUPS ASPX</a>

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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, SECTION B, LINE 10A FACILITY REPORTING GROUP A & B	GROUP A <a href="https://www.summahealth.org/about-us/about-summa/community-benefit-and-diversity/communityneedsassessments/communityneedsassessment2013-2016">HTTPS //WWW SUMMAHEALTH ORG/ABOUT-US/ABOUT-SUMMA/COMMUNITY-BENEFIT-AND-DIVERSITY/COMMUNITYNEEDSASSESSMENTS/COMMUNITYNEEDSASSESSMENT2013-2016</a> GROUP B <a href="http://www.summarehabhospital.com/support_groups.aspx">HTTP //WWW SUMMAREHABHOSPITAL COM/SUPPORT_GROUPS ASPX</a>

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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 SECTION B LINE 16A FACILITY REPORTING GROUP A & B	GROUP A <a href="https://www.summahealth.org/patientvisitor/insuranceandbilling/financialassistancepolicy">HTTPS //WWW SUMMAHEALTH ORG/PATIENTVISITOR/INSURANCEANDBILLING/ FINANCIALASSISTANCEPOLICY</a> GROUP B <a href="http://www.summarehabhospital.com/inpatient_services/financial_assistance_policy.aspx">HTTP //WWW SUMMAREHABHOSPITAL COM/INPATIENT_SERVICES/FINANCIAL_ASSISTANCE_POLICY ASPX</a>

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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 SECTION B LINE 16B FACILITY REPORTING GROUP A & B	GROUP A <a href="http://www.summahealth.org/patientvisitor/insuranceandbilling/financialassistancepolicygroup">HTTP //WWW SUMMAHEALTH ORG/PATIENTVISITOR/INSURANCEANDBILLING/ FINANCIALASSISTANCEPOLICYGROUP</a> B <a href="http://www.summarehabhospital.com/inpatient_services/financial_assistance_policy.aspx">HTTP //WWW SUMMAREHABHOSPITAL COM/INPATIENT_SERVICES/FINANCIAL_ASSISTANCE_POLICY ASPX</a>



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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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 SECTION B LINE 16C FACILITY REPORTING GROUP A & B	GROUP A <a href="https://www.summahealth.org/patientvisitor/insuranceandbilling/plainlanguagefinancialassistancepolicygroup">HTTPS //WWW SUMMAHEALTH ORG/PATIENTVISITOR/INSURANCEANDBILLING/PLAINLANGUAGEFINANCIALASSISTANCEPOLICYGROUP</a> B <a href="http://www.summarehabhospital.com/inpatient_services/financial_assistance_policy.aspx">HTTP //WWW SUMMAREHABHOSPITAL COM/INPATIENT_SERVICES/FINANCIAL_ASSISTANCE_POLICY ASPX</a>

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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, SECTION B	FACILITY REPORTING GROUP A

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
FACILITY REPORTING GROUP A CONSISTS OF	- FACILITY 1 SUMMA HEALTH SYSTEM, - FACILITY 3 SUMMA WESTERN RESERVE HOSPITAL, LLC

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
FACILITY REPORTING GROUP - A PART V, SECTION B, LINE 5	<p>INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED SUMMA HEALTH SYSTEM, SUMMA WESTERN RESERVE HOSPITAL, LLC (GROUP A) INTERVIEWS WERE CONDUCTED WITH COMMUNITY LEADERS IN MARCH -JUNE 2016 TO GAIN THEIR INSIGHT ON WHAT THEY THOUGHT WERE THE SIGNIFICANT HEALTH NEEDS OF CHILDREN AND ADULTS IN THEIR COMMUNITIES, THE FACTORS THAT AFFECT THOSE HEALTH NEEDS, OTHER EXISTING COMMUNITY HEALTH NEEDS ASSESSMENTS, POSSIBLE COLLABORATION OPPORTUNITIES, AND WHAT HOSPITALS CAN DO TO ADDRESS THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) THESE COMMUNITY LEADERS PROVIDE A PERSPECTIVE ON THE BROAD INTERESTS OF THE GROUPS SERVED BY THE HOSPITAL FACILITY, INCLUDING THE MEDICALLY UNDERSERVED, LOW-INCOME PERSONS, MINORITY GROUPS, THOSE WITH CHRONIC DISEASE NEEDS, AND LEADERS FROM LOCAL PUBLIC HEALTH AGENCIES AND DEPARTMENTS WHO HAVE SPECIAL KNOWLEDGE AND EXPERTISE IN PUBLIC HEALTH LEADERS FROM THE FOLLOWING COMMUNITY ORGANIZATIONS WERE CONSULTED DURING THIS CHNA AKRON PUBLIC SCHOOLS BARBERTON COMMUNITY FOUNDATION CITY OF AKRON ASSISTANT TO THE MAYOR FOR HEALTH, EDUCATION AND FAMILIES CITY OF HUDSON MAYOR CITY OF NEW FRANKLIN MAYOR CITY OF STOW MAYOR EMERGE MINISTRIES GREATER AKRON CHAMBER OF COMMERCE PRESIDENT AND CEO HAVEN OF REST MINISTRIES HUDSON CITY SCHOOL DISTRICT INTERNATIONAL INSTITUTE OF AKRON DIRECTOR OF REFUGEE RESETTLEMENT LOVE AKRON OPEN M MINISTRIES SENATOR SHERROD BROWN SENATOR ROB PORTMAN SUMMIT COUNTY ALCOHOL, DRUG ADDICTION, AND MENTAL HEALTH BOARD DIRECTOR SUMMIT COUNTY EXECUTIVES SUMMIT COUNTY PUBLIC HEALTH COMMISSIONER IN ADDITION TO THE INPUT FROM COMMUNITY LEADERS, FIVE COMMUNITY RESIDENT FOCUS GROUPS WERE CONDUCTED WITH COMMUNITY RESIDENTS FROM APRIL-SEPTEMBER 2016 TO GET THEIR INPUT ON WHAT THEY THOUGHT WERE THE SIGNIFICANT HEALTH NEEDS IN THEIR COMMUNITIES, THE FACTORS THAT AFFECT THOSE NEEDS, THE SOLUTIONS THEY THOUGHT WOULD SOLVE THOSE NEEDS, AND WHAT THE HOSPITALS AND OTHER COMMUNITY GROUPS COULD DO TO ADDRESS THOSE NEEDS DUE TO THE OBSERVED INFORMATION GAP IN THE EPIDEMIOLOGIC DATA ON SUBSTANCE ABUSE ISSUES AND MENTAL HEALTH ISSUES, SEVERAL QUESTIONS WERE ASKED TO PROBE MORE DEEPLY INTO THESE ISSUES IN ADDITION, A QUESTIONNAIRE WAS DISTRIBUTED TO FOCUS GROUP PARTICIPANTS TO GATHER DEMOGRAPHIC INFORMATION AND BASIC PERCEPTIONS OF COMMUNITY HEALTH THE DISCUSSION GUIDE, QUESTIONNAIRE, AND PROTOCOL WERE REVIEWED AND APPROVED BY THE KENT STATE UNIVERSITY INSTITUTIONAL REVIEW BOARD A TOTAL OF FIFTY-FOUR SUMMIT COUNTY RESIDENTS PARTICIPATED IN THE COMMUNITY RESIDENT FOCUS GROUPS ADDITIONAL DETAIL CAN BE FOUND ON THE SUMMA HEALTH WEBSITE AT <a href="https://www.summahealth.org/about-us/about-summa/community-benefit-and-diversity/community-needs-assessment-2016">HTTPS //WWW.SUMMAHEALTH.ORG/ABOUT-US/ABOUT-SUMMA/COMMUNITY-BENEFIT-AND-DIVERSITY/COMMUNITY-NEEDS-ASSESSMENT-2016</a></p>

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
FACILITY REPORTING GROUP - A PART V, SECTION B, LINE 6A	CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES SUMMA HEALTH SYSTEM, SUMMA WESTERN RESERVE HOSPITAL, LLC (GROUP A) SUMMA HEALTH CONDUCTED THE CHNA ON BEHALF OF EACH OF ITS THREE HOSPITAL FACILITIES LISTED IN PART V, SECTION A IN ADDITION SUMMAHEALTH COLLABORATED WITH CLEVELAND CLINIC AKRON GENERAL AND AKRON CHILDREN'S HOSPITAL IN CONDUCTING THE CHNA

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
FACILITY REPORTING GROUP - A PART V, SECTION B, LINE 6B	CHNA CONDUCTED WITH ONE OR MORE ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES SUMMA HEALTH SYSTEM, SUMMA WESTERN RESERVE HOSPITAL, LLC (GROUP A) KENT STATE UNIVERSITY COLLEGE OF PUBLIC HEALTH

**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, 16j, 18e, 19e, 20e, 21c, 21d, 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
FACILITY REPORTING GROUP - A PART V, SECTION B, LINE 11	<p>HOW THE HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN ITS CHNA SUMMA HEALTH SYSTEM, SUMMA WESTERN RESERVE HOSPITAL (GROUP A) AFTER CAREFUL ANALYSIS OF BOTH THE EPIDEMIOLOGICAL AND QUALITATIVE DATA, SUMMA HEALTH WILL ADDRESS THE ADULT HEALTH NEEDS IN FIVE PRIMARY CATEGORIES CHRONIC DISEASE MANAGEMENT, ACCESS AND BARRIERS TO HEALTH CARE, HEALTH DISPARITIES, PREVENTION AND WELLNESS THE PRIORITIES ARE IN ALIGNMENT WITH CURRENT COMMUNITY HEALTH NEEDS IDENTIFIED BY THE SUMMIT COUNTY PUBLIC HEALTH 2016 COMMUNITY HEALTH ASSESSMENT AND THE OHIO DEPARTMENT OF HEALTH'S 2017-2019 STATE HEALTH IMPROVEMENT PLAN PRIORITY HEALTH NEEDS IDENTIFIED IN THE 2016 SUMMA CHNA PRIORITY HEALTH ISSUE, PLAN TO ADDRESS ACCESS TO HEALTH CARE, YES CHRONIC DISEASE, YES ENVIRONMENTAL FACTORS, NO HEALTH DISPARITIES, YES INFECTIOUS DISEASE, NO INJURY AND ACCIDENTS, NO QUALITY OF HEALTH CARE, YES MATERNAL AND CHILD HEALTH, YES MENTAL HEALTH, YES PREVENTION AND WELLNESS, YES SUBSTANCE ABUSE, YES SIGNIFICANT HEALTH NEEDS ADDRESSED PRIORITY HEALTH OUTCOME IMPROVING PREVENTION AND WELLNESS AT SUMMA HEALTH, OUR POPULATION HEALTH STRATEGY IS EVOLVING THE WAY WE DELIVER CARE OUR VISION FOR CARE PUTS THE PATIENT AT THE CENTER OF THIS MODEL BY CREATING A COLLABORATION BETWEEN THE PATIENT AND THEIR CAREGIVERS THAT IS FOCUSED ON PREVENTION AND WELLNESS (P&amp;W) P&amp;W FOCUSES ON IMPROVING THE WHOLE PERSON, BODY AND MIND AND REDUCING LIFESTYLE RISK FACTORS AND "EVERYDAY" BEHAVIORS THAT CAN NEGATIVELY IMPACT HEALTH P&amp;W STRATEGIES CROSS ALL THE PRIORITY HEALTH OUTCOMES, ARE EMBEDDED IN EACH OBJECTIVE AND WILL BE IDENTIFIED AS P&amp;W PRIORITY HEALTH OUTCOME IMPROVING ACCESS TO HEALTH CARE THE HEALTH NEEDS PERTAINING TO ACCESS ARE BEING ADDRESSED BY INCORPORATING COMMUNITY HEALTH WORKERS IN COMMUNITY BASED SETTINGS (P&amp;W), AND INCREASING THE NUMBER OF INDIVIDUALS WHO HAVE ACCESS TO PRIMARY CARE MEDICAL HOMES AND COMPREHENSIVE PRIMARY CARE PLUS PRACTICES THEREBY INCREASING THE OPPORTUNITIES FOR PREVENTATIVE AND EARLY INTERVENTIONS FOR INDIVIDUALS REQUIRING PRIMARY CARE, DENTAL, AND BEHAVIORAL HEALTH PROVIDERS (P&amp;W) PRIORITY HEALTH OUTCOME PROVIDING CHRONIC DISEASE MANAGEMENT THE HEALTH NEEDS PERTAINING TO CHRONIC DISEASE ARE BEING ADDRESSED THROUGH INCREASING CONSUMER KNOWLEDGE BASE OF RISK FACTORS, RISK BEHAVIORS, AND GENETIC CONSIDERATIONS WHICH LEAD TO CANCER, CARDIOVASCULAR DISEASE AND DIABETES (P&amp;W) THE HEALTH NEEDS PERTAINING TO SUBSTANCE ABUSE ARE BEING ADDRESSED BY DECREASING ALCOHOL AND OPIATE RELATED OVERDOSES AND DEATHS (P&amp;W) THE HEALTH NEEDS PERTAINING TO LIFESTYLE FACTORS ARE BEING ADDRESSED BY DECREASING SMOKING AND TOBACCO USE IN ADULTS (P&amp;W) PRIORITY HEALTH OUTCOME REDUCING HEALTH DISPARITIES THE HEALTH NEEDS PERTAINING TO HEALTH DISPARITIES ARE BEING ADDRESSED THROUGH REDUCING INFANT MORTALITY BY PROVIDING PROGRAMS AND SERVICES THAT PROVIDE OUTREACH, EDUCATION, COORDINATION AND FOCUS ON REDUCING THE IMPACTS OF THE SOCIAL DETERMINANTS OF HEALTH FOR LOW INCOME MOTHERS (P&amp;W) PRIORITY HEALTH</p>

**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, 16j, 18e, 19e, 20e, 21c, 21d, 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
FACILITY REPORTING GROUP - A PART V, SECTION B, LINE 11	<p>OUTCOME IMPROVING QUALITY OF HEALTH CARETHE HEALTH NEEDS PERTAINING TO QUALITY OF CARE FACTORS ARE BEING ADDRESSED BY DECREASING HOSPITAL READMISSIONS AND INCREASING CONSUMER KNOWLEDGE OF PREOPERATIVE CARE SIGNIFICANT HEALTH NEEDS NOT ADDRESSEDTHE LIST ABOVE INDICATES SEVERAL PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE 2016 CHNA THAT SUMMA WILL NOT ADDRESS IN THE PLAN POOR HEALTH STATUS CAN RESULT THROUGH A COMPLEX INTERACTION OF CHALLENGING SOCIAL, ECONOMIC, ENVIRONMENTAL AND BEHAVIORAL FACTORS, COMBINED WITH LACK OF ACCESS TO CARE ADDRESSING THE MORE COMMON "ROOT" CAUSES OF POOR COMMUNITY HEALTH CAN SERVE TO IMPROVE A COMMUNITY'S QUALITY OF LIFE AND TO REDUCE MORTALITY AND MORBIDITY HOWEVER, SUMMA RECOGNIZES THAT NO HOSPITAL FACILITY CAN ADDRESS ALL OF THE ROOT CAUSES AND HEALTH NEEDS PRESENT IN ITS COMMUNITY THEREFORE, IT WAS DETERMINED THAT THE HEALTH SYSTEM WILL COLLABORATE WITH OTHER ORGANIZATIONS AS NEEDED TO ADDRESS THE HEALTH NEEDS NOT SELECTED INJURIES, ACCIDENTS AND ENVIRONMENTAL FACTORS INCLUDING VIOLENCE, CRIME, AND POVERTY WILL NOT BE ADDRESSED DIRECTLY THROUGH OUR PLAN RESOURCES, AS WELL AS AVAILABLE EXPERTISE, LIMIT OUR SELECTION OF PRIORITIES SUMMA HEALTH WILL, HOWEVER, LOOK FOR OPPORTUNITIES TO COLLABORATE WITH SAFE COMMUNITIES OF SUMMIT COUNTY, SUMMIT COUNTY SAFE KIDS COALITION, COMMUNITY DEVELOPMENT CORPORATIONS, LOCAL SERVICES AGENCIES AND OTHER ORGANIZATIONS TO ADDRESS THESE IMPORTANT HEALTH ISSUES WHENEVER POSSIBLE THE PLAN IS ALSO IN ALIGNMENT WITH CURRENT COMMUNITY HEALTH NEEDS AND PRIORITIES IDENTIFIED BY THE SUMMIT COUNTY PUBLIC HEALTH 2016 COMMUNITY HEALTH ASSESSMENT AND THE OHIO DEPARTMENT OF HEALTH'S 2017-2019 STATE HEALTH IMPROVEMENT PLAN A DETAILED DESCRIPTION OF THE ACTIONS BEING TAKEN TO ADDRESS THE HEALTH NEEDS IDENTIFIED ABOVE CAN BE FOUND ON THE 2017-2019 SUMMA HEALTH COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION PLAN FOUND ON THE SUMMA HEALTH WEBSITE AT <a href="https://www.summahealth.org/about-us/about-summa/community-benefit-anddiversity/communityneedsassessment2016">HTTPS://WWW.SUMMAHEALTH.ORG/ABOUT-US/ABOUT-SUMMA/COMMUNITY-BENEFIT-ANDDIVERSITY/COMMUNITYNEEDSASSESSMENT2016</a></p>



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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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, SECTION B	FACILITY REPORTING GROUP B

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
FACILITY REPORTING GROUP B CONSISTS OF	- FACILITY 4 SUMMA REHAB HOSPITAL, LLC

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
FACILITY REPORTING GROUP - B PART V, SECTION B, LINE 5	<p>INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED SUMMA REHABILITATION HOSPITAL (GROUP B) INTERVIEWS WERE CONDUCTED WITH COMMUNITY LEADERS IN MARCH -JUNE 2016 TO GAIN THEIR INSIGHT ON WHAT THEY THOUGHT WERE THE SIGNIFICANT HEALTH NEEDS OF CHILDREN AND ADULTS IN THEIR COMMUNITIES, THE FACTORS THAT AFFECT THOSE HEALTH NEEDS, OTHER EXISTING COMMUNITY HEALTH NEEDS ASSESSMENTS, POSSIBLE COLLABORATION OPPORTUNITIES, AND WHAT HOSPITALS CAN DO TO ADDRESS THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) THESE COMMUNITY LEADERS PROVIDE A PERSPECTIVE ON THE BROAD INTERESTS OF THE GROUPS SERVED BY THE HOSPITAL FACILITY, INCLUDING THE MEDICALLY UNDERSERVED, LOW-INCOME PERSONS, MINORITY GROUPS, THOSE WITH CHRONIC DISEASE NEEDS, AND LEADERS FROM LOCAL PUBLIC HEALTH AGENCIES AND DEPARTMENTS WHO HAVE SPECIAL KNOWLEDGE AND EXPERTISE IN PUBLIC HEALTH LEADERS FROM THE FOLLOWING COMMUNITY ORGANIZATIONS WERE CONSULTED DURING THIS CHNA AKRON PUBLIC SCHOOLS BARBERTON COMMUNITY FOUNDATION CITY OF AKRON ASSISTANT TO THE MAYOR FOR HEALTH, EDUCATION AND FAMILIES CITY OF HUDSON MAYOR CITY OF NEW FRANKLIN MAYOR CITY OF STOW MAYOR EMERGE MINISTRIES GREATER AKRON CHAMBER OF COMMERCE PRESIDENT AND CEO HAVEN OF REST MINISTRIES HUDSON CITY SCHOOL DISTRICT INTERNATIONAL INSTITUTE OF AKRON DIRECTOR OF REFUGEE RESETTLEMENT LOVE AKRON OPEN M MINISTRIES SENATOR SHERROD BROWN SENATOR ROB PORTMAN SUMMIT COUNTY ALCOHOL, DRUG ADDICTION, AND MENTAL HEALTH BOARD DIRECTOR SUMMIT COUNTY EXECUTIVES SUMMIT COUNTY PUBLIC HEALTH COMMISSIONER IN ADDITION TO THE INPUT FROM COMMUNITY LEADERS, FIVE COMMUNITY RESIDENT FOCUS GROUPS WERE CONDUCTED WITH COMMUNITY RESIDENTS FROM APRIL-SEPTEMBER 2016 TO GET THEIR INPUT ON WHAT THEY THOUGHT WERE THE SIGNIFICANT HEALTH NEEDS IN THEIR COMMUNITIES, THE FACTORS THAT AFFECT THOSE NEEDS, THE SOLUTIONS THEY THOUGHT WOULD SOLVE THOSE NEEDS, AND WHAT THE HOSPITALS AND OTHER COMMUNITY GROUPS COULD DO TO ADDRESS THOSE NEEDS DUE TO THE OBSERVED INFORMATION GAP IN THE EPIDEMIOLOGIC DATA ON SUBSTANCE ABUSE ISSUES AND MENTAL HEALTH ISSUES, SEVERAL QUESTIONS WERE ASKED TO PROBE MORE DEEPLY INTO THESE ISSUES IN ADDITION, A QUESTIONNAIRE WAS DISTRIBUTED TO FOCUS GROUP PARTICIPANTS TO GATHER DEMOGRAPHIC INFORMATION AND BASIC PERCEPTIONS OF COMMUNITY HEALTH THE DISCUSSION GUIDE, QUESTIONNAIRE, AND PROTOCOL WERE REVIEWED AND APPROVED BY THE KENT STATE UNIVERSITY INSTITUTIONAL REVIEW BOARD A TOTAL OF FIFTY-FOUR SUMMIT COUNTY RESIDENTS PARTICIPATED IN THE COMMUNITY RESIDENT FOCUS GROUPS ADDITIONAL DETAIL CAN BE FOUND ON THE SUMMA HEALTH WEBSITE AT <a href="https://www.summahealth.org/about-us/about-summa/community-benefit-and-diversity/community-needs-assessment-2016">HTTPS://WWW.SUMMAHEALTH.ORG/ABOUT-US/ABOUT-SUMMA/COMMUNITY-BENEFIT-AND-DIVERSITY/COMMUNITY-NEEDS-ASSESSMENT-2016</a></p>

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
FACILITY REPORTING GROUP - B PART V, SECTION B, LINE 6A	CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES SUMMA REHABILITATION HOSPITAL (GROUP B) SUMMA HEALTH CONDUCTED THE CHNA ON BEHALF OF EACH OF ITS THREE HOSPITAL FACILITIES LISTED IN PART V, SECTION A IN ADDITION SUMMA HEALTH COLLABORATED WITH CLEVELAND CLINIC AKRON GENERAL, AND AKRON CHILDREN'S HOSPITAL IN CONDUCTING THE CHNA

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
FACILITY REPORTING GROUP - B PART V, SECTION B, LINE 6B	CHNA CONDUCTED WITH ONE OR MORE ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES SUMMA REHABILITATION HOSPITAL (GROUP B) KENT STATE UNIVERSITY COLLEGE OF PUBLIC HEALTH

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
FACILITY REPORTING GROUP - B PART V, SECTION B, LINE 11	HOW THE HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN ITS CHNA SUMMA REHABILITATION HOSPITAL (GROUP B) DUE TO THE NATURE OF THE ADULT REHABILITATION SPECIALTY SERVICES PROVIDED BY SUMMA REHAB HOSPITAL, LLC, (" HOSPITAL") THE IDENTIFIED HEALTH NEED IN WHICH THEY HAVE THE OPPORTUNITY TO ADDRESS IN THIS IMPLEMENTATION PLAN FOR THE GREATEST IMPACT IS ACCESS THE COMMUNITY RESOURCES PROVIDED BY A VARIETY OF INSTITUTIONS INCLUDING SUMMA AKRON CITY, ST THOMAS HOSPITALS LED TO THE DETERMINATION BY SUMMA REHAB HOSPITAL, LLC TO NOT ADDRESS ANY OTHER IDENTIFIED HEALTH NEED A DETAILED DESCRIPTION OF THE ACTIONS BEING TAKEN TO ADDRESS THE HEALTH NEEDS IDENTIFIED ABOVE CAN BE FOUND ON THE 2017-2019 SUMMA HEALTH COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION PLAN FOUND ON THE SUMMA HEALTH WEBSITE AT <a href="https://www.summahealth.org/about-us/about-summa/community-benefit-anddiversity/communityneedsassessment2016">HTTPS //WWW SUMMAHEALTH ORG/ABOUT-US/ABOUT-SUMMA/COMMUNITY-BENEFIT-ANDDIVERSITY/COMMUNITYNEEDSASSESSMENT2016</a> THE COMMUNITY RESOURCES PROVIDED BY A VARIETY OF INSTITUTIONS AND AGENCIES INCLUDING AKRON CHILDREN'S HOSPITAL AND SUMMA HEALTH SYSTEM, LED TO THE DETERMINATION BY SUMMA REHAB HOSPITAL, LLC TO NOT ADDRESS ANY OTHER IDENTIFIED HEALTH NEEDS

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

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

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

Name and address	Type of Facility (describe)
1 1 - SUMMA HEALTH WADSWORTH-RITTMAN MEDICAL C 195 WADSWORTH ROAD WADSWORTH, OH 44281	OUTPATIENT SERVICES
1 2 - SUMMA HEALTH MEDINA MEDICAL CENTER 3780 MEDINA ROAD MEDINA, OH 44256	LAB, IMAGING, THERAPY, SLEEP MEDICINE, RADIATION ONCOLOGY & OUTPATIENT SURGE
2 3 - SUMMA HEALTH AT GREEN FAMILY YMCA 3838 MASSILLON ROAD UNIONTOWN, OH 44685	LAB, IMAGING, REHABILITATION, THERAPY AND OTHER HEALTH SERVICES
3 4 - SUMMA HEALTH WHITE POND MEDICAL CENTER 1 PARK WEST BLVD STE 130 AKRON, OH 44320	LAB, IMAGING, AND OTHER SPECIALTY HEALTH PROGRAMS
4 5 - SUMMA HEALTH HUDSON MEDICAL CENTER 5655 HUDSON DRIVE STE 200 HUDSON, OH 44236	LAB, IMAGING, REHABILITATION, WOUND CARE & SPORTS MEDICINE
5 6 - SUMMA HEALTH NEUROSCIENCE CENTER 701 WHITE POND DR STE 210 AKRON, OH 44320	NEUROLOGY SERVICES
6 7 - SUMMA HEALTH GREEN MEDICAL CENTER 1835 FRANKS PARKWAY UNIONTOWN, OH 44685	LAB, IMAGING, AND OTHER SPECIALTY HEALTH PROGRAMS
7 8 - SUMMA HEALTH HOME INFUSION 2743 GILCHRIST ROAD STE 200 AKRON, OH 44305	HOME CARE & INFUSION SERVICES
8 9 - SUMMA HEALTH CENTER AT GREEN - SLEEP LAB 1700 BOETTTLER ROAD STE 215 UNIONTOWN, OH 44685	SLEEP AND NEUROLOGY SERVICES
9 10 - SUMMA HEALTH THERAPY AT ANNA DEAN PROFES 28 CONSERVATORY DR STE A BARBERTON, OH 44203	OUTPATIENT REHAB AND THERAPY
10 11 - SUMMA HEALTH CUYAHOGA FALLS MEDICAL CENT 1860 STATE ROAD CUYAHOGA FALLS, OH 44223	LAB AND IMAGING SERVICES
11 12 - SUMMA HEALTH AT WADSWORTH COMMUNITY CENT 621 SCHOOL DRIVE WADSWORTH, OH 44281	IMAGING, REHABILITATION, AND ORTHOPAEDIC SPORTS MEDICINE
12 13 - SUMMA HEALTH THERAPY AT SHAW JEWISH COMM 750 WHITE POND DR STE 500 AKRON, OH 44320	OCCUPATIONAL & REHAB SERVICES
13 14 - SUMMA HEALTH THERAPY AT TALLMADGE RECREA 46 NORTH MUNROE ROAD TALLMADGE, OH 44278	PHYSICAL THERAPY AND SPORTS HEALTH
14 15 - SUMMA HEALTH WELLNESS CENTER 5625 HUDSON DRIVE HUDSON, OH 44236	MEDICAL-BASED FITNESS PROGRAMS REHABILITATION & THERAPY

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

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

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

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

Name and address	Type of Facility (describe)
<b>16</b> 16 - SUMMA HEALTH THERAPY AT LAKE ANNA YMCA 500 WEST HOPOCAN AVENUE BARBERTON, OH 44203	THERAPY, REHABILITATION, AND SPORTS MEDICINE
<b>1</b> 17 - SUMMA HEALTH IGNATIA HALL SOUTH 3730 WHIPPLE AVE NW STE 5 CANTON, OH 44718	OUTPATIENT ADDICTION MEDICINES
<b>2</b> 18 - SUMMA HEALTH EQUITY CENTER 1493 S HAWKINS AVENUE AKRON, OH 44320	CHRONIC DISEASE MANAGEMENT, HEALTH, NUTRITION, EXERCISE & EDUCATION SERVICES
<b>3</b> 19 - SUMMA HEALTH THERAPY AT KOHL FAMILY YMCA 477 EAST MARKET ST STE 100 AKRON, OH 44304	THERAPY, REHABILITATION, AND SPORTS MEDICINE
<b>4</b> 20 - WESTERN RESERVE HOSPITAL THERAPY AT NATA 2345 4TH STREET CUYAHOGA FALLS, OH 44221	ORTHOPAEDIC & SPORTS THERAPY



Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization  
SUMMA HEALTH GROUP RETURN

Employer identification number  
90-0640432

Part I

General Information on Grants and Assistance

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

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 10

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

**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	15	15,442			
(2) DIABETES PROGRAM	12	6,421			
(3) MAMMOGRAM SCREENS	67	19,936			
(3)					
(4)					
(5)					
(6)					
(7)					

**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
AKRON CANTON REGIONAL FOOD BANK 350 OPPORTUNITY PARKWAY AKRON, OH 443072234	31-1369388	501(C)(3)	10,000				MISSION SUPPORT
AMERICAN HEART ASSOCIATION 3505 EMBASSY PARKWAY STE 100 AKRON, OH 44333	13-5613797	501(C)(3)	103,000				RESEARCH AND EDUCATION

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
CITY OF AKRON 166 SOUTH HIGH STREET AKRON, OH 44308	34-6000020	GOVERNMENTAL	10,000				COMMUNITY EVENT
THE UNIVERSITY OF AKRON 302 BUCHTEL COMMON AKRON, OH 44301	34-6002924	GOVERNMENTAL	7,900				EDUCATIONAL

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
AKRON URBAN LEAGUE 440 VERNON ODOM BLVD AKRON, OH 44307	34-0714520	501(C)(3)	11,000				SCHOLARSHIP PROGRAM
SUSAN G KOMEN FOR THE CURE 26210 EMERY ROAD CLEVELAND, OH 44128	75-1835298	501(C)(3)	13,500				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
AKRON COMMUNITY FOUNDATION 345 WEST CEDAR STREET AKRON, OH 44307	34-1087615	501(C)(3)	9,000				MISSION SUPPORT
STEWARTS CARING PLACE 2955 WEST MARKET STREET AKRON, OH 44333	20-0181338	501(C)(3)	10,000				MISSION 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
AMERICAN CANCER SOCIETY 525 NORTH BROAD STREET CANFIELD, OH 44406	25-1798733	501(C)(3)	20,000				CANCER RESEARCH
STEPHEN A COMUNALE JR FAMILY CANCER FOUNDATION PO BOX 13805 AKRON, OH 44334	20-4345267	501(C)(3)	10,000				CANCER WELLNESS SUPPORT

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

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

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

OMB No 1545-0047

2015

Open to Public Inspection

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

Questions Regarding Compensation

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



**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
See Additional Data	

**Additional Data**

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

**Part III, Supplemental 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, EIGHT OFFICERS, AND FIVE KEY EMPLOYEES 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 III, Supplemental Information**

Return Reference	Explanation
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 III, Supplemental Information**

Return Reference	Explanation
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

**Part III, Supplemental Information**

Return Reference	Explanation
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 PAID HEALTHSPAN PARTNERS, AN UNRELATED ORGANIZATION, FOR A PORTION OF THE COMPENSATION LISTED ON FORM 990, PART VII AND SCHEDULE J, PART II, FOR LYDIA COOK

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				
1THOMAS MALONE MD CEO SHS, DIRECTOR SHS & SF	(i)	0	0	0	0	0	0	0
	(ii)	860,236	452,933	225,751	5,300	-	-	0
						16,954	1,561,174	
1VIVIAN VON GRUENIGEN MD DIRECTOR SHS	(i)	0	0	0	0	0	0	0
	(ii)	447,083	699	56,066	3,130	-	-	0
						15,357	522,335	
2MICHAEL HUGHES MD DIRECTOR SHS(END 4/2016)	(i)	0	0	0	0	0	0	0
	(ii)	538,961	45,845	42,076	7,950	-	-	0
						16,036	650,868	
3PHYLIS FERRARA PRESIDENT & CDO, SF	(i)	297,988	121,921	85,226	9,275	9,747	524,157	0
	(ii)	0	0	0	0	-	-	0
						0	0	
4LYDIA COOK MD PRESIDENT SUMMA HEALTH MEDICAL GROUP	(i)	362,816	23,357	83,828	723	9,517	480,241	0
	(ii)	0	0	0	0	-	-	0
						0	0	
5BRIAN DERRICK SVP CFO, TR SHS, ASST TR SF&SHMG	(i)	0	0	0	0	0	0	0
	(ii)	550,023	364,461	147,084	6,836	-	-	0
						23,178	1,091,582	
6ROBERT A GERBERRY SECRETARY/SR VP GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	336,156	145,236	92,031	4,846	-	-	0
						3,076	581,345	
7VALERIE GIBSON RN PRESIDENT SHS, COO	(i)	0	0	0	0	0	0	0
	(ii)	505,440	186,400	142,533	7,950	-	-	0
						27,611	869,934	
8THOMAS P O'NEILL VP, CFO SHS, ASSISTANT TREASURER SHS	(i)	0	0	0	0	0	0	0
	(ii)	327,112	109,370	93,987	9,275	-	-	0
						9,309	549,053	
9JASON NIEHAUS SVP HOSP OPS & SITE ADMIN (END 7/16	(i)	0	0	0	0	0	0	0
	(ii)	228,968	143,379	45,825	6,563	-	-	0
						12,417	437,152	
10MARY WARD SR VP CNO SHS	(i)	0	0	0	0	0	0	0
	(ii)	374,220	155,952	108,643	7,950	-	-	0
						1,910	648,675	
11KATHLEEN JOBE CNO SHS (END 9/2016)	(i)	164,862	39,438	7,815	7,225	10,044	229,384	0
	(ii)	0	0	0	0	-	-	0
						0	0	
12DAVID CUSTODIO MD CMO SHS	(i)	351,617	67,133	8,037	9,275	22,408	458,470	0
	(ii)	0	0	0	0	-	-	0
						0	0	
13CYNTHIA KELLEY DO VP MED ED & CHF ACADE OFFICER SHS	(i)	0	0	0	0	0	0	0
	(ii)	276,202	0	6,213	1,084	-	-	0
						17,799	301,298	
14TAMMY SCARBOROUGH COO SUMMA HEALTH MEDICAL GROUP	(i)	0	0	0	0	0	0	0
	(ii)	240,685	63,274	32,955	6,813	-	-	0
						8,903	352,630	
15ERIK STEELE DO CMO SHS (END 6/2016)	(i)	0	0	0	0	0	0	0
	(ii)	332,291	341,133	67,173	7,950	-	-	0
						11,060	759,607	
16MATTHEW WAYNE MD CMO SUMMA HEALTH MEDICAL GROUP	(i)	320,154	33,516	27,449	3,204	3,674	387,997	0
	(ii)	0	0	0	0	-	-	0
						0	0	
17MARK POZSGAY DO CLINICAL PHYSICIAN - SHMG	(i)	953,338	165,217	1,170	7,518	22,356	1,149,599	0
	(ii)	0	0	0	0	-	-	0
						0	0	
18JOHN G ZOGRFAKIS MD CLINICAL PHYSICIAN - SHMG	(i)	763,761	135,607	1,350	9,275	25,531	935,524	0
	(ii)	0	0	0	0	-	-	0
						0	0	
19ERIC A ESPINAL MD CLINICAL PHYSICIAN - SHMG	(i)	861,157	246,857	450	2,826	30,434	1,141,724	0
	(ii)	0	0	0	0	-	-	0
						0	0	

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21ANAND B DESAI MD CLINICAL PHYSICIAN - SHMG	(i)	659,013	292,125	1,770	3,975	26,419	983,302	0
	(ii)	0	0	0	0	- 0	- 0	0
1TIFFANY D MARCHAND MD CLINICAL PHYSICIAN - SHMG	(i)	613,168	250,320	1,170	6,677	9,614	880,949	0
	(ii)	0	0	0	0	- 0	- 0	0



Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SUMMA HEALTH GROUP RETURN

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
▶ Attach to Form 990.  
▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number  
90-0640432

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756AY89	05-11-2010	180,125,341	SEE PART VI	X			X		X
B AKRON BATH AND COPLEY JOINT TOWNSHIP HOSPITAL DISTRICT	34-1448680		07-25-2012	32,509,635	SEE PART VI		X		X		X
C SEE SCHEDULE K PART VI	34-1448680		10-02-2014	145,250,000	SEE PART VI	X			X		X
D AKRON BATH AND COPLEY JT TWP HOSP DIST	34-1448680	009730NX6	12-16-2016	204,934,207	SEE PART VI		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired . . . . .			11,590,681		45,985,000			
2	Amount of bonds legally defeased . . . . .	24,495,000							
3	Total proceeds of issue . . . . .	180,162,106	32,509,635	145,250,000	204,934,207				
4	Gross proceeds in reserve funds . . . . .	16,907,176							
5	Capitalized interest from proceeds . . . . .	3,004,911		795,890	1,874,244				
6	Proceeds in refunding escrows . . . . .				26,625,195				
7	Issuance costs from proceeds . . . . .				277,015				
8	Credit enhancement from proceeds . . . . .	4,929,857							
9	Working capital expenditures from proceeds . . . . .								
10	Capital expenditures from proceeds . . . . .	154,030,731			34,153,268				
11	Other spent proceeds . . . . .		32,509,635	144,454,110	76,157,754				
12	Other unspent proceeds . . . . .				65,846,732				
13	Year of substantial completion . . . . .	2012		2012		2008			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .	X		X		X		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		
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .	X		X		X			

Part III

Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X		X			
<b>b</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			
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X		X		X			
<b>d</b> 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			
<b>4</b> 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 . . . . . ▶	1 500 %		3 500 %		4 000 %			
<b>5</b> 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 . . . . . ▶	0 100 %		0 400 %		0 %			
<b>6</b> Total of lines 4 and 5 . . . . .	1 600 %		3 900 %		4 000 %			
<b>7</b> Does the bond issue meet the private security or payment test? . . .		X		X		X		
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2? . . . . .	X		X		X			

Part IV

Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply? . . . .								
<b>a</b> Rebate not due yet? . . . . .		X		X		X	X	
<b>b</b> Exception to rebate? . . . . .		X	X		X			X
<b>c</b> No rebate due? . . . . .	X			X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X	X		X			X
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X		X			X
<b>b</b> Name of provider . . . . .			RBS CITIZENS BANK		SEE SCHEDULE K VI			
<b>c</b> Term of hedge . . . . .			1200 0000000000 %		2000 0000000000 %			
<b>d</b> Was the hedge superintegrated? . . . . .				X		X		
<b>e</b> Was the hedge terminated? . . . . .				X		X		

**Part IV Arbitrage** (Continued)

		<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>5a</b>	Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X		X		X
<b>b</b>	Name of provider . . . . .	MORGAN STANLEY & COMPANY							
<b>c</b>	Term of GIC . . . . .	220 0000000000 %							
<b>d</b>	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .	X							
<b>6</b>	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
<b>7</b>	Has the organization established written procedures to monitor the requirements of section 148? . . . .	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

		<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
	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, LINE A, COLUMN (F)	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION SERIES 2010 BONDS THE PURPOSES OF THE SERIES 2010 BONDS WERE TO (1) CURRENTLY REFUND A TAXABLE LOAN TO SUMMA BARBERTON CITIZENS HOSPITAL UNDER A LINE OF CREDIT, THE PROCEEDS OF WHICH WERE USED TO ACQUIRE HOSPITAL FACILITIES, (2) CURRENTLY REFUND A TAXABLE LOAN TO SUMMA AKRON CITY AND ST THOMAS HOSPITALS, THE PROCEEDS OF WHICH WERE USED FOR CERTAIN CAPITAL EXPENDITURES, (3) CONSTRUCT AND EQUIP HOSPITAL FACILITIES, (4) ACQUIRE, CONSTRUCT, AND EQUIP PARKING FACILITIES, NURSING FACILITIES, ADMINISTRATIVE FACILITIES, AMBULATORY CARE FACILITIES, AND MEDICAL EQUIPMENT, AND (5) PAY ISSUANCE COSTS

Return Reference	Explanation
SCHEDULE K, PART I, LINE B, COLUMN (F)	AKRON, BATH AND COPLEY JOINT TOWNSHIP HOSPITAL DISTRICT SERIES 2012 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 ISSUANCE COSTS

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

Return Reference	Explanation
SCHEDULE K, PART 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 2016 BONDS THE PURPOSE OF THE SERIES 2016 BONDS WAS TO (1) ACQUIRE, CONSTRUCT, IMPROVE, AND EQUIP CERTAIN HOSPITAL FACILITIES, (2) CURRENTLY REFUND ALL OF THE OUTSTANDING SERIES 2014B BONDS, (3) CURRENTLY REFUND ALL OF THE OUTSTANDING AKRON, BATH AND COPLEY JOINT TOWNSHIP HOSPITAL DISTRICT, OHIO HOSPITAL FACILITIES REVENUE BONDS, SERIES 2015 (SUMMA HEALTH OBLIGATED GROUP) ISSUED IN THE ORIGINAL PRINCIPAL AMOUNT OF \$42,255,000, WHICH WERE ISSUED TO ACQUIRE, CONSTRUCT, IMPROVE, AND EQUIP CERTAIN HOSPITAL FACILITIES AND PAY ISSUANCE COSTS, AND (4) ADVANCE REFUND \$24,495,000 OF THE OUTSTANDING PRINCIPAL AMOUNT OF THE SERIES 2010 BONDS



Return Reference	Explanation
SCHEDULE K, PART II, COLUMN A, 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 II, COLUMN A, LINE 4	TOTAL PROCEEDS OF ISSUE - COLUMN A A PORTION OF THE RESERVE FUND OF THIS ISSUE WAS DEPOSITED INTO AN ESCROW FUND IN CONNECTION WITH THE ADVANCE REFUNDING OF A PORTION OF THIS ISSUE WITH THE SERIES 2016 BONDS

Return Reference	Explanation
SCHEDULE K, PART IV, COLUMN C, LINE 4B	NAME OF HEDGE PROVIDER - COLUMN C   SERIES 2014A BONDS   GOLDMAN SACHS BANK USA   DEVELOPMENT FINANCE AUTHORITY   SERIES 2014 BONDS   PNC BANK, NATIONAL ASSOCIATION

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

Return Reference	Explanation
SCHEDULE K, PART IV, COLUMN A, LINE 2C	REBATE CALCULATION THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 05/11/2013

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

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2016

Open to Public  
Inspection

Name of the organization  
SUMMA HEALTH GROUP RETURN

Employer identification number  
90-0640432

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

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

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

Part II Loans to and/or From Interested Persons.  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

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

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

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CYNTHIA BROWNING	FAMILY MEMBER OF NICHOLAS BROWNING, SUMMA HEALTH BOARD MEMBER	18,310	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)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

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

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Name of the organization  
SUMMA HEALTH GROUP RETURN

Employer identification number  
90-0640432

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	3	357,001	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	10,311	REPLACEMENT COST
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( <u>EVENTS</u> ) . . . . .	X	3	6,736	REPLACEMENT COST
26 Other ► ( <u>EQUIPMENT</u> ) . . . . .	X	1	500	REPLACEMENT COST
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

No

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

32a

Yes

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   SECURITIES - PUBLICALLY TRADED   NUMBER OF CONTRIBUTIONS   DRUGS AND MEDICAL SUPPLIES   NUMBER OF CONTRIBUTIONS   OTHER   NUMBER OF CONTRIBUTIONS

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	Yes	No
2a		
2b		
2c		
2d		

**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-

Yes	No

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

<b>3</b>		
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**4a** Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate? . . . . .

<b>4a</b>		
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**b** If "Yes," did the organization provide such notice? . . . . .

<b>4b</b>		
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**5** Did the organization discharge or pay all of its liabilities in accordance with state laws? . . . . .

<b>5</b>		
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**6a** Did the organization have any tax-exempt bonds outstanding during the year? . . . . .

<b>6a</b>		
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**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?

<b>6b</b>		
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**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**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.

<b>1</b>	<b>(a)</b> Description of asset(s) distributed or transaction expenses paid	<b>(b)</b> Date of distribution	<b>(c)</b> Fair market value of asset(s) distributed or amount of transaction expenses	<b>(d)</b> Method of determining FMV for asset(s) distributed or transaction expenses	<b>(e)</b> EIN of recipient	<b>(f)</b> Name and address of recipient	<b>(g)</b> IRC section of recipient(s) (if tax-exempt) or type of entity
	INVESTMENTS, CONTRIBUTION RECEIVABLES, OTHER RECEIVABLES, LAND IMPROVEMENTS, AND BUILDINGS	10-01-2017	86,990,952	BOOK VALUE	34-1887844	SUMMA HEALTH 1077 GORGE BLVD AKRON, OH 44309	501(C)(3)

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

Yes	No

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

<b>2a</b>		No
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**b** Become an employee of, or independent contractor for, a successor or transferee organization? . . . . .

<b>2b</b>		No
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**c** Become a direct or indirect owner of a successor or transferee organization? . . . . .

<b>2c</b>		No
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**d** Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?

<b>2d</b>		No
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**e** If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III ►

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

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

Return Reference	Explanation
SCHEDULE N, PART II	SIGNIFICANT DISPOSITION OF ASSETS   SUMMA FOUNDATION, EIN 34-1219001, A MEMBER OF THE SUMMA HEALTH GROUP RETURN, TRANSFERRED ASSETS TO SUMMA HEALTH, EIN 34-1887844, THE PARENT ORGANIZATION

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue ServiceName of the organization  
SUMMA HEALTH GROUP RETURN**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.**

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**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	LINES 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") - 13 - 8 SUMMA FOUNDATION ("SF") - 25 - 23 SUMMA PHYSICIANS, INC DBA SUMMA HEALTH MEDICAL GROUP ("SHMG") - 3 - 2 TOTALS FOR GROUP RETURN - 41 - 33 ALL OF THE ORGANIZATIONS LISTED ABOVE ARE SUBORDINATES UNDER THE CONTROL OF SUMMA HEALTH ("SH") AS OF DECEMBER 31, 2016, SH HAD 13 VOTING DIRECTORS, 8 OF WHOM WERE INDEPENDENT VOTING DIRECTORS

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS SUMMA HEALTH SYSTEM RICHARD MARSH, LEILA VESPOLI, AND ANTHONY LOCKHART - BUSINESS RELATIONSHIP LYDIA COOK, M D , DAVID CUSTODIO, M D , THOMAS P O'NEILL, MARY WARD AND ERIK N STEELE, D O - BUSINESS RELATIONSHIP THOMAS P O'NEILL AND JASON NIEHAUS - BUSINESS RELATIONSHIP BRIAN DERRICK, THOMAS MALONE, M D , JAMES MCILVAINE, ERIC N STEELE, D O , VIVIAN VON GRUENIGAN, M D , AND MATTHEW WAYNE, M D - BUSINESS RELATIONSHIP NICHOLAS BROWNING AND DARYL CAMERON - BUSINESS RELATIONSHIP MICHAEL M HUGHES, M D , AND THOMAS P O'NEILL - BUSINESS RELATIONSHIP MARY WARD, R N , DAVID CUSTODIO, M D , AND TAMMY SCARBOROUGH - BUSINESS RELATIONSHIP SUMMA FOUNDATION SAMIR GIBARA AND SCOTT HONNOLD - BUSINESS RELATIONSHIP GEORGE DAVERIO, JR AND C GORDON EWERS - BUSINESS RELATIONSHIP

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE CODE OF REGULATIONS OF SUMMA FOUNDATION WAS AMENDED AS FOLLOWS THE MEMBER OF SUMMA FOUNDATION WAS CHANGED FROM SUMMA HEALTH SYSTEM TO SUMMA HEALTH THE LIST OF MATTERS WHICH MUST BE SUBMITTED TO, AND RECEIVE THE APPROVAL OF BOTH THE BOARD OF DIRECTORS AND THE MEMBER WAS AMENDED TO BE THOSE MATTERS DESCRIBED AS "RESERVED POWERS WITH RESPECT TO SUBSIDIARY CORPORATIONS" IN THE CODE OF REGULATIONS OF THE MEMBER THE PRESIDENT OF SUMMA FOUNDATION WAS DESIGNATED A SPECIAL VOTING DIRECTOR OF THE BOARD OF DIRECTORS OF SUMMA FOUNDATION THE QUORUM DEFINITION WAS CHANGED TO BE A MAJORITY OF THE CURRENT DIRECTORS THE COMPOSITION OF THE EXECUTIVE COMMITTEE WAS CHANGED TO BE THE CHAIR, VICE-CHAIR, AND THREE (3) OTHER DIRECTORS THE BOARD OF THE FOUNDATION AUTHORIZED AND DIRECTED THE TRANSFER OF THE LONG TERM INVESTMENTS OF SUMMA FOUNDATION TO SUMMA HEALTH

# 990 Schedule O, Supplemental Information

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 PHYSICIANS, INC DBA SUMMA HEALTH MEDICAL GROUP SUMMA PHYSICIANS, INC HAS STOCKHOLDERS, THE STOCK IS HELD IN TRUST FOR THE BENEFIT OF SUMMA HEALTH



**990 Schedule O, Supplemental Information**

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 PROVIDES 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 DBA SUMMA HEALTH MEDICAL GROUP 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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	<p>DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS SUMMA HEALTH SYSTEM SUMMA HEALTH IS THE SOLE MEMBER OF OF SUMMA HEALTH SYSTEM AS THE SOLE MEMBER, SUMMA HEALTH HAS THE PO WER AND AUTHORITY TO APPROVE OR DISAPPROVE OF EACH OF THE FOLLOWING ON BEHALF OF SUMMA HEA LTH SYSTEM (I)ANY MODIFICATION OF THE ESSENTIAL NATURE, PURPOSE, MISSION OR OPERATIONS OF THE CORPORATION, (II) ADOPTION OF A CODE OF REGULATIONS, BYLAWS OR OTHER CONSTITUTIVE DOCU MENT OF THE CORPORATION AND ANY AND ALL AMENDMENTS THERETO, (III)ADOPTION OF ANY AMENDMENT S TO THE ARTICLES OF INCORPORATION OR SIMILAR CHARTER OR ORGANIZATIONAL DOCUMENT OR AGREEM ENT 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 O F 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 OPERA TING AND CAPITAL BUDGETS OF THE CORPORATION, (VIII)THE BORROWING OF MONEY OR OTHER INCURRI NG OR CREATING OF ANY INDEBTEDNESS OF THE CORPORATION, INCLUDING BY WAY OF A GUARANTY OF T HE 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 \$3,5 00,000, (IX)ADOPTION OF THE LONG RANGE PLANS OF THE CORPORATION, (X)DETERMINATIONS AS TO T HE USE AND OCCUPANCY OF ANY BUILDING OWNED OR LEASED BY THE CORPORATION, (XI)THE SALE, ENC UMBRANCE, LEASE OR DISPOSITION OF REAL PROPERTY OF THE CORPORATION OTHER THAN IN THE ORDIN ARY COURSE OF THE OPERATIONS OF THE CORPORATION, AND (XII)THE MERGER, REORGANIZATION, DISS OLUTION 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 FOUNDAT ION AND THE MEMBER (I)ANY MODIFICATION OF THE ESSENTIAL NATURE, PURPOSE, MISSION OR OPERA TIONS OF THE CORPORATION, (II)ADOPTION OF A CODE OF REGULATIONS, BYLAWS OR OTHER CONSTITUT IVE DOCUMENT OF THE CORPORATION AND ANY AND ALL AMENDMENTS THERETO, (III)ADOPTION OF ANY A MENDMENTS TO THE ARTICLES OF INCORPORATION OR SIMILAR CHARTER OR ORGANIZATIONAL DOCUMENT O R AGREEMENT AND/OR ANY OTHER CHANGE IN THE CORPORATE STRUCTURE OR GOVERNANCE OF THE CORPOR ATION, (IV)ESTABLISHMENT OF QUALIFICATIONS FOR THE SELECTION OF DIRECTORS, DIRECTORS OR MA NAGERS OF THE CORPORATION, (V)APPOINTMENT OR ELECTION AND REMOVAL OF MEMBERS OF THE GOVERN ING 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 ANNU AL OPERATING AND CAPITAL BUDGE</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	TS 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 INCURR ED IN THE CURRENT CALENDAR YEAR, IN THE AGGREGATE, TO MORE THAN \$3,500,000, (IX)ADOPTION O F THE LONG RANGE PLANS OF THE CORPORATION, (X)DETERMINATIONS AS TO THE USE AND OCCUPANCY O F ANY BUILDING OWNED OR LEASED BY THE CORPORATION, (XI)THE SALE, ENCUMBRANCE, LEASE OR DIS POSITION OF REAL PROPERTY OF THE CORPORATION OTHER THAN IN THE ORDINARY COURSE OF THE OPER ATIONS OF THE CORPORATION, AND (XII) THE MERGER, REORGANIZATION, DISSOLUTION OR OTHER CORPO RATE ACTION OF A SIMILAR NATURE, INCLUDING PARTICIPATION IN A JOINT VENTURE, PROPOSED BY T HE CORPORATION SUMMA PHYSICIANS, INC DBA SUMMA HEALTH MEDICAL GROUP N/A

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	<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 TAX ADVISOR THE REVIEW COMMITTEE INCLUDED THE SENIOR VICE PRESIDENT, FINANCE &amp; CFO AND THE SENIOR VICE PRESIDENT, LEGAL SERVICES &amp; GENERAL COUNSEL THIS DETAILED REVIEW OCCURRED IN SEPTEMBER 2017 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 2017 MEETING FOR FURTHER REVIEW THE COMMITTEE ON GOVERNANCE IS A STANDING COMMITTEE APPOINTED BY THE SUMMA HEALTH BOARD OF DIRECTORS AND INCLUDES MEMBERS OF THE BOARD OF DIRECTORS SCHEDULE H OF THE RETURN WAS ALSO REVIEWED BY THE SUMMA HEALTH COMMUNITY BENEFITS COMMITTEE AFTER THESE REVIEWS BY THE COMMITTEE ON GOVERNANCE AND THE COMMUNITY BENEFITS COMMITTEE, AND PRIOR TO FILING WITH THE IRS, AN EMAIL WAS SENT TO EACH VOTING MEMBER OF THE BOARDS OF DIRECTORS THIS EMAIL INCLUDED INSTRUCTIONS AND A LINK TO A PASSWORD-PROTECTED WEB SITE ON WHICH THE ENTIRE FORM 990 WAS AVAILABLE FOR VIEWING</p>

**990 Schedule O, Supplemental Information**

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>

**990 Schedule O, Supplemental Information**

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 THE COMPENSATION COMMITTEE CONTEMPORANEOUSLY DOCUMENTS ITS DELIBERATIONS AND DECISIONS REGARDING COMPENSATION ARRANGEMENTS FOR EACH POSITION LISTED BELOW EACH YEAR THE COMPENSATION COMMITTEE REVIEWS AND APPROVES THE COMPENSATION FOR THE FOLLOWING POSITIONS SUMMA HEALTH PRESIDENT &amp; CEO SENIOR VICE PRESIDENT, FINANCE &amp; CFO SENIOR VICE PRESIDENT, LEGAL SERVICES &amp; GENERAL COUNSEL SENIOR VICE PRESIDENT, IT&amp;S &amp; CIO SENIOR VICE PRESIDENT, PLANNING &amp; MARKETING SENIOR VICE PRESIDENT &amp; 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 PHYSICIANS, INC DBA SUMMA HEALTH MEDICAL GROUP PRESIDENT</p>

## 990 Schedule O, Supplemental Information

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)

# 990 Schedule O, Supplemental Information

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



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PENSION LIABILITY ADJUSTMENT 2,526,000 POST RETIREMENT BENEFIT ADJUSTMENT -169,000 NET ASSETS RELEASED FROM RESTRICTION 288,000 NET ASSET CONTRIBUTION TO(FROM) AFFILIATED ORGANIZATION -103,344,606 OTHER CHANGES IN NET ASSETS 9,000 RESTRICTED ACTIVITY REPORTED 864,364 CHANGE IN TEMPORARILY RESTRICTED NET ASSETS -1,165,000 CHANGE IN PERMANENTLY RESTRICTED NET ASSETS 10,996 OTHER CHANGES IN NET ASSETS - ADJUSTMENTS -5,257

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PART XII, LINE 2C	THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization  
SUMMA HEALTH GROUP RETURN

Employer identification number  
90-0640432

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) 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 12A, 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 12B, II	SUMMA HEALTH	Yes	

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) 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	
<b>(1)</b> SUMMA REHAB HOSPITAL LLC 29 NORTH ADAMS STREET AKRON, OH 44304 27-1952573	REHAB HOSPITAL	OH	SUMMA HEALTH SYSTEM	RELATED	30,278,000	6,793,000		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.

See Additional Data Table

(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

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

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 Yes

p Reimbursement paid to related organization(s) for expenses . . . . .

1p Yes

q Reimbursement paid by related organization(s) for expenses . . . . .

1q Yes

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

1r Yes

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

See Additional Data Table

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

Schedule R (Form 990) 2016

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	3,323,000	8,058,000	80 000 %	Yes	
(1) SUMMA INSURANCE COMPANY INC 10 NORTH MAIN STREET AKRON, OH 44308 34-1809108	PROP/CAS INS	OH	SHS CORP	C	190,629,097	54,884,384	100 000 %	Yes	
(2) SUMMA HEALTH SYSTEM CORP 1077 GORGE BLVD AKRON, OH 443092090 34-1515252	MGMT SVCS	OH	SUMMA HEALTH	C		2,858,752	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	10,628,000	62,372,000	100 000 %	Yes	
(5) SUMMACARE INC 10 NORTH MAIN STREET AKRON, OH 44308 34-1726655	PROP/CAS INS	OH	SIC	C	252,603,781	91,357,753	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	23,344,648	24,433,773	58 800 %	Yes	
(7) SUMMA ACCOUNTABLE CARE ORGANIZATION 1077 GORGE BLVD AKRON, OH 443092090 27-3857055	CONTRACTING	OH	SUMMA HEALTH	C	7,915,000	2,951,000	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	32,939,000	7,986,000	100 000 %	Yes	
(10) SUMMA INTEGRATED SERVICES ORGANIZATION 10 NORTH MAIN STREET AKRON, OH 44308 46-1159251	MGMT SVCS	OH	SHS CORP	C	15,490,000	10,941,000	100 000 %	Yes	



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

	<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(1)</b>	SUMMA REHAB HOSPITAL LLC	A	2,419,956	FMV
<b>(1)</b>	SUMMACARE INC	L	54,450,072	FMV
<b>(2)</b>	SUMMACARE INC	L	7,299,271	FMV
<b>(3)</b>	SUMMA INSURANCE COMPANY INC	L	22,008,658	FMV
<b>(4)</b>	SUMMA INSURANCE COMPANY INC	L	1,642,842	FMV
<b>(5)</b>	SUMMACARE INC	L	1,106,228	FMV
<b>(6)</b>	SUMMA REHAB HOSPITAL LLC	L	617,814	FMV
<b>(7)</b>	SUMMACARE INC	M	1,940,146	FMV
<b>(8)</b>	MIDDLEBURY ASSURANCE COMPANY	M	7,770,643	FMV
<b>(9)</b>	MIDDLEBURY ASSURANCE COMPANY	M	2,557,526	FMV
<b>(10)</b>	SUMMA INTEGRATED SERVICES ORGANIZATION	M	1,647,007	FMV
<b>(11)</b>	SUMMA HEALTH	R	86,990,952	BOOK VALUE