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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

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

City or town, state or province, country, and ZIP or foreign postal code  
AKRON, OH 44310

F Name and address of principal officer:  
T CLIFFORD DEVENY MD  
1077 GORGE BLVD  
AKRON, OH 44310

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 \$ 1,112,025,276

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ [www.summahealth.org](http://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)	45
4	Number of independent voting members of the governing body (Part VI, line 1b)	39
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	7,492
6	Total number of volunteers (estimate if necessary)	2,282
7a	Total unrelated business revenue from Part VIII, column (C), line 12	10,402,835
7b	Net unrelated business taxable income from Form 990-T, line 39	320,227

Revenue

	Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,059,909
9	Program service revenue (Part VIII, line 2g)	1,008,429,386
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d )	16,248,192
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,219,303
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,041,956,790

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3 )	250,271	390,500
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	459,853,972	490,991,960
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,378,370		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	532,152,144	585,809,805
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	992,256,387	1,077,192,265
19	Revenue less expenses. Subtract line 18 from line 12	49,700,403	26,751,703

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,378,833,024
21	Total liabilities (Part X, line 26)	977,480,290
22	Net assets or fund balances. Subtract line 21 from line 20	401,352,734

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

2020-11-05  
Date

KEITH T COLEMAN SR VP, CFO, TREAS

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Firm's name ▶ ERNST & YOUNG

Firm's EIN ▶ 34-6565596

Firm's address ▶ 111 MONUMENT CIRCLE SUITE 4000  
INDIANAPOLIS, IN 46204

Phone no. (317) 681-7000

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

**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 \$ 446,047,674 including grants of \$ ) (Revenue \$ 555,583,055 )
See Additional Data	

<b>4b</b>	(Code: ) (Expenses \$ 344,095,084 including grants of \$ ) (Revenue \$ 428,594,093 )
See Additional Data	

<b>4c</b>	(Code: ) (Expenses \$ 41,901,103 including grants of \$ ) (Revenue \$ 11,336,271 )
See Additional Data	

See Additional Data Table

<b>4d</b>	Other program services (Describe in Schedule O.)
(Expenses \$ 66,720,283 including grants of \$ 390,500 ) (Revenue \$ 83,104,701 )	

<b>4e</b>	<b>Total program service expenses ▶</b>	898,764,144
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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>	No
<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>	No
<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
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b> 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	<b>21</b> Yes	

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

		Yes	No
<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 . . . . .	<b>22</b>	No
<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 . . . . .	<b>23</b>	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 . . . . .	<b>24a</b>	Yes
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	<b>24b</b>	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? . . . . .	<b>24c</b>	No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	<b>24d</b>	No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	<b>25a</b>	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 . . . . .	<b>25b</b>	No
<b>26</b>	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II . . . . .	<b>26</b>	No
<b>27</b>	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	<b>27</b>	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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .	<b>28a</b>	No
<b>b</b>	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .	<b>28b</b>	No
<b>c</b>	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .	<b>28c</b>	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . .	<b>29</b>	No
<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 . . . . .	<b>30</b>	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	<b>31</b>	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 . . . . .	<b>32</b>	No
<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 . . . . .	<b>33</b>	No
<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 . . . . .	<b>34</b>	Yes
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	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 . . . . .	<b>35b</b>	Yes
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	<b>36</b>	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 . . . . .	<b>37</b>	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. . . . .	<b>38</b>	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 . . . . .	<b>1a</b>	0
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	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? . . . . .	<b>1c</b>	

**Part V**      **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

Form **990** (2019)

**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	45	
	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	39	
<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?		No
<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>7b</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-A 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:  
**►Keith Coleman 1077 GORGE BLVD AKRON, OH 44310 (234) 312-5867**

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

See instructions for the order in which to list the persons above.

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

## Part VII

<b>1b Sub-Total</b>			
<b>1c Total from continuation sheets to Part VII, Section A</b>			
<b>1d Total (add lines 1b and 1c)</b>	9,988,102	4,005,020	473,106

**2** Total number of individuals (including but not limited to  
of reportable compensation from the organization ► 531

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	5	No

## Section B. Independent Contractors

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



Form 990 (2019)		Page 9				
Part VIII		Statement of Revenue				
Check if Schedule O contains a response or note to any line in this Part VIII . . . . . <input type="checkbox"/>						
		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . .	1a				
	b Membership dues . .	1b				
	c Fundraising events . .	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	2,059,556			
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a - 1f:\$	1g				
	h Total. Add lines 1a-1f . . . . . ▶		2,059,556			
Program Service Revenue	2a NET PATIENT REVENUE ie	Business Code				
		621110	993,125,954	993,034,470	91,484	
	b SHMG Practice support	621110	44,547,001	44,547,001		
	c Program related invest	900099	10,947,615	10,246,958	700,657	
	d Reference Lab	621500	8,505,688		8,505,688	
	e Rental Income From Aff	900099	2,576,486	2,576,486		
	f All other program service revenue.		18,915,376	18,915,376		
g Total. Add lines 2a-2f. . . . . ▶		1,078,618,120				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		199,608		199,608	
	4 Income from investment of tax-exempt bond proceeds ▶		877,359		877,359	
	5 Royalties . . . . . ▶					
	6a Gross rents	(i) Real	(ii) Personal			
		6a	5,624,534			
		b Less: rental expenses	6b	7,139,657		
		c Rental income or (loss)	6c	-1,515,123		
	d Net rental income or (loss) . . . . . ▶		-1,515,123		-1,515,123	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		7a		4,751,679		
		b Less: cost or other basis and sales expenses	7b	941,651		
		c Gain or (loss)	7c	3,810,028		
	d Net gain or (loss) . . . . . ▶		3,810,028		3,810,028	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .		8a			
	b Less: direct expenses . . . . .		8b			
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities. See Part IV, line 19 . . . . .		9a			
	b Less: direct expenses . . . . .		9b			
	c Net income or (loss) from gaming activities . . ▶					
	10a Gross sales of inventory, less returns and allowances . .		10a			
b Less: cost of goods sold . .		10b				
c Net income or (loss) from sales of inventory . . ▶						
Miscellaneous Revenue		Business Code				
11a CAFETERIA SALES		722210	5,640,325	405,998	5,234,327	
b Wellness Institute		621990	2,660,136	382,734	2,277,402	
c REBATES		900099	2,010,291		2,010,291	
d All other revenue . . . . .			9,583,668	316,274	9,267,394	
e Total. Add lines 11a-11d . . . . . ▶			19,894,420			
12 Total revenue. See instructions . . . . . ▶			1,103,943,968	1,069,320,291	10,402,835	
					22,161,286	
Form 990 (2019)						

**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 ☐

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	390,500	390,500		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	4,289,949	3,494,163	795,786	
<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) . . . . .				
<b>7</b> Other salaries and wages . . . . .	405,658,728	329,092,411	74,949,837	1,616,480
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	7,724,242	6,257,624	1,425,156	41,462
<b>9</b> Other employee benefits . . . . .	47,900,142	38,851,182	8,848,243	200,717
<b>10</b> Payroll taxes . . . . .	25,418,899	20,619,101	4,695,940	103,858
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	2,620,664	2,134,531	486,133	
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .	226,848		226,848	
<b>d</b> Lobbying . . . . .	7,488		7,488	
<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)	88,224,483	61,982,232	26,217,749	24,502
<b>12</b> Advertising and promotion . . . . .	54,049	44,023	10,026	
<b>13</b> Office expenses . . . . .	9,588,752	7,781,978	1,772,323	34,451
<b>14</b> Information technology . . . . .	823,933	614,609	139,975	69,349
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	13,760,178	11,207,665	2,552,513	
<b>17</b> Travel . . . . .	370,714	295,302	67,254	8,158
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	1,432,725	1,166,596	265,689	440
<b>20</b> Interest . . . . .	21,575,048	17,572,877	4,002,171	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	46,544,087	37,910,159	8,633,928	
<b>23</b> Insurance . . . . .	3,247,235	2,644,873	602,362	
<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	179,551,374	179,532,658		18,716
<b>b</b> Management fees	143,314,584	116,640,883	26,564,621	109,080
<b>c</b> SHMG PRACTICE SUPPORT	44,547,001	36,283,532	8,263,469	
<b>d</b> Taxes and Franchise fee	14,491,589	11,803,399	2,688,190	
<b>e</b> All other expenses	15,429,053	12,443,846	2,834,050	151,157
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,077,192,265	898,764,144	176,049,751	2,378,370
<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 . . . . .		100,200	<b>1</b>	114,795	
	<b>2</b>	Savings and temporary cash investments . . . . .		5,092,750	<b>2</b>	6,910,286	
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>		
	<b>4</b>	Accounts receivable, net . . . . .		126,197,284	<b>4</b>	132,131,882	
	<b>5</b>	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .			<b>5</b>		
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .			<b>6</b>		
	<b>7</b>	Notes and loans receivable, net . . . . .		3,343,435	<b>7</b>	2,493,094	
	<b>8</b>	Inventories for sale or use . . . . .		14,570,264	<b>8</b>	16,652,748	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		3,213,183	<b>9</b>	3,939,589	
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	1,515,883,240			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	901,265,058	539,251,760	<b>10c</b>	614,618,182
	<b>11</b>	Investments—publicly traded securities . . . . .		78,373,119	<b>11</b>	20,380,714	
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .			<b>12</b>		
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		9,001,289	<b>13</b>	10,094,452	
	<b>14</b>	Intangible assets . . . . .		2,228,740	<b>14</b>	2,228,740	
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		597,461,000	<b>15</b>	630,817,965	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		1,378,833,024	<b>16</b>	1,440,382,447		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		84,737,027	<b>17</b>	67,089,161	
	<b>18</b>	Grants payable . . . . .			<b>18</b>		
	<b>19</b>	Deferred revenue . . . . .		806,200	<b>19</b>	751,936	
	<b>20</b>	Tax-exempt bond liabilities . . . . .		597,152,806	<b>20</b>	588,617,185	
	<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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .			<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		294,784,257	<b>25</b>	322,265,508	
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		977,480,290	<b>26</b>	978,723,790	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>						
	<b>27</b>	Net assets without donor restrictions . . . . .		400,989,497	<b>27</b>	461,334,340	
	<b>28</b>	Net assets with donor restrictions . . . . .		363,237	<b>28</b>	324,317	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>						
	<b>29</b>	Capital stock or trust principal, or current funds . . . . .			<b>29</b>		
	<b>30</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>30</b>		
	<b>31</b>	Retained earnings, endowment, accumulated income, or other funds			<b>31</b>		
	<b>32</b>	<b>Total net assets or fund balances</b> . . . . .		401,352,734	<b>32</b>	461,658,657	
<b>33</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		1,378,833,024	<b>33</b>	1,440,382,447		

**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>	1,103,943,968
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,077,192,265
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	26,751,703
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	401,352,734
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-1,014,881
<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>	34,569,101
<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>	461,658,657

**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 (2019)

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

OUTPATIENT SERVICES FOR 2019: SUMMA HEALTH SYSTEM, AND SUMMA PHYSICIANS, INC. DBA SUMMA HEALTH MEDICAL GROUP, PROVIDED MORE THAN 1.7 MILLION OCCASIONS OF SERVICE, INCLUDING 160,234 EMERGENCY DEPARTMENT VISITS, 13,247 OBSERVATION PATIENTS, 14,377 SURGICAL OPERATIONS, AND NEARLY 1.6 MILLION OTHER OUTPATIENT VISITS.

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

INPATIENT SERVICES FOR 2019: SUMMA HEALTH SYSTEM HAD APPROXIMATELY 649 BEDS IN SERVICE, ADMITTED 33,114 ADULT PATIENTS, AND DELIVERED 3,834 NEWBORNS. THE ADULT PATIENTS RECEIVED 159,499 DAYS OF CARE, INPATIENT SURGERIES TOTALED 6,520, EMERGENCY ADMISSIONS TOTALED 23,830 AND THE AVERAGE LENGTH OF STAY WAS 4.82 DAYS.

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

RESEARCH/EDUCATION FOR 2019: 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 241 MEDICAL SCHOOL GRADUATES TRAIN IN 19 ACCREDITED RESIDENCY PROGRAMS. SUMMA HEALTH PROVIDES CLINICAL LEARNING EXPERIENCES TO MORE THAN 2,599 NURSING, MEDICAL, PHARMACY, EMERGENCY MEDICAL TECHNICIAN, PARAMEDIC, AND ALLIED HEALTH STUDENTS.

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**Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**

(Code: )	(Expenses \$ 66,720,283	including grants of \$ 390,500	(Revenue \$ 83,104,701 )
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 HUNDREDS OF THOUSANDS OF PATIENTS EACH YEAR IN COMPREHENSIVE EMERGENCY, ACUTE, CRITICAL, OUTPATIENT AND LONG-TERM/HOMECARE SETTINGS AND REPRESENTS 1,005 REGISTERED, INPATIENT BEDS ON THE CAMPUSES OF SUMMA HEALTH SYSTEM AND SUMMA REHAB HOSPITAL. IN ADDITION, OUTPATIENT CARE IS PROVIDED IN NEARLY 20 COMMUNITY HEALTH CENTERS, URGENT CARE FACILITIES AND EMERGENCY DEPARTMENTS (EDS), SOME INTEGRATED IN THE HEALTHCARE FACILITIES, AND OTHERS ARE FREESTANDING. SUMMA REHAB HOSPITAL IS A JOINT VENTURE IN WHICH SUMMA HEALTH SYSTEM HAS AN INTEREST, AND IS REFERENCED IN THIS DOCUMENT FOR THE PURPOSE OF IDENTIFYING ALL ENTITIES AFFILIATED WITH SUMMA HEALTH. SUMMA'S PROPORTIONATE INTEREST OF THIS JOINT VENTURE'S CHARITY CARE AND OTHER COMMUNITY BENEFITS IS 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: WEIGHT MANAGEMENT, CARDIOVASCULAR, EMERGENCY, ONCOLOGY, ORTHOPAEDIC, SURGERY, PRIMARY CARE, SPORTS MEDICINE, STROKE, UROLOGY, WOMEN'S SERVICES 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 SERVICESOHIO PATIENT SAFETY INSTITUTEUS NEWS AND WORLD REPORTAMERICAN COLLEGE OF RADIATIONNURSES IMPROVING CARE FOR HEALTH SYSTEM ELDERSAMERICAN SOCIETY FOR METABOLIC AND BARIATRIC SURGERYMETABOLIC AND BARIATRIC SURGERY ACCREDITATION AND QUALITY IMPROVEMENT PROGRAM- COMPREHENSIVE CENTERTHE JOINT COMMISSIONHEALTHGRADES THE LEAPFROG GROUPSUMMA HEALTH IS SUMMIT COUNTY'S LARGEST EMPLOYER AND A LEADING ECONOMIC ENGINE FOR THE REGION. SUMMA HEALTH INCLUDES THE FOLLOWING:SUMMA HEALTH SYSTEM:SUMMA HEALTH SYSTEM IS A SINGLE LEGAL ENTITY THAT INCLUDES THREE INPATIENT HOSPITAL CAMPUSES AND SEVERAL AMBULATORY LOCATIONS. SUMMA HEALTH SYSTEM OPERATES THE INPATIENT HOSPITAL LOCATIONS AS WELL AS THE HOSPITAL-BASED OFF-SITE LOCATIONS UNDER THE SAME MEDICARE PROVIDER NUMBER.SUMMA HEALTH EMPLOYS MORE THAN 7,000 INDIVIDUALS WITH SUMMA HEALTH SYSTEM ACCOUNTING FOR THE VAST MAJORITY OF THESE EMPLOYEES. SUMMA HEALTH SYSTEM HAS A MEDICAL STAFF OF MORE THAN 1,000 PROFESSIONALS WORKING ON ITS CAMPUSES. SUMMA HEALTH SYSTEM HAS 1,005 REGISTERED BEDS. THE BUILDINGS AND FACILITIES ON ALL CAMPUSES TOTAL MORE THAN 3 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 91 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 CAMPUSSUMMA 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 2019, SUMMA HEALTH PROVIDED CHARITY CARE AT AN ESTIMATED NET COST OF OVER \$15.2 MILLION. THIS AMOUNT REPRESENTS THE NET COST ASSOCIATED WITH PROVIDING THE CARE AND DOES NOT INCLUDE BAD DEBT. PATIENTS WITH INCOME UP TO 250% 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 250% AND 400% OF THE FEDERAL POVERTY INCOME GUIDELINES. IN 2019, THE CHARITY CARE PROGRAM (INCLUDING HOSPITAL CARE ASSURANCE PROGRAM) BENEFITED OVER 22,157 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 \$40 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 2019, THE COST FOR PROVIDING CARE WRITTEN OFF AS A BAD DEBT EXPENSE WAS APPROXIMATELY \$17.1 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 2019, SUMMA HEALTH PROVIDED MORE THAN \$10 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 SUMMA HEALTH SENIOR HEALTH CENTER, SUMMA HEALTH TRAUMATIC STRESS CENTER, THE SUMMA HEALTH DENTAL CLINIC AND DIABETES EDUCATION ARE OFFERED, EVEN THOUGH THEY ARE NOT PROFITABLE. INCOME FROM OTHER SERVICES IS USED TO COVER THESE COSTS. IN 2019, THE COST FOR SUBSIDIZED SERVICES WAS MORE THAN \$36 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 NEIGHBORHOOD HEALTH FACILITIES SUCH AS OPEN M AND FAITHFUL SERVANTS CARE CENTER, TO MEDICAL SERVICES AT ATHLETIC EVENTS THROUGHOUT THE COMMUNITY, SUMMA HEALTH PARTICIPATES IN NUMEROUS COMMUNITY PROGRAMS AND HELPS OTHER NONPROFITS FULFILL THEIR MISSIONS. IN 2019, THESE CONTRIBUTIONS WERE MORE THAN \$2 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 \$7.4 MILLION IN RESEARCH IN 2019.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 15 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 2019, APPROXIMATELY 250 RESIDENTS AND FELLOWS TRAINED AT SUMMA HEALTH'S THREE MAIN HOSPITALS. ON AVERAGE, APPROXIMATELY 53% OF THESE RESIDENTS REMAIN IN OUR LOCAL AND SURROUNDING COMMUNITIES. SUMMA HEALTH'S 2019 INVESTMENT IN HEALTH PROFESSIONAL EDUCATION TOTALED APPROXIMATELY \$27.5 MILLION.			



Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code: )	(Expenses \$ including grants of \$ )	(Revenue \$ )
<p>SUMMA HEALTH SERVICES:FOLLOWING IS A DESCRIPTION OF SUMMA HEALTH'S NOTABLE ACCOMPLISHMENTS BY PRIMARY SERVICE LINES IN 2019: WEIGHT MANAGEMENT- 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 THAT ARE DEEMED FAVORABLE BY THE ASMBS, AN ORGANIZATION DEDICATED TO EXCELLENCE IN SURGICAL OUTCOMES. CARDIOVASCULAR: SUMMA HEALTH HAS BEEN RECOGNIZED BY THE AMERICAN HEART ASSOCIATION FOR MANY AWARDS, INCLUDING GET WITH THE GUIDELINES GOLD PLUS- STROKE AND HEART FAILURE, LIFELINE HEART ATTACK REFERRING/RECEIVING CENTER ACCREDITATION AND STEMI (HEART ATTACK) ACCREDITATION. SUMMA HEALTH SYSTEM AKRON CAMPUS WAS RANKED AMONG THE TOP 50 CARDIOVASCULAR HOSPITALS IN THE U.S. BY IBM WATSON HEALTH. THE ANNUAL STUDY IDENTIFIES TOP PERFORMING U.S. HOSPITALS FOR INPATIENT CARDIOVASCULAR SERVICES BASED ON A BALANCED NATIONAL SCORECARD OF HOSPITAL PERFORMANCE METRICS. THE STUDY INCLUDED 989 U.S. HOSPITALS WITH CARDIOVASCULAR SERVICE LINES. SUMMA WAS NAMED AMONG THE TEACHING HOSPITALS WITH CARDIOVASCULAR RESIDENCY PROGRAMS.NEUROSCIENCE - SUMMA HEALTH STROKE CARE CENTER HAS BEEN NATIONALLY RECOGNIZED FOR EARNING THE AMERICAN HEART ASSOCIATION (AHA) AND AMERICAN STROKE ASSOCIATION'S GET WITH THE GUIDELINES STROKE GOLD PLUS QUALITY ACHIEVEMENT AWARD. SUMMA IS THE ONLY HOSPITAL IN THE AKRON AREA TO HAVE RECEIVED THE AMERICAN STROKE ASSOCIATION GET WITH THE GUIDELINES GOLD PLUS AWARD CONSECUTIVELY SINCE 2010. IN 2019, SUMMA HEALTH SYSTEM-AKRON CAMPUS WAS AWARDED THE THROMBECTOMY-CAPABLE STROKE CENTER CERTIFICATION FROM THE JOINT COMMISSION, IN COLLABORATION WITH THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION. BY EARNING THIS HONOR, SUMMA HEALTH BECAME THE FIRST HOSPITAL IN OHIO TO BE AWARDED THIS CERTIFICATION.HEALTHGRADES AWARDED THE 2019 SPECIALTY EXCELLENCE AWARD FOR THE TREATMENT OF STROKE TO OUR AKRON CAMPUS, MAKING US THE ONLY HOSPITAL IN SUMMIT COUNTY TO EARN THIS HIGH HONOR.NURSING:SUMMA HEALTH SYSTEM- AKRON AND ST. THOMAS CAMPUSES HAVE MAGNET RECOGNITION FOR EXCELLENCE IN NURSING FROM THE AMERICAN NURSES CREDENTIALING CENTER (ANCC). SUMMA SHARES MAGNET STATUS WITH JUST EIGHT PERCENT OF HOSPITALS IN THE COUNTRY. ONCOLOGY:SUMMA HEALTH IS A LEADER IN CANCER TREATMENT WITH NATIONALLY RECOGNIZED CANCER CENTERS THROUGHOUT NORTHEAST OHIO. SUMMA TREATS MORE THAN 100 CANCER TYPES, SPECIALIZING IN LUNG, BREAST, COLORECTAL, GYNECOLOGICAL AND ORTHOPEDIC. SUMMA HEALTH'S CANCER CENTERS ARE FULLY ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER (COC). WOMEN'S SERVICES:THE WOMEN'S HEALTH PROGRAM HAS EARNED SEVERAL BEST PRACTICE AWARDS FROM THE OHIO PATIENT SAFETY INSTITUTE (OPSI) FOR INCORPORATING REGIONAL AND NATIONAL PATIENT SAFETY BENCHMARKS, DEMONSTRATING A CLEAR FOCUS ON IMPROVING PATIENT SAFETY IN A HEALTHCARE SETTING, AND MOST IMPORTANTLY, BEING INNOVATIVE AND UNIQUE TO THE OHIO HEALTHCARE MARKET.BARBERTON CAMPUS WAS AWARDED RECOGNITION AND TWO MORE STARS FROM THE OHIO FIRST STEPS FOR HEALTHY BABIES REVIEW COMMITTEE REGARDING WORK RELATED TO THE TEN STEPS TO SUCCESSFUL BREASTFEEDING. THIS EARNED BARBERTON CAMPUS FOUR-STAR FACILITY STATUS. OHIO FIRST STEPS IS A VOLUNTARY BREASTFEEDING DESIGNATION PROGRAM THAT RECOGNIZES MATERNITY CENTERS IN OHIO FOR TAKING STEPS TO PROMOTE, PROTECT AND SUPPORT BREASTFEEDING IN THEIR ORGANIZATION.SYSTEM: FOR THE 16TH CONSECUTIVE YEAR, SUMMA HEALTH WAS NAMED AS ONE OF THE 99 BEST WORKPLACES IN NORTHEAST OHIO, AS DETERMINED IN THE ANNUAL NORTHCOST 99 AWARDS, SPONSORED BY THE EMPLOYERS RESOURCE COUNCILSUMMA HEALTH WAS RANKED AMONG THE TOP FIVE PERCENT OF U.S. HOSPITALS IN THE HEALTHGRADES 2019 250 BEST HOSPITALS AWARD FOR CLINICAL PERFORMANCE. HEALTHGRADES ALSO NAMED SUMMA HEALTH ONE OF HEALTHGRADES AMERICA'S 100 BEST HOSPITALS IN SIX DIFFERENT SPECIALTIES FOR 2020 INCLUDING CARDIAC CARE, STROKE CARE, PULMONARY CARE, GASTROINTESTINAL CARE, GENERAL SURGERY AND CRITICAL CARE.SUMMA HEALTH SYSTEM BARBERTON AND AKRON CAMPUSES ACHIEVED RESPECTIVE GRADES OF "A AND "B" IN THE FALL 2019 LEAPFROG HOSPITAL SAFETY GRADE.</p>		

(Code: )	(Expenses \$ including grants of \$ )	(Revenue \$ )
<p>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 2019, SUMMA HEALTH PROVIDED CHARITY CARE TO THE INDIGENT (INCLUDING UNREIMBURSED MEDICAID) AT THE COST OF MORE THAN \$55.5 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 CONSISTS 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, ADVANCED PRACTICE PROVIDERS AND CARE TEAMS IN MEDICAL PRACTICES LOCATED IN THE COMMUNITIES WE SERVE. IN TOTAL, SUMMA HEALTH MEDICAL GROUP EMPLOYS NEARLY 300 PHYSICIANS, 150 ADVANCED PRACTICE PROVIDERS AND 700 SUPPORT STAFF IN MORE THAN 30 SPECIALTIES AND SUB-SPECIALTIES. SUMMA HEALTH MEDICAL GROUP PROMOTES STRONG AFFILIATION AND EMPLOYMENT OF PHYSICIANS TO ENSURE COMMUNITY AND HOSPITAL NEEDS FOR PHYSICIAN SERVICES ARE MET. IN 2019, SUMMA HEALTH MEDICAL GROUP CONTINUED ITS DEVELOPMENT OF PRIMARY CARE PODS, MEDICAL SPECIALTY PODS, MULTIDISCIPLINARY CARE TEAMS AND THE MEDICAL HOME MODEL OF CARE, TO FURTHER ENHANCE THE FOCUSED PATIENT AND FAMILY CENTERED 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 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 2019 TOTALLED \$9.5 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 DEPARTMENTS TO BEST POSITION SUMMA EDUCATION, RESEARCH AND CLINICAL INNOVATION PRIORITIES WITH PUBLIC SECTOR FUNDING OPPORTUNITIES.</p>		

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			
T Clifford Deveny MD ..... CEO SHS, Director SHS & SF	4.00 ..... 46.00	X		X				0	1,473,583	36,083
Derek Klaus MD ..... CLINICAL PHYSICIAN - SHMG	50.00 .....					X		1,286,463	0	40,393
MARK POZSGAY DO ..... CIINICAL PHYSICIAN - SHMG	50.00 .....					X		1,254,395	0	39,256
JOHN G ZOGRAFAKIS MD ..... clinICAL PHYSICIAN - SHMG	50.00 .....					X		1,148,989	0	38,118
Anand Desai MD ..... CLINICAL PHYSICIAN - SHMG	50.00 .....					X		1,124,428	0	9,998
KIEL PFEFFERIE MD ..... CliniCAL PHYSICIAN - SHMG	50.00 .....					X		1,066,909	0	29,046
Peter Bittenbender MD ..... DIR. SHS & DIR. SHMG	52.00 ..... 2.00	X						751,590	0	17,013
Lydia Cook MD ..... President Summa Health Med	50.00 .....			X				735,253	0	18,722
David Custodio MD ..... President, SHS	50.00 .....			X				715,592	0	35,051
ROBERT A GERBERRY ..... SHS SEC./SR. VP G.Counsel,	4.00 ..... 46.00			X				0	693,493	26,935

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(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	Insttutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KEITH T COLEMAN	4.00									
SVP CFO, TR. SHS & SHMG, A	46.00			X				0	644,672	23,623
THOMAS P O'NEILL	46.00									
VP, CFO SHS, Assistant Tre	4.00			X				0	622,216	28,943
Michael Hughes MD	50.00									
President Summa Barberton					X			613,856	0	30,776
PHYLIS FERRARA	50.00									
PRESIDENT & CDO, SF		X		X				581,539	0	21,218
Tammy Scarborough	46.00									
President Ambulatory Care	4.00				X			0	571,056	17,679
Lori Rhine RN	50.00									
VP, CNO Akron & St. Thomas					X			445,831	0	32,971
Lynn Hamrich MD	52.00									
DIRECTOR SHS	2.00	X						263,257	0	27,281
NICHOLAS BROWNING	2.00									
DIR. SHS & DIR. SHMG	2.00	X						0	0	0
Stephen Comunale	2.00									
DIRECTOR SHS	2.00	X						0	0	0
Barbara Faciana	2.00									
DIRECTOR SHS	2.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Philip Kaufmann ..... DIRECTOR SHS	2.00 ..... 2.00	X						0	0	0
George Strickler ..... DIRECTOR SHS	2.00 ..... 2.00	X						0	0	0
Costas Kefalas MD ..... DIRECTOR & Vice Chair SHS	2.00 4.00 ..... 4.00	X		X				0	0	0
DARYL CAMERON ..... DIRECTOR SHS	2.00 ..... 2.00	X						0	0	0
Jeffrey Copeland ..... DIRECTOR SHS	2.00 ..... 2.00	X						0	0	0
JAMES KRAVEC MD ..... DIRECTOR SHS	2.00 ..... 2.00	X						0	0	0
Jason Seigert ..... DIRECTOR SHS	2.00 ..... 2.00	X						0	0	0
ROBERT SHRODER ..... DIRECTOR SHS	2.00 ..... 2.00	X						0	0	0
ANTHONY LOCKHART ..... DIRECTOR & CHAIRMAN SHS	4.00 ..... 4.00	X		X				0	0	0
JAMES MCILVAINE ..... DIR. SHS & CHAIR/DIR. SHMG	4.00 ..... 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			
MARK ALLIO ..... DIRECTOR SF	2.00 .....	X						0	0	0
KEN BABBY ..... DIRECTOR SF (End 12/2019)	2.00 .....	X						0	0	0
JULIA BIANCHI ..... DIRECTOR SF	2.00 .....	X						0	0	0
Bill Bauman MD ..... DIRECTOR SF (started 12/2019)	2.00 .....	X						0	0	0
Karen Budd PhD RN ..... DIRECTOR SF	2.00 .....	X						0	0	0
JASON BUTTERWORTH ..... DIRECTOR SF	2.00 .....	X						0	0	0
Betsy Clark ..... DIRECTOR SF	2.00 .....	X						0	0	0
STEVE COX ..... DIRECTOR SF (Started 12/2019)	2.00 .....	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

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			
KAY FRANKS ..... DIRECTOR SF (Started 12/2019)	2.00 .....	X						0	0	0
William Ginter ..... DIRECTOR SF	2.00 .....	X						0	0	0
IRIS E HARVEY ..... DIRECTOR SF	2.00 .....	X						0	0	0
MARY ANN JACKSON ..... DIRECTOR SF	2.00 .....	X						0	0	0
BARB JONES ..... DIRECTOR SF (Start 6/2019)	2.00 .....	X						0	0	0
LYN JONES ..... DIRECTOR SF (End 6/2019)	2.00 .....	X						0	0	0
TOM KNOLL ..... DIRECTOR SF (Started 12/2019)	2.00 .....	X						0	0	0
Julie L Pulk ..... DIRECTOR SF (End 12/31/2019)	2.00 .....	X						0	0	0
PATTY WARTKO ..... DIRECTOR SF (Started 1/2019)	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			
Gary Williams MD ..... DIRECTOR SF (started 8/2019)	2.00 .....	X						0	0	0
THOMAS CLARK ..... DIRECTOR/CHAIR SF	4.00 .....	X		X				0	0	0
PAUL TESTA ..... DIRECTOR & Vice Chair SF	4.00 .....	X		X				0	0	0
Patrick O'Neill ..... DIRECTOR & Secretary SF	4.00 .....	X		X				0	0	0
JONATHON PAVLOFF ..... DIRECTOR & Treas. SF	4.00 .....	X		X				0	0	0

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
SUMMA HEALTH GROUP RETURN

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

Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 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
<b>Total</b>	<b>1</b>				<b>0</b>	<b>0</b>



Part II

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

Section A. Public Support							
Calendar year (or fiscal year beginning in) ►		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	5,313,648	1,438,055			1	6,751,704
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	5,313,648	1,438,055			1	6,751,704
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). . .						2,493,420
6	<b>Public support.</b> Subtract line 5 from line 4.						4,258,284

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .	5,313,648	1,438,055			1	6,751,704
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .	212,488	98,245				310,733
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						7,062,437
12	Gross receipts from related activities, etc. (see instructions) . . . . .						<b>12</b> 1,483,177
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		
<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	60.290 %
<b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	81.490 %
<b>16a 33 1/3% support test—2019.</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—2018.</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"/>		
<b>17a 10%-facts-and-circumstances test—2019.</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—2018.</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"/>		
<b>18 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6. . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . . ► <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** 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>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>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>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>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>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>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>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>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>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>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<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>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>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>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>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>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>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>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>		

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 <b>Part VI</b>.</i>		
	<b>11a</b>	<b>No</b>
	<b>11b</b>	<b>No</b>
	<b>11c</b>	<b>No</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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
	<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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
	<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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
	<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>Yes</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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	<b>2</b>	<b>Yes</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 <b>Part VI</b> the role the organization's supported organizations played in this regard.</i>		
	<b>3</b>	<b>Yes</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 ( <b>see instructions</b> ):		
<b>a</b> <input checked="" type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> 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 <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	<b>2a</b>	<b>Yes</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	<b>2b</b>	<b>Yes</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 <b>Part VI</b>.</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 <b>Part VI</b> 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		<input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014. . . . .			
b From 2015. . . . .			
c From 2016. . . . .			
d From 2017. . . . .			
e From 2018. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015. . . . .			
b Excess from 2016. . . . .			
c Excess from 2017. . . . .			
d Excess from 2018. . . . .			
e Excess from 2019. . . . .			

<b>Part VI</b>	<b>Supplemental Information.</b> 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).
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<b>Facts And Circumstances Test</b>

**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 ORGANIZATION FOR LINE 12G IS SUMMA HEALTH 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 IS 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. PURSUANT TO THE INSTRUCTIONS FOR GROUP FILINGS, 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 34-1219001. SUMMA FOUNDATION IS A SUBORDINATE MEMBER OF THE SUMMA HEALTH GROUP RULING. THE ORGANIZATION'S PUBLIC CHARITY STATUS IS 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 ABOVE LISTED ORGANIZATION IS DOCUMENTING ITS PUBLIC SUPPORT PERCENTAGES AGGREGATED AS FOLLOWS: Part II, Section A. Public Support: Line 1 - column (a) 5,313,648, (b) 1,438,055, (c) 0, (d) 0, (e) 0, (f) 6,751,703; Line 4 - column (a) 5,313,648, (b) 1,438,055, (c) 0, (d) 0, (e) 0, (f) 6,751,703; Line 5 - column (f) 2,493,420; Line 6 - Public Support (f) 4,258,283 Part II, Section B. Total Support: Line 7 - column (a) 5,313,648, (b) 1,438,055, (c) 0, (d) 0, (e) 0, (f) 6,751,703; Line 8 - column (a) 212,488, (b) 98,245, (c) 0, (d) 0, (e) 0, (f) 310,733 Line 11 - Total support (f) 7,062,436 Line 12 Gross receipts from related activities (f) 1,483,177 Part II, Section C. Computation of Public Support Percentage: Line 14 - PUBLIC SUPPORT PERCENTAGE FOR 2019, SCHEDULE A, PART II, LINE 14 IS 60.29% Line 15 - PUBLIC SUPPORT PERCENTAGE FOR 2018, SCHEDULE A, PART II, LINE 15 IS 81.49% Line 16a Box = X</p>



## 990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Sections A, D, and E:	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 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:	THE ANSWER TO FOR SCHEDULE A, PART IV, SECTION A, LINE 1 IS YES. SUPPORTED ORGANIZATIONS LISTED BY NAME: 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 NO.

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, YES. Summa Health System has a significant voice in SHMG's investment policies and in directing the use of SHMG's income or assets at all time during the tax year through common board membership and through common control provided by Summa Health, the parent organization of Summa Health System, the supported organization.

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:	<p>THE ANSWER FOR SCHEDULE A, PART IV, SECTION E, LINE 2A IS YES: ORGANIZATION ACTIVITIES DIRECTLY FURTHER THE EXEMPT PURPOSES: 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</p> <p>E HOSPITAL-BASED PRACTICES, MISSION-BASED PRACTICES, AND STRATEGIC-BASED PRACTICES, ALL BASED EXCLUSIVELY IN THE IDENTIFIED SUPPORTED HOSPITAL AND CONSTITUTING SUBSTANTIALLY ALL OF SHMG'S ACTIVITIES.</p>



## 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 HOSPITAL LISTED IN PART I LINE 12G MEET S COMMUNITY AND HOSPITAL NEEDS FOR PHYSICIAN SERVICES, THE IMPORTANT RELATIONSHIPS BETWEEN THE SUPPORTED HOSPITAL AND ITS PHYSICIANS WOULD HAVE TO BE MANAGED BY THE HOSPITAL.

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.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....		
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....		
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....		
<b>d</b> Other exempt purpose expenditures .....		
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....		
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>	
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.	
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....		
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....		
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....		
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(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		7,488
<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 .....			7,488
<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>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</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>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**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 the Ohio Hospital Association allocable to lobbying activities.

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SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
SUMMA HEALTH GROUP RETURN

Employer identification number  
90-0640432

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  
Complete if the organization answered "Yes" 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? . . . . .

☐ Yes ☐ 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? . . . . .

☐ Yes ☐ 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).

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$

(ii) Assets included in Form 990, Part X . . . . . ► \$

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

a Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$

b Assets included in Form 990, Part X . . . . . ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2019

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 . . . . .	21,923,498	22,691,956	20,437,936	19,720,810	19,966,435
b Contributions . . . . .	3,075,711	-86,257	426,808	66,105	313,575
c Net investment earnings, gains, and losses	1,419,744	-682,201	1,827,212	651,021	-559,200
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .	26,418,953	21,923,498	22,691,956	20,437,936	19,720,810

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 . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

Yes

b

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

3b

Yes

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 . . . . .		76,079,708		76,079,708
b Buildings . . . . .		856,462,656	470,166,603	386,296,053
c Leasehold improvements		6,991,050	3,169,714	3,821,336
d Equipment . . . . .		510,199,482	405,515,765	104,683,717
e Other . . . . .		66,150,344	22,412,976	43,737,368
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				614,618,182

Schedule D (Form 990) 2019

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) Non-Perf Asset Air Rights	491,870
(2) Taxes receivable	758,198
(3) Other Accounts Receivable	68,571
(4) Beneficial Interest in Property	3,175,838
(5) Due from Related Organizations	597,512,570
(6) Right of Use Assets	23,879,918
(7) Interest rate swap	4,931,000
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) . . . . . ▶	630,817,965

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.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	322,265,508

**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

**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 and most of its subsidiaries are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code (the Code) and are exempt from federal income taxes pursuant to Section 501(a) of the Code. Summa also has certain subsidiaries that are taxable for federal income tax purposes. SC, together with affiliates of SHSC, files 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 as 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 on 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 within the provision for income tax.</p>

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

- Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization  
SUMMA HEALTH GROUP RETURN

**Employer identification number**  
90-0640432

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on 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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
Central America and the Caribbean	1	0	Program services	Self insurance	9,962,846
<b>3a</b> Sub-total . . . . .	1	0			9,962,846
<b>b</b> Total from continuation sheets to Part I . . . . .	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	1	0			9,962,846

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	<b>(h)</b> Description of noncash 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" on 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; don't file with Form 990)* . . . . . ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . . ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . . ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . . ☐ Yes ☒ No

**Part V**   **Supplemental Information**

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

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
Part I, line 3:	Central American and the Caribbean: Accrual



**990 Schedule F, Supplemental Information**

Return Reference	Explanation
Part III Accounting Method:	

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3(F)	EXPENDITURES: INSURANCE PREMIUMS PAID \$9,962,846

SCHEDULE H  
(Form 990)

Hospitals

OMB No. 1545-0047

2019

Open to Public Inspection

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Department of the Treasury

Internal Revenue Service

Name of the organization  
SUMMA HEALTH GROUP RETURN

Employer identification number  
90-0640432

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	1a	Yes
b	If "Yes," was it a written policy? . . . . .	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>25000.0000000000 %</u> b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.	3a	Yes
		3b	Yes
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	4	Yes
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	5a	Yes
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	5b	Yes
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .	5c	No
6a	Did the organization prepare a community benefit report during the tax year? . . . . .	6a	Yes
b	If "Yes," did the organization make it available to the public? . . . . .	6b	Yes
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1) . . . . .			45,484,370	30,264,891	15,219,479	1.400 %
b Medicaid (from Worksheet 3, column a) . . . . .			171,770,205	131,465,628	40,304,577	3.710 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
d Total Financial Assistance and Means-Tested Government Programs . . . . .			217,254,575	161,730,519	55,524,056	5.110 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			10,192,587	116,975	10,075,612	0.930 %
f Health professions education (from Worksheet 5) . . . . .			38,648,386	11,195,403	27,452,983	2.520 %
g Subsidized health services (from Worksheet 6) . . . . .			36,018,540	0	36,018,540	3.310 %
h Research (from Worksheet 7) . . . . .			7,926,445	521,961	7,404,484	0.680 %
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			2,016,075		2,016,075	0.190 %
j Total. Other Benefits . . . . .			94,802,033	11,834,339	82,967,694	7.630 %
k Total. Add lines 7d and 7j . . . . .			312,056,608	173,564,858	138,491,750	12.740 %

**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	1		12,630		12,630	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	1		350		350	0 %
<b>8</b> Workforce development	1		12,526		12,526	0 %
<b>9</b> Other						
<b>10 Total</b>	3		25,506		25,506	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>	17,068,000	
<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>	152,605,644
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	<b>6</b>	155,188,239
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	<b>7</b>	-2,582,595
<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**

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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 Digestive Health Center LLC	Digestive Disease	5.000 %	0 %	44.000 %
<b>2</b> 2 Medina-Summit ASC LLC	Ambulatory Surgery Center	21.280 %	0 %	70.000 %
<b>3</b>				
<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?

**2**

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

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital
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)  
Summa Health System**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_**1****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: 20 <u>19</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b>	Yes
<b>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 PART V, PAGE 8</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: 20 <u>17</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): <u>SEE PART V, PAGE 8</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)

Summa Health System				
Name of hospital facility or letter of facility reporting group				
Did the hospital facility have in place during the tax year a written financial assistance policy that:			Yes	No
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP: <div><div>a</div><div><input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250.000000000000% and FPG family income limit for eligibility for discounted care of 400.000000000000%</div><div>b</div><div><input type="checkbox"/> Income level other than FPG (describe in Section C)</div><div>c</div><div><input type="checkbox"/> Asset level</div><div>d</div><div><input checked="" type="checkbox"/> Medical indigency</div><div>e</div><div><input checked="" type="checkbox"/> Insurance status</div><div>f</div><div><input checked="" type="checkbox"/> Underinsurance discount</div><div>g</div><div><input checked="" type="checkbox"/> Residency</div><div>h</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	13	Yes	
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): <div><div>a</div><div><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</div><div><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>c</div><div><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>d</div><div><input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</div><div>e</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	15	Yes	
16	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>a</div><div><input checked="" type="checkbox"/> The FAP was widely available on a website (list url): SEE PART V, PAGE 8</div><div>b</div><div><input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8</div><div>c</div><div><input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8</div><div>d</div><div><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>e</div><div><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>f</div><div><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>g</div><div><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>h</div><div><input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</div><div>i</div><div><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>j</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	16	Yes	

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

Summa Health System

**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 nonpayment? . . . . .	<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 (if not, describe in Section C) <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) <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)**

Summa Health System

**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)  
Summa Rehab Hospital LLC**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):** \_\_\_\_\_

2

**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: 20 <u>19</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b>	Yes
<b>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 PART V, PAGE 8</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: 20 <u>17</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): <u>SEE PART V, PAGE 8</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)**

Summa Rehab Hospital LLC

**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 <u>250.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400.000000000000</u> %		
<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): <u>SEE PART V, PAGE 8</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<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**

Summa Rehab Hospital LLC

**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 nonpayment? . . . . .	<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 (if not, describe in Section C) <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) <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)**

Summa Rehab Hospital LLC

**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, 20a, 20b, 20c, 20d, 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 V**   **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 106

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

**Part VI Supplemental Information**

Provide the following information.

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

**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 specific services excluding traditional Medicaid and Medicaid managed care patients. Costs for charity and bad debt accounts are deducted using a ratio of cost to charge specific to that subsidized service. Costs for other programs reflect the direct and indirect costs of providing those programs.



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part I, Line 7g:	Describe subsidized health service costs from physician clinic on line 7G:The amount of subsidized health services reported on Line 7(g) attributable to Summa Physicians, Inc. dba Summa Health Medical Group is \$31,554,449.
Part II, Community Building Activities:	Describe how Community Building Activities promote the health of the community:Summa Health addresses various community concerns including health improvement, poverty, workforce development, and access to health care.Summa Health hospitals conduct community health education and support groups, health fairs and screenings for the communities served. Summa Health hospitals work with state and local leadership to address community needs and provide healthcare services to the poor and underserved.Summa Health hospitals provide programs to improve the physical surroundings 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.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part III, Line 2:	AN ESTIMATED PROVISION FOR DOUBTFUL ACCOUNTS IS RECORDED THAT RESULTS IN NET PATIENT SERVICE REVENUE BEING REPORTED AT THE NET AMOUNT EXPECTED TO BE RECEIVED. SUMMA HAS DETERMINED, BASED ON AN ASSESSMENT AT THE CONSOLIDATED LEVEL, THAT PATIENT SERVICE REVENUE IS PRIMARILY RECORDED PRIOR TO ASSESSING THE PATIENT'S ABILITY TO PAY AND AS SUCH, THE ENTIRE PROVISION FOR DOUBTFUL ACCOUNTS RELATED TO PATIENT REVENUE IS RECORDED AS A DEDUCTION FROM PATIENT SERVICE REVENUE IN THE ACCOMPANYING CONSOLIDATED STATEMENTS OF OPERATIONS. AT THE POINT IN TIME THAT A CHARGE IS BELIEVED TO BE UNCOLLECTIBLE, THE RELATED RECEIVABLE IS WRITTEN OFF AS A DOUBTFUL ACCOUNT.SUMMA MAINTAINS AN ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED ON THE EXPECTED COLLECTABILITY OF PATIENT ACCOUNTS RECEIVABLE. THE PROVISION FOR DOUBTFUL ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGES, AND OTHER COLLECTION INDICATORS. PERIODICALLY THROUGH THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE MODIFICATIONS TO THE PROVISION FOR DOUBTFUL ACCOUNTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR THE UNCOLLECTIBLE RECEIVABLES.
Part III, Line 4:	Footnote in organization's financial statements describing bad debt expense:Summa Health's audited financial statements Notes to consolidated financial statements, 13. Patient Service Revenue, page 37.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part III, Line 8:	Describe extent any shortfall from Line 7 is treated as community benefit and Costing methodology or source used to determine amount on line 6:Any Medicare shortfall incurred by Summa Health is not reported as a community benefit.Costing method used was total allowable cost less all costs deemed non-allowable by Medicare regulations. Medicare allowable cost are based on information provided on worksheet B, Part I, Column 26, Line 118 from the various hospitals' Medicare cost reports.
Part III, Line 9b:	Did collection policy contain provisions on collection practices for patients who are known to qualify for assistance:SUMMA WILL NOT PURSUE LEGAL ACTION FOR NON-PAYMENT OF BILLS AGAINST ANY PATIENT WHO IS WITHOUT ACCESS TO HEALTH INSURANCE AND WITHOUT OTHER SIGNIFICANT INCOME OR NET WORTH. BEFORE INITIATING LEGAL ACTION FOR NON-PAYMENT, OUR HOSPITALS WILL, IN CONJUNCTION WITH THE PATIENT, MAKE SURE THAT THE PATIENT IS NOT ELIGIBLE FOR ANY ASSISTANCE PROGRAM AND DOES NOT QUALIFY UNDER THE HOSPITALS' CHARITY CARE POLICY.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part VI, Line 2:	Needs assessment:IN ADDITION TO THE CHNA DESCRIBED IN PART V, SECTION B, THE HEALTH CARE NEEDS OF THE COMMUNITY ARE COLLABORATIVELY ASSESSED BY SURVEY PROCESSES CONDUCTED BY SUMMA HEALTH, SUMMIT COUNTY PUBLIC HEALTH, AND SUMMIT COALITION FOR COMMUNITY HEALTH IMPROVEMENT.
Part VI, Line 3:	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, 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. EVERY PATIENT BILLING STATEMENT CONTAINS CONTACT INFORMATION AND INSTRUCTIONS TO LEARN ABOUT AND APPLY FOR FINANCIAL ASSISTANCE, AND INCLUDES AN APPLICATION FOR FINANCIAL ASSISTANCE.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part VI, Line 4:	<p>Community information:Community information: BASED ON 2019 PATIENT ADMISSION DATA, SUMMA HEALTH CARE DELIVERY IS PRIMARILY IN SUMMIT COUNTY. SUMMIT COUNTY REPRESENTS 71.5% OF THE 2019 ADMISSIONS FROM SUMMA HEALTH. WHILE SUMMA ALSO TREATS PATIENTS FROM MEDINA, NORTHERN STARK, AND WAYNE COUNTIES, MOST PATIENTS COME FROM SUMMIT COUNTY. THERE WERE 541,918 PEOPLE LIVING IN SUMMIT COUNTY IN 2018, THE MOST CURRENT CENSUS DATA AVAILABLE . THERE ARE 31 CITIES, VILLAGES, AND TOWNSHIPS IN SUMMIT COUNTY, WITH THE LARGEST BEING THE CITY OF AKRON. COMPARED TO THE STATE OF OHIO, SUMMIT COUNTY HAS A SLIGHTLY SMALLER PROPORTION OF CHILDREN (UNDER 18 YEARS OLD) AND A SLIGHTLY HIGHER PROPORTION OF OLDER ADULTS. IN SUMMIT COUNTY 22% PERCENT OF THE POPULATION IS NON WHITE, COMPARED TO 18.1% IN THE STATE. EDUCATIONAL ATTAINMENT IS SLIGHTLY HIGHER IN SUMMIT COUNTY THAN THE STATE OF OHIO, WITH 92% HAVING A HIGH SCHOOL DIPLOMA OR HIGHER AND 34.3% HAVING A BACHELOR'S DEGREE OR HIGHER. SIMILARLY, ANNUAL PER CAPITA INCOME IN SUMMIT COUNTY IS SLIGHTLY HIGHER THAN THE STATE OF OHIO, THE PERCENT OF SUMMIT COUNTY RESIDENTS LIVING IN POVERTY DECREASED FROM THE PREVIOUS CHNA TO NEARLY 12%. OF THE HOUSEHOLDS IN SUMMIT COUNTY 43% MAKE LESS THAN \$50,000 ANNUALLY. FOR THE CALENDAR YEAR 2018, THE AVERAGE MONTHLY UNEMPLOYMENT RATE FOR SUMMIT COUNTY WAS 4.7% RESPECTIVELY. LOW INCOMES AND AN ESSENTIALLY STAGNANT UNEMPLOYMENT RATE ADD TO SUMMA'S BURDEN FOR CHARITY CARE. DESPITE THESE CHALLENGES, DEMAND FOR SUMMA'S SERVICES IN THESE COMMUNITIES IS PROJECTED TO GROW. MORE IMPORTANTLY, THE AGE GROUP THAT DEMAND HEALTHCARE SERVICES THE MOST (AGE 65 AND OLDER) IS EXPECTED TO GROW SIGNIFICANTLY. THIS AGE GROUP IS EXPECTED TO INCREASE 16.0% IN SUMMIT COUNTY OVER THE FIVE YEAR PERIOD.</p>
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:	<p>Description of affiliated group:SUMMA HEALTH, EIN 34-1887844, IS THE PARENT ORGANIZATION OF SUMMA HEALTH SYSTEM. SUMMA HEALTH IS ONE OF THE LARGEST INTEGRATED DELIVERY SYSTEMS IN OHIO, ENCOMPASSING A NETWORK OF HOSPITALS, COMMUNITY-BASED HEALTH CENTERS, A HEALTH PLAN, A PHYSICIAN-HOSPITAL ORGANIZATION, RESEARCH AND MEDICAL EDUCATION AND A FOUNDATION. SUMMA HEALTH IS RENOWNED FOR EXCELLENCE IN PATIENT CARE AND FOR EXCEPTIONAL APPROACHES TO HEALTHCARE DELIVERY. DURING 2019, SUMMA HEALTH PROVIDED INPATIENT CARE THROUGH FACILITIES LOCATED ON THREE MAIN CAMPUSES AND IN ADDITION, OUTPATIENT CARE IS EXTENDED THROUGHOUT THE REGION IN A NUMBER OF OUTPATIENT CENTERS, BOTH HOSPITAL-BASED AND FREESTANDING. SUMMA HEALTH SYSTEM'S AKRON TERTIARY CAMPUS IS LOCATED IN DOWNTOWN AKRON, OHIO AND HAS SERVED, TOGETHER WITH SUMMA HEALTH, AS THE LARGEST SAFETY-NET HOSPITAL IN THE COMMUNITY FOR MANY YEARS. THE BARBERTON CAMPUS IS A 251-BED HOSPITAL FACILITY THAT OFFERS INPATIENT SERVICES, OUTPATIENT SERVICES AND COMMUNITY OUTREACH PROGRAMS. THE BARBERTON CAMPUS IS LOCATED IN THE CITY OF BARBERTON IN SOUTHERN SUMMIT COUNTY. SUMMA REHAB HOSPITAL, LLC, A JOINT VENTURE BETWEEN SUMMA HEALTH SYSTEM AND VIBRA HEALTHCARE, OPENED ON THE CAMPUS OF SUMMA AKRON CITY HOSPITAL IN 2012. THIS 60-BED FACILITY PROVIDES INPATIENT REHABILITATION CARE AND SERVICES AND ADHERES TO SUMMA'S CHARITY CARE POLICY. ESTABLISHED IN 1993, SUMMACARE OFFERS HEALTH CARE COVERAGE TO MEMBERS including members insured through ITS STATUS AS A MEDICARE ADVANTAGE ORGANIZATION. SUMMACARE IS RECOGNIZED BY THE HEALTH INDUSTRY RESEARCH COMPANY AS A HEALTH PLAN WITH EFFECTIVE DISEASE MANAGEMENT PROGRAMS FOR ASTHMA, HEALTH FAILURE AND DIABETES. SUMMACARE, ALONG WITH ITS THIRD PARTY ADMINISTRATIVE SERVICES PRODUCTS COVERS APPROXIMATELY 63,000 MEMBERS. SUMMA FOUNDATION IS A NONPROFIT ORGANIZATION ADVANCING TRANSFORMATIONAL PHILANTHROPY, COMMUNITY UNDERSTANDING AND GOODWILL FOR THE PROGRAMS AND PRIORITIES OF SUMMA HEALTH. SUMMA HEALTH NETWORK, LLC IS THE INTEGRATED PHYSICIAN-HOSPITAL ORGANIZATION AFFILIATED WITH SUMMA HEALTH. WITH MORE THAN 2,300 PHYSICIANS PARTICIPATING, SUMMA HEALTH NETWORK OVERSEES MUTUALLY BENEFICIAL CONTRACTS WITH INSURANCE COMPANIES, PREFERRED PROVIDER ORGANIZATIONS, THIRD-PARTY ADMINISTRATORS AND OTHER PAYORS ON BEHALF OF ITS PHYSICIANS AND HOSPITAL MEMBERS. SUMMA ACCOUNTABLE CARE ORGANIZATION (D/B/A NEWHEALTH COLLABORATIVE ("NHC")) IS A CLINICIAN-LED COLLABORATIVE, ORGANIZED TO COMPASSIONATELY CARE FOR AND SERVE PATIENTS IN AN ACCOUNTABLE, VALUE AND EVIDENCE-BASED MANNER. IN ACCORDANCE WITH THE AFFORDABLE CARE ACT, NHC CREATES INCENTIVES FOR PROVIDERS TO FURTHER ENHANCE THE QUALITY OF CARE. OHIO HEALTH CHOICE, INC. (OHC) IS OHIO'S OLDEST PREFERRED PROVIDER ORGANIZATION (PPO) NETWORK IN THE STATE. OHC IS CO-OWNED BY SUMMA HEALTH AND MERCY MEDICAL CENTER, AND IS COMPRISED OF approximately 200 HOSPITALS, 14,000 PRIMARY CARE PROVIDERS, 25,000 SPECIALISTS, COVERING MEMBERS ACROSS ALL 88 COUNTIES IN OHIO. SUMMA PHYSICIANS, INC. (D/B/A SUMMA HEALTH MEDICAL GROUP ("SHMG")) IS A MULTI-SPECIALTY PHYSICIAN PRACTICE EMPLOYING OVER 300 PHYSICIANS IN MULTIPLE SPECIALTIES. SHMG PROMOTES STRONGER AFFILIATION AND EMPLOYMENT OF PHYSICIANS TO ENSURE COMMUNITY AND HOSPITAL NEEDS FOR PHYSICIANS SERVICES ARE MET.</p>
Schedule H, Part VI, line 7 Facility Reporting Summa Health & Summa Rehab	<p>State filing of community benefit report:The State of Ohio does not require the filing of the community benefit report for 2019. However, Ohio requires all tax-exempt hospitals to submit to the Ohio Department of Health (ODH)existing community health needs assessments and plans. Additionally, hospitals are required to submit to ODH a copy of the hospital's schedule H (form 990), corresponding attachments and reporting on financial assistance and means-tested government programs and community building activities in parts I and II of Schedule H.</p>

**Additional Data**

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

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

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>2</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	Summa Health System 525 East Market Street Akron, OH 44304 www.summahealth.org 1275	X	X		X		X	X			
2	Summa Rehab Hospital LLC 29 North Adams Street Akron, OH 44304 www.summarehabhospital.com 1503	X			X					Rehabilitation	

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

Form and Line Reference	Explanation
Summa Health System	<p>Part V, Section B, Line 5: Input from persons who represent broad interests of community s</p> <p>erved:Summa Health System:IN 2019 SUMMA HEALTH PARTNERED WITH SUMMIT COUNTY PUBLIC HEALTH (SCPH) AND THE SUMMIT COALITION FOR COMMUNITY HEALTH IMPROVEMENT (SCCHI) TO CONDUCT THE 20 19 CHNA. DURING THE PROCESS, OVER 200 INDICATORS WERE REVIEWED, AND COMMUNITY LEADERS AND RESIDENTS WERE CONSULTED. THE 2019 CHNA WAS COMPLETED USING THE NATIONAL ASSOCIATION OF CO UNTY AND CITY HEALTH OFFICIALS (NACCHO) MODIFIED-MOBILIZING ACTION THROUGH PARTNERSHIP AND PLANNING (MAPP) PROCESS. THIS PROCESS WAS FACILITATED BY SCPH AND CONDUCTED WITH THE SCCH I. SCCHI IS A 40+ MEMBER COLLABORATIVE WITH THE MISSION OF IDENTIFYING KEY HEALTH PRIORITI ES IN SUMMIT COUNTY AND COORDINATING ACTION TO IMPROVE POPULATION HEALTH AND PROMOTE HEALT H EQUITY FOR ALL. THESE COMMUNITY LEADERS PROVIDE A PERSPECTIVE ON THE BROAD INTERESTS OF THE GROUPS SERVED BY THE HOSPITAL FACILITY, INCLUDING THE MEDICALLY UNDERSERVED, LOW-INCOM E PERSONS, MINORITY GROUPS. SCPH EPIDEMIOLOGY GATHERED DATA FROM A VARIETY OF SOURCES INCL UDING COUNTY HEALTH RANKINGS, AMERICAN COMMUNITY SURVEY, AND COMMUNITY HEALTH STATUS INDIC ATORS. SCPH ALSO UTILIZED THE 2018 YOUTH RISK BEHAVIORAL SURVEY, THE OHIO DEPARTMENTS OF H EALTH BIRTH AND DEATH DATA, AND EPICENTER. QUALITATIVE DATA COLLECTED THROUGH SURVEYS, FOC US GROUPS AND COMMUNITY MEETINGS WERE ALSO UTILIZED TO GATHER INFORMATION ABOUT HOW SUMMIT COUNTY LEADERS AND RESIDENTS EXPERIENCE THE HEALTH OUTCOMES AND COMMUNITY CONDITIONS THAT AFFECT QUALITY OF LIFE. THIS INFORMATION CAN PROVIDE ADDITIONAL CONTEXT TO QUANTITATIVE D ATA AND HEALTH TO STRATEGICALLY INFORM IMPROVEMENTS. SCCHI AND SCPH ALSO COMPLETED TWO QUA LITATIVE MAPP ASSESSMENTS: COMMUNITY THEMES, STRENGTHS, AND THE FORCES OF CHANGE. FOCUS GR OUPS AND SURVEYS WERE CONDUCTED AND DISTRIBUTED THROUGHOUT THE COMMUNITY IN 2019 TO IDENTI FY BARRIERS AND OPPORTUNITIES THROUGH THE LENS OF THE COMMUNITY MEMBER. LEADERS FROM THE F OLLOWING COMMUNITY ORGANIZATIONS WERE CONSULTED DURING THIS CHNA: AKRON AREA YMCAAKRON CAN TON REGIONAL FOODBANKAKRON CHILDREN'S HOSPITALAKRON METROPOLITAN AREA TRANSPORTATION STUDY AKRON METROPOLITAN HOUSING AUTHORITY AKRON PUBLIC SCHOOLSAKRON REGION INTERPROFESSIONAL AR EA HEALTH EDUCATION CENTERAKRON SUMMIT COMMUNITY ACTION, INC AKRON SUMMIT COUNTY PUBLIC LIB RARYAMERICAN CANCER SOCIETYASIAN SERVICES IN ACTION, INCAXESSPOINTE COMMUNITY HEALTH CENTE RCHLD GUIDANCE AND FAMILY SOLUTIONSCITY OF AKRONCLEVELAND CLINIC AKRON GENERALCOMMUNITY H EALTH CENTERCOMMUNITY LEGAL AIDCOUNTY OF SUMMITCOUNTY OF SUMMIT ALCOHOL DRUG ADDICTION AND MENTAL HEALTH SERVICES BOARDGREATER AKRON CHAMBER OF COMMERCE HATTIE LARLHAMHAVEN OF REST MINISTRIESINFOLINE, INCINTERNATIONAL INSTITUTE OF AKRONLOVE AKRONMATURE SERVICESMUSTARD S EED MARKET AND CAFNOTHEAST OHIO MEDICAL UNIVERSITYOHIO GUIDESTONEOPEN M MINISTRIESOSU EXTE NSIONPROJECT LEARN OF SUMMIT COUNTYSUMMIT COUNTY DD BOARDSUMMIT COUNTY PUBLIC HEALTH THE B LICK CENTERTHE OHIO AFFILIATE</p>



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

Form and Line Reference	Explanation
Summa Health System	OF PREVENT BLINDNESSU.S. REPRESENTATIVE MARCIA FUDGEU.S. SENATOR SHERROD BROWNUNITED WAY O F SUMMIT COUNTYADDITIONAL DETAIL CAN BE FOUND ON THE SUMMA HEALTH WEBSITE AT HTTPS://WWW.S UMMAHEALTH.ORG/ABOUT-US/ABOUT-SUMMA/COMMUNITY-BENEFIT-AND- DIVERSITY/COMMUNITYNEEDSASSESSME NTS/COMMUNITYNEEDSASSESSMENT2019.

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

Form and Line Reference	Explanation
Summa Rehab Hospital, LLC	<p>Part V, Section B, Line 5: Input from persons who represent broad interests of community s</p> <p>erved:Summa Rehabilitation Hospital:IN 2019 SUMMA HEALTH PARTNERED WITH SUMMIT COUNTY PUBLI</p> <p>IC HEALTH (SCPH) AND THE SUMMIT COALITION FOR COMMUNITY HEALTH IMPROVEMENT (SCCHI) TO</p> <p>COND UCT THE 2019 CHNA. DURING THE PROCESS, OVER 200 INDICATORS WERE REVIEWED, AND</p> <p>COMMUNITY LE ADERS AND RESIDENTS WERE CONSULTED. THE 2019 CHNA WAS COMPLETED USING</p> <p>THE NATIONAL ASSOCIA TION OF COUNTY AND CITY HEALTH OFFICIALS (NACCHO) MODIFIED-</p> <p>MOBILIZING ACTION THROUGH PARTN ERSHIP AND PLANNING (MAPP) PROCESS. THIS PROCESS WAS</p> <p>FACILITATED BY SCPH AND CONDUCTED WIT H THE SCCHI. SCCHI IS A 40+ MEMBER COLLABORATIVE</p> <p>WITH THE MISSION OF IDENTIFYING KEY HEALT H PRIORITIES IN SUMMIT COUNTY AND</p> <p>COORDINATING ACTION TO IMPROVE POPULATION HEALTH AND PRO MOTE HEALTH EQUITY FOR ALL.</p> <p>THESE COMMUNITY LEADERS PROVIDE A PERSPECTIVE ON THE BROAD INT ERESTS OF THE GROUPS</p> <p>SERVED BY THE HOSPITAL FACILITY, INCLUDING THE MEDICALLY UNDERSERVED, LOW-INCOME</p> <p>PERSONS, MINORITY GROUPS. SCPH EPIDEMIOLOGY GATHERED DATA FROM A VARIETY OF SO URCES</p> <p>INCLUDING COUNTY HEALTH RANKINGS, AMERICAN COMMUNITY SURVEY, AND COMMUNITY HEALTH ST</p> <p>ATUS INDICATORS. SCPH ALSO UTILIZED THE 2018 YOUTH RISK BEHAVIORAL SURVEY, THE OHIO</p> <p>DEPART MENTS OF HEALTH BIRTH AND DEATH DATA, AND EPICENTER. QUALITATIVE DATA COLLECTED</p> <p>THROUGH SU RVEYS, FOCUS GROUPS AND COMMUNITY MEETINGS WERE ALSO UTILIZED TO GATHER</p> <p>INFORMATION ABOUT HOW SUMMIT COUNTY LEADERS AND RESIDENTS EXPERIENCE THE HEALTH</p> <p>OUTCOMES AND COMMUNITY CONDI TIONS THAT AFFECT QUALITY OF LIFE. THIS INFORMATION CAN</p> <p>PROVIDE ADDITIONAL CONTEXT TO QUAN TITATIVE DATA AND HEALTH TO STRATEGICALLY INFORM</p> <p>IMPROVEMENTS. SCCHI AND SCPH ALSO COMPLET ED TWO QUALITATIVE MAPP ASSESSMENTS:</p> <p>COMMUNITY THEMES, STRENGTHS, AND THE FORCES OF CHANGE . FOCUS GROUPS AND SURVEYS</p> <p>WERE CONDUCTED AND DISTRIBUTED THROUGHOUT THE COMMUNITY IN 2019 TO IDENTIFY BARRIERS</p> <p>AND OPPORTUNITIES THROUGH THE LENS OF THE COMMUNITY MEMBER. LEADERS FROM THE</p> <p>FOLLOWING COMMUNITY ORGANIZATIONS WERE CONSULTED DURING THIS CHNA: AKRON AREA YMC</p> <p>AAKRON CANTON REGIONAL FOODBANKAKRON CHILDREN'S HOSPITALAKRON METROPOLITAN AREA</p> <p>TRANSPORTA TION STUDYAKRON METROPOLITAN HOUSING AUTHORITY AKRON PUBLIC</p> <p>SCHOOLSAKRON REGION INTERPROFE SSIONAL AREA HEALTH EDUCATION CENTERAKRON SUMMIT</p> <p>COMMUNITY ACTION, INCAKRON SUMMIT COUNTY PUBLIC LIBRARYAMERICAN CANCER SOCIETYASIAN</p> <p>SERVICES IN ACTION, INCAXESSPOINTE COMMUNITY HE ALTH CENTERCHILD GUIDANCE AND FAMILY</p> <p>SOLUTIONSCITY OF AKRONCLEVELAND CLINIC AKRON GENERALC OMMUNITY HEALTH</p> <p>CENTERCOMMUNITY LEGAL AIDCOUNTY OF SUMMITCOUNTY OF SUMMIT ALCOHOL DRUG ADD ICTION</p> <p>AND MENTAL HEALTH SERVICES BOARDGREATER AKRON CHAMBER OF COMMERCE HATTIE</p> <p>LARLHAMHAV EN OF REST MINISTRIESINFOLINE, INCINTERNATIONAL INSTITUTE OF AKRONLOVE</p> <p>AKRONMATURE SERVICE SMUSTARD SEED MARKET AND CAFNOTHEAST OHIO MEDICAL</p> <p>UNIVERSITYOHIO GUIDESTONEOPEN M MINISTRI ESOSU EXTENSIONPROJECT LEARN OF SUMMIT</p> <p>COUNTYSUMMIT COUNTY DD BOARDSUMMIT COUNTY PUBLIC HE ALTH THE BLICK CENTERTHE OHIO</p>

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

Form and Line Reference	Explanation
Summa Rehab Hospital, LLC	AFFILIATE OF PREVENT BLINDNESSU.S. REPRESENTATIVE MARCIA FUDGEU.S. SENATOR SHERROD BROWNUN ITED WAY OF SUMMIT COUNTYADDITIONAL DETAIL CAN BE FOUND ON THE SUMMA HEALTH WEBSITE AT HTTP://WWW.SUMMAHEALTH.ORG/ABOUT-US/ABOUT-SUMMA/COMMUNITY-BENEFIT-AND-DIVERSITY/COMMUNITYNEEDSASSESSMENTS/COMMUNITYNEEDSASSESSMENT2019.

<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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Summa Health System	Part V, Section B, Line 6a: CHNA conducted with one or more other hospital facilities:Summa Health System: SUMMA HEALTH CONDUCTED THE CHNA ON BEHALF OF EACH OF ITS HOSPITAL FACILITIES LISTED IN PART V, SECTION 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Summa Rehab Hospital, LLC	Part V, Section B, Line 6a: CHNA conducted with one or more other hospital facilities:Summa Rehabilitation Hospital:SUMMA HEALTH CONDUCTED THE CHNA ON BEHALF OF EACH OF ITS HOSPITAL FACILITIES LISTED IN PART V, SECTION 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Summa Health System	Part V, Section B, Line 6b: CHNA conducted with one or more organizations other than hospital facilities:Summa Health System:SUMMIT COUNTY PUBLIC HEALTH SUMMIT COALITION FOR COMMUNITY HEALTH IMPROVEMENT

<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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Summa Rehab Hospital, LLC	Part V, Section B, Line 6b: CHNA conducted with one or more organizations other than hospital facilities:Summa Rehabilitation Hospital:SUMMIT COUNTY PUBLIC HEALTH SUMMIT COALITION FOR COMMUNITY HEALTH IMPROVEMENT

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

Form and Line Reference	Explanation
Summa Health System	<p>Part V, Section B, Line 11: How the hospital facility is addressing needs identified in it s CHNA:Summa Health System:THIS ASSESSMENT BUILDS UPON THE WORK THAT WAS COMPLETED IN THE IMPLEMENTATION PLAN THAT WAS PUBLISHED IN MAY OF 2017. ALTHOUGH SUMMA HEALTH SYSTEM (SHS) HAS MADE SIGNIFICANT STRIDES IN ADDRESSING THE 2017 PRIORITIES, IT HAS BEEN DECIDED THAT T O TRULY AFFECT HEALTH OUTCOMES, SHS, WITH THE HELP OF COMMUNITY PARTNERS HAS TO COMMIT TO A LONG-TERM STRATEGY THAT ADDRESSES THE FOLLOWING PRIORITIES FOR ANOTHER THREE YEARS AND B EYOND. THESE PRIORITY AREAS ARE AS FOLLOWS: CHRONIC DISEASE MANAGEMENT, ACCESS AND BARRIER S TO HEALTH CARE, HEALTH DISPARITIES, PREVENTION AND WELLNESS. THE PRIORITIES ARE IN ALIGN MENT WITH CURRENT COMMUNITY HEALTH NEEDS IDENTIFIED BY THE SUMMIT COUNTY PUBLIC HEALTH 201 9 COMMUNITY HEALTH ASSESSMENT AND THE OHIO DEPARTMENT OF HEALTH'S 2019 STATE HEALTH ASSESS MENT.PRIORITY HEALTH NEEDS IDENTIFIED IN THE 2019 SUMMA CHNA:PRIORITY HEALTH ISSUE, PLAN T O ADDRESSACCESS TO HEALTH CARE, YESCHRONIC DISEASE, YESENVIRONMENTAL FACTORS, NOHEALTH DIS PARITIES, YESINJURY AND ACCIDENTS, NOQUALITY OF HEALTH CARE, YESMATERNAL AND CHILD HEALTH, YESMENTAL HEALTH, YESPREVENTION AND WELLNESS, YESSUBSTANCE ABUSE, YESSIGNIFICANT HEALTH N EEDS ADDRESSED:PRIORITY HEALTH OUTCOME: IMPROVING PREVENTION AND WELLNESSAT SUMMA HEALTH, OUR POPULATION HEALTH STRATEGY IS EVOLVING THE WAY WE DELIVER CARE. OUR VISION FOR CARE PU TS 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 IMP ROVING 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, AND ARE EMBEDDED IN EACH OBJECTIVE.PRIORITY HEALTH OUTCOME: IMPROVING ACCESS TO HEALTH CARETHE HEALTH NEEDS PERTAINING TO ACCESS ARE BEING ADDRESSED BY INCORPORATING COMM UNITY HEALTH WORKERS IN COMMUNITY BASED SETTINGS, AND INCREASING THE NUMBER OF INDIVIDUALS WHO HAVE ACCESS TO PRIMARY CARE MEDICAL HOMES AND COMPREHENSIVE PRIMARY CARE PLUS PRACTIC ES THEREBY INCREASING THE OPPORTUNITIES FOR PREVENTATIVE AND EARLY INTERVENTIONS FOR INDIV IDUALS REQUIRING PRIMARY CARE, DENTAL, AND BEHAVIORAL HEALTH PROVIDERS.PRIORITY HEALTH OUT COME: PROVIDING CHRONIC DISEASE MANAGEMENTTHE HEALTH NEEDS PERTAINING TO CHRONIC DISEASE A RE BEING ADDRESSED THROUGH INCREASING CONSUMER KNOWLEDGE BASE OF RISK FACTORS, RISK BEHAVI ORS, 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 A LCOHOL AND OPIATE RELATED OVERDOSES AND DEATHS (P&amp;W). THE HEALTH NEEDS PERTAINING TO LIFES TYLE FACTORS ARE BEING ADDRESSED BY DECREASING SMOKING AND TOBACCO USE IN ADULTS. PRIORITY HEALTH OUTCOME: REDUCING HEALTH DISPARITIESTHE HEALTH NEEDS PERTAINING TO HEALTH DISPARIT IES ARE BEING ADDRESSED THROUG</p>



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

Form and Line Reference	Explanation
Summa Health System	<p>H 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 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 2019 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 2019 COMMUNITY HEALTH ASSESSMENT AND THE OHIO DEPARTMENT OF HEALTH'S 2020-2022 STATE HEALTH IMPROVEMENT PLAN.A DETAILED DESCRIPTION OF THE ACTIONS BEING TAKEN TO ADDRESS THE HEALTH NEEDS IDENTIFIED ABOVE CAN BE FOUND ON THE 2020-2022 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-and-diversity/communityneedsassessments/communityneedsassessment2019">HTTPS://WWW.SUMMAHEALTH.ORG/ABOUT-US/ABOUT-SUMMA/COMMUNITY-BENEFIT-AND-DIVERSITY/COMMUNITYNEEDSASSESSMENTS/COMMUNITYNEEDSASSESSMENT2019</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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Summa Rehab Hospital, LLC	<p>Part V, Section B, Line 11: How the hospital facility is addressing needs identified in its CHNA: Summa Rehabilitation Hospital: DUE TO THE NATURE OF THE ADULT REHABILITATION SPECIALTY SERVICES PROVIDED BY SUMMA REHAB HOSPITAL, LLC, THE IDENTIFIED HEALTH NEED IN WHICH THEY HAVE THE OPPORTUNITY TO ADDRESS IN THIS COMMUNITY HEALTH NEEDS ASSESSMENT FOR THE GREATEST IMPACT IS ACCESS TO HEALTH CARE. THE COMMUNITY RESOURCES PROVIDED BY A VARIETY OF INSTITUTIONS AND AGENCIES, INCLUDING SHS LED TO THE DETERMINATION BY SUMMA REHAB HOSPITAL, LLC TO NOT ADDRESS ANY OTHER IDENTIFIED HEALTH NEEDS AS DESCRIBED IN THE CHNA. PRIORITY HEALTH OUTCOME: IMPROVING ACCESS TO HEALTH CARE THE HEALTH NEEDS PERTAINING TO ACCESS ARE BEING ADDRESSED BY ENHANCING ACCESS TO APPROPRIATE MEDICATIONS AND IMPROVE COMPLIANCE WITH MEDICATION PRESCRIPTIONS FOR PATIENTS THAT ARE DISCHARGED FROM SUMMA REHABILITATION HOSPITAL (SRH). SRH IS ALSO IMPROVING ACCESS BY ENHANCING ACCESS TO DIAGNOSIS SPECIFIC SUPPORT GROUPS FOR COMMUNITY MEMBERS TO INCREASE PATIENT KNOWLEDGE. SUPPORT GROUPS FOCUS ON STROKE, AMPUTEE, PARKINSON'S AND TRAMATIC BRAIN INJURY (TBI). IN ADDITION, SRH WILL ALSO PARTICIPATE IN ADVOCACY AND SUPPORT GROUP ACTIVITIES THROUGH NORTHEAST OHIO BRAIN INJURY FOUNDATION/ SUMMIT COUNTY TBI COLLABORATION. A DETAILED DESCRIPTION OF THE ACTIONS BEING TAKEN TO ADDRESS THE HEALTH NEEDS IDENTIFIED ABOVE CAN BE FOUND ON THE 2020-2022 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-and-diversity/communityneedsassessments/communityneedsassessment2019">HTTPS://WWW.SUMMAHEALTH.ORG/ABOUT-US/ABOUT-SUMMA/COMMUNITY-BENEFIT-AND-DIVERSITY/COMMUNITYNEEDSASSESSMENTS/COMMUNITYNEEDSASSESSMENT2019</a>.</p>

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
PART V SECTION C LINE 3e Facility Reporting Summa Health & Summa Rehab	The significant health needs are a prioritized description of the significant health needs of the community and identified through the CHNA.

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

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

Form and Line Reference	Explanation
Part V, Section B, line 7a Facility Reporting Summa Health & Summa Rehab	Summa Health System: <a href="https://www.summahealth.org/about-us/about-summa/community-benefit-and-diversity/communityneedsassessments/communityneedsassessment2019">https://www.summahealth.org/about-us/about-summa/community-benefit-and-diversity/communityneedsassessments/communityneedsassessment2019</a> Summa Rehab Hospital: <a href="http://www.summarehabhospital.com/about-us/community-health-needs-assessments/">http://www.summarehabhospital.com/about-us/community-health-needs-assessments/</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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Section B, line 10a Facility Reporting Summa Health and Summa Rehab	Summa Health System: <a href="https://www.summahealth.org/about-us/about-summa/community-benefit-and-diversity/communityneedsassessments/communityneedsassessment2016">https://www.summahealth.org/about-us/about-summa/community-benefit-and-diversity/communityneedsassessments/communityneedsassessment2016</a> Summa Rehab Hospital: <a href="https://www.summahealth.org/about-us/about-summa/community-benefit-and-diversity/communityneedsassessments/communityneedsassessment2016">https://www.summahealth.org/about-us/about-summa/community-benefit-and-diversity/communityneedsassessments/communityneedsassessment2016</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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V SECTION B LINE 16a: Facility Reporting Summa Health & Summa Rehab	Summa Health System: <a href="https://www.summahealth.org/patientvisitor/insuranceandbilling/financialassistance">https://www.summahealth.org/patientvisitor/insuranceandbilling/financialassistance</a> Summa Rehab Hospital: <a href="http://www.summarehabhospital.com/patient-resources/financial-assistance-policy/">http://www.summarehabhospital.com/patient-resources/financial-assistance-policy/</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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V SECTION B LINE 16B Facility Reporting Summa Health & Summa Rehab	Summa Health System: <a href="https://www.summahealth.org/patientvisitor/insuranceandbilling/financialassistance">https://www.summahealth.org/patientvisitor/insuranceandbilling/financialassistance</a> Summa Rehab Hospital: <a href="http://www.summarehabhospital.com/patient-resources/financial-assistance-policy/">http://www.summarehabhospital.com/patient-resources/financial-assistance-policy/</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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V SECTION B LINE 16C Facility Reporting Summa Health & Summa Rehab	Summa Health System: <a href="https://www.summahealth.org/patientvisitor/insuranceandbilling/financialassistance">https://www.summahealth.org/patientvisitor/insuranceandbilling/financialassistance</a> Summa Rehab Hospital: <a href="http://www.summarehabhospital.com/patient-resources/financial-assistance-policy/">http://www.summarehabhospital.com/patient-resources/financial-assistance-policy/</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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
PART V SECTION B LINE 20a: Extraordinary Collection Action	Summa Rehab Hospital:Summa Rehab Hospital does not take ECAs and therefore written notices are not necessary

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>1</b> 1 - SUMMA HEALTH EQUITY CENTER 1493 S HAWKINS AVENUE AKRON, OH 44320	CHRONIC DISEASE MANAGEMENT, HEALTH, NUTRITION, EXERCISE AND EDUCATION SERVIC
<b>1</b> 2 - PARKVIEW CENTER 155 FIFTH STREET NE BARBERTON, OH 44203	CANCER CENTER AND CANCER CARE
<b>2</b> 3 - SUMMA HEALTH COOPER PAVILION 161 NORTH FORGE STREET AKRON, OH 44304	CANCER CENTER AND CANCER CARE
<b>3</b> 4 - SUMMA HEALTH CENTER AT GREEN - SLEEP LAB 1700 BOETTTLER ROAD STE 215 UNIONTOWN, OH 44685	SLEEP AND NEUROLOGY SERVICES, OBSTETRICS AND GYNECOLOGY
<b>4</b> 5 - SUMMA HEALTH IGNATIA HALL SOUTH 3730 WHIPPLE AVE NW STE 5 CANTON, OH 44718	OUTPATIENT ADDICTION MEDICINES
<b>5</b> 6 - Professional Center South 55 Arch AKRON, OH 44304	Family medicine, internal medicine
<b>6</b> 7 - Summa Health Medical Group 1 Park West Blvd Suite 350 Akron, OH 44320	Physician office
<b>7</b> 8 - Summa Health Medical Group 1 Park West Blvd Suite 200 Akron, OH 44320	Physician office
<b>8</b> 9 - Summa Health Medical Group 1 Park West Suite 330 Akron, OH 44320	Physician office
<b>9</b> 10 - Summa Health Medical Group 1 Park West Suite 330 Akron, OH 44320	Physician office
<b>10</b> 11 - Summa Health Medical Group 1260 Independence Ave Akron, OH 44310	Physician office
<b>11</b> 12 - Summa Health Medical Group 1305 Corporate Dr Suite A Hudson, OH 44236	Physician office
<b>12</b> 13 - Summa Health Medical Group 1320 Mercy Drive NW Canton, OH 44708	Physician office
<b>13</b> 14 - Summa Health Medical Group 1463 Canton Rd Akron, OH 44312	Physician office
<b>14</b> 15 - Summa Health Medical Group 1493 South Hawkins Ave Akron, OH 44320	Physician office

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 Medical Group 155 Fifth Street NE Barberton, OH 44203	Physician office
<b>1</b> 17 - Summa Health Medical Group 161 N Forge St Suite G90 Akron, OH 44304	Physician office
<b>2</b> 18 - Summa Health Medical Group 161 N Forge St Suite 190 Akron, OH 44304	Physician office
<b>3</b> 19 - Summa Health Medical Group 161 North Forge St Suite 298 Akron, OH 44304	Physician office
<b>4</b> 20 - Summa Health Medical Group 161 North Forge StSuite 198 Akron, OH 44304	Physician office
<b>5</b> 21 - Summa Health Medical Group 1700 Boettler Rd Suite 225 Uniontown, OH 44685	Physician office
<b>6</b> 22 - Summa Health Medical Group 1700 Boettler Rd Suite 150 Uniontown, OH 44685	Physician office
<b>7</b> 23 - Summa Health Medical Group 1835 Franks Parkway Uniontown, OH 44685	Physician office
<b>8</b> 24 - Summa Psychiatry Associates 1835 Franks Parkway Uniontown, OH 44685	Physician office
<b>9</b> 25 - Summa Health Medical Group 1860 State Rd Suite D Cuyahoga Falls, OH 44223	Physician office
<b>10</b> 26 - Summa Health Medical Group 1900 23rd St Suite 1000 Cuyahoga Falls, OH 44223	Physician office
<b>11</b> 27 - Summa Health Medical Group 195 Wadsworth Rd Wadsworth, OH 44281	Physician office
<b>12</b> 28 - Summa Health Medical Group 195 Wadsworth Rd Suite 301 Wadsworth, OH 44256	Physician office
<b>13</b> 29 - Summa Health Medical Group 195 Wadsworth Rd Suite 305 Wadsworth, OH 44281	Physician office
<b>14</b> 30 - Summa Health Medical Group 201 5th St NESuite 16 Barberton, OH 44203	Physician office

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>31</b> 31 - Summa Health Medical Group 201 5th St Suite 2 Barberton, OH 44203	Physician office
<b>1</b> 32 - Summa Health Medical Group 201 5th St Suite 6 Barberton, OH 44203	Physician office
<b>2</b> 33 - Summa Health Medical Group 201 5th Street NE Suite 3 Barberton, OH 44203	Physician office
<b>3</b> 34 - Summa Health Medical Group 201 Fifth St NE Suite 10 Barberton, OH 44203	Physician office
<b>4</b> 35 - Summa Health Medical Group 201 Fifth Street NE Suite 8 Barberton, OH 44203	Physician office
<b>5</b> 36 - Summa Health Medical Group 223 N Main St Rittman, OH 44270	Physician office
<b>6</b> 37 - Summa Health Medical Group 242 Portage Trail Ext W Cuyahoga Falls, OH 442233613	Physician office
<b>7</b> 38 - Summa Health Medical Group 25 S Main Street Suite B Rittman, OH 44270	Physician office
<b>8</b> 39 - Summa Health Medical Group 275 Graham Road Suite 11 Cuyahoga Falls, OH 44223	Physician office
<b>9</b> 40 - Summa Health Medical Group 28 Conservatory Dr Suite C Akron, OH 44314	Physician office
<b>10</b> 41 - Summa Health Medical Group 2875 West Market St Suite A Fairlawn, OH 44333	Physician office
<b>11</b> 42 - Summa Health Medical Group 2875 West Market St Suite B Fairlawn, OH 44333	Physician office
<b>12</b> 43 - Summa Health Medical Group 328 Hines Hill Road Boston Heights, OH 44236	Physician office
<b>13</b> 44 - Summa Health Medical Group 3378 W Market St Fairlawn, OH 44333	Physician office
<b>14</b> 45 - Summa Health Medical Group 3593 S Arlington Road Suite D Akron, OH 44312	Physician office

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>46</b> 46 - Summa Health Medical Group 3780 Medina Rd Suite 250 Medina, OH 44256	Physician office
<b>1</b> 47 - Summa Health Medical Group 3780 Medina Rd Suite 220 Medina, OH 44256	Physician office
<b>2</b> 48 - Summa Health Medical Group 3780 Medina Rd Suite 210 Medina, OH 44256	Physician office
<b>3</b> 49 - Summa Health Medical Group 3780 Medina Road Suite 150 Medina, OH 44256	Physician office
<b>4</b> 50 - Summa Health Medical Group 3780 Medina Road Suite 200 Medina, OH 44256	Physician office
<b>5</b> 51 - Summa Health Medical Group 3780 Medina Road Suite 310 Medina, OH 44256	Physician office
<b>6</b> 52 - Summa Health Medical Group 3838 Massillon Rd Suite 350 Uniontown, OH 44685	Physician office
<b>7</b> 53 - Summa Health Medical Group 4055 Embassy Parkway Suite 110 Fairlawn, OH 44333	Physician office
<b>8</b> 54 - Summa Health Medical Group 4211 St Rt 44 Rootstown, OH 44272	Physician office
<b>9</b> 55 - Summa Health Medical Group 444 N Main St Suite 201 Akron, OH 443092090	Physician office
<b>10</b> 56 - Summa Psychiatry Associates 444 North Main St 6th Floor Akron, OH 44310	Physician office
<b>11</b> 57 - Summa Psychiatry Associates 444 North Main St 4th Floor Akron, OH 44310	Physician office
<b>12</b> 58 - Summa Psychiatry Associates 444 North Main StSuite 420 Akron, OH 44310	Physician office
<b>13</b> 59 - Summa Health Medical Group 500 Portage Lakes Drive Suite B Akron, OH 44319	Physician office
<b>14</b> 60 - Summa Health Medical Group 51 Park West Blvd Suite 200 Akron, OH 44320	Physician office

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>61</b> 61 - Summa Health Medical Group 525 E Market St Suite 400 Akron, OH 44304	Physician office
<b>1</b> 62 - Summa Health Medical Group 525 E Market St Suite 3E Akron, OH 44304	Physician office
<b>2</b> 63 - Summa Health Medical Group 525 East Market StSuite 1-N Akron, OH 44304	Physician office
<b>3</b> 64 - Summa Health Medical Group 55 Arch St Suite 2A Akron, OH 44304	Physician office
<b>4</b> 65 - Summa Health Medical Group 55 Arch St Suite 3A Akron, OH 44304	Physician office
<b>5</b> 66 - Summa Health Medical Group 55 Arch St Suite 1A Akron, OH 44304	Physician office
<b>6</b> 67 - Summa Health Medical Group 55 Arch St Suite 1B Akron, OH 44304	Physician office
<b>7</b> 68 - Summa Health Medical Group 55 Arch Street Suite 2A Akron, OH 44304	Physician office
<b>8</b> 69 - Summa Psychiatry Associates 5655 Hudson Drive Suite 305 Hudson, OH 44236	Physician office
<b>9</b> 70 - Summa Health Medical Group 5655 Hudson Dr Suite 315 Hudson, OH 44236	Physician office
<b>10</b> 71 - Summa Health Medical Group 60 North Ave Tallmadge, OH 44278	Physician office
<b>11</b> 72 - Summa Health Medical Group 621 School Dr Wadsworth, OH 44281	Physician office
<b>12</b> 73 - Summa Health Medical Group 75 Arch St Suite 103 Akron, OH 44304	Physician office
<b>13</b> 74 - Summa Health Medical Group 75 Arch St Suite 104 Akron, OH 44304	Physician office
<b>14</b> 75 - Summa Health Medical Group 75 Arch St Suite 201 Akron, OH 44304	Physician office

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>76</b> 76 - Summa Health Medical Group 75 Arch St Suite 202 Akron, OH 44304	Physician office
<b>1</b> 77 - Summa Health Medical Group 75 Arch St Suite 301 Akron, OH 44304	Physician office
<b>2</b> 78 - Summa Health Medical Group 75 Arch St Suite 302 Akron, OH 44304	Physician office
<b>3</b> 79 - Summa Health Medical Group 75 Arch St Suite 302 Akron, OH 44304	Physician office
<b>4</b> 80 - Summa Health Medical Group 75 Arch St Suite 402 Akron, OH 44304	Physician office
<b>5</b> 81 - Summa Health Medical Group 75 Arch St Suite 406 Akron, OH 44304	Physician office
<b>6</b> 82 - Summa Psychiatry Associates 75 Arch St Suite 410 Akron, OH 44304	Physician office
<b>7</b> 83 - Summa Health Medical Group 75 Arch St Suite 501 Akron, OH 44304	Physician office
<b>8</b> 84 - Summa Health Medical Group 75 Arch St Suite 506 Akron, OH 44304	Physician office
<b>9</b> 85 - Summa Health Medical Group 75 Arch St Suite 514 Akron, OH 44304	Physician office
<b>10</b> 86 - Summa Health Medical Group 75 Arch St Suite B1 Akron, OH 44304	Physician office
<b>11</b> 87 - Summa Health Medical Group 75 Arch St Suite B1 Akron, OH 44304	Physician office
<b>12</b> 88 - Summa Health Medical Group 75 Arch St Suite G2 Akron, OH 44304	Physician office
<b>13</b> 89 - Summa Dental Center 75 Arch St Suite 303 Akron, OH 44304	Full-service outpatient dental facility
<b>14</b> 90 - Summa Health Medical Group 75 Arch StSuite 206 Akron, OH 44304	Physician office

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)
91 - Summa Health Medical Group 75 Arch StSuite 407 Akron, OH 44304	Physician office
92 - Summa Health Medical Group 75 Arch Suite 201 Akron, OH 44304	Physician office
93 - Summa Health Medical Group 91 5th Street Barberton, OH 44203	Physician office
94 - Summa Health Medical Group 95 Arch St Suite 150 Akron, OH 44304	Physician office
95 - Summa Health Medical Group 95 Arch St Suite 165 Akron, OH 44304	Physician office
96 - Summa Health Medical Group 95 Arch St Suite 175 Akron, OH 44304	Physician office
97 - Summa Health Medical Group 95 Arch St Suite 215 Akron, OH 44304	Physician office
98 - Summa Health Medical Group 95 Arch StSuite 220 Akron, OH 44304	Physician office
99 - Summa Health Medical Group 95 Arch St Suite 240 Akron, OH 44304	Physician office
100 - Summa Health Medical Group 95 Arch St Suite 270 Akron, OH 44304	Physician office
101 - Summa Health Medical Group 95 Arch St Suite 280 Akron, OH 44304	Physician office
102 - Summa Health Medical Group 95 Arch StSuite 260 Akron, OH 44304	Physician office
103 - Summa Psychiatry Associates 95 Arch StSuite 260 Akron, OH 44304	Physician office
104 - Summa Health Medical Group 95 Arch StSuite 300 Akron, OH 44304	Physician office
105 - Summa Health Medical Group 95 Arch StSuite 350 Akron, OH 44304	Physician office



**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>106</b> 106 - Summa Health Medical Group AES Building 388 South Main Suite 201 Akron, OH 44311	Physician office

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I  
(Form 990)

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2019

Open to Public  
Inspection

Department of the  
Treasury  
Internal Revenue Service

Name of the organization

SUMMA HEALTH GROUP RETURN

Employer identification number

90-0640432

Part I 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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 . . . . . 0

**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(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
AMERICAN HEART ASSOCIATION 3505 EMBASSY PARKWAY STE 100 AKRON, OH 44333	13-5613797	501(C)(3)	37,500				Prevention, Wellness, Access to Care and Health Disparities, RESEARCH AND EDUCATION
Summit County 550 East Market St AKRON, OH 44304	34-1807135	Governmental	8,000				HEALTH EQUITY

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
THE UNIVERSITY OF AKRON 302 BUCHTEL COMMON AKRON, OH 44301	34-6002924	Governmental	6,000				EDUCATIONAL
SUSAN G KOMEN FOR THE CURE 26210 EMERY ROAD CLEVELAND, OH 44128	75-1835298	501(C)(3)	20,000				Prevention, Wellness, Access to Care and Health Disparities, 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)	8,000				Prevention, Wellness and Health Disparities
STEWARTS CARING PLACE 2955 WEST MARKET STREET AKRON, OH 44333	20-0181338	501(C)(3)	10,000				Prevention, Wellness, Access to Care and Health Disparities

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)	10,000				PREVENTION, WELLNESS, ACCESS TO CARE, HEALTH DISPARITIES AND CANCER RESEARCH
YMCA of Akron 50 SOUTH MAIN STREET STE LL 100 AKRON, OH 44308	34-0714727	501(C)(3)	130,000				Prevention, Wellness and Health Disparities

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 BOULEVARD AKRON, OH 44307	34-0714520	501(C)(3)	10,000				Prevention, Wellness, Access to Care and Health Disparities
HABITAT FOR HUMANITY 2301 ROMIG ROAD AKRON, OH 44320	34-1518873	501(C)(3)	9,750				Prevention, Wellness and Health Disparities



Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	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. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	
Name of the organization SUMMA HEALTH GROUP RETURN		Employer identification number 90-0640432

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.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes on 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		<b>1b</b> 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 on Line 1a?		<b>2</b> 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.			
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee		
<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?		<b>4a</b>	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?		<b>4b</b> Yes	
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?		<b>4c</b>	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
<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?		<b>5a</b>	No
<b>b</b> Any related organization?		<b>5b</b>	No
If "Yes," on line 5a or 5b, describe in Part III.			
<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?		<b>6a</b>	No
<b>b</b> Any related organization?		<b>6b</b>	No
If "Yes," on line 6a or 6b, describe in Part III.			
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		<b>7</b> 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.		<b>8</b>	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)?		<b>9</b>	

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.

[illegible]

**Part III Supplemental Information**

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

Return Reference	Explanation
Part I, Line 1a	Tax indemnification and gross-up payments: Summa Health System grossed up taxes for supplemental executive retirement programs paid to seven officers, and two 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 I, Line 3	Arrangements used to establish the top management official's compensation: The compensation of the President and CEO is established by Summa Health, the related parent organization for all members in the Summa Health System group return. Summa Health has a compensation committee that uses an independent compensation consultant, market surveys, and an annual review process to establish compensation for the position of president and CEO.
Part I, Line 4b	Part 1, Line 4b Supplemental non-qualified retirement plan A Supplemental executive retirement plan is to provide key employees with additional compensation to supplement their retirement benefits and mitigate effects of qualified retirement plan limits. The following listed persons received benefits from the organization or from a related organization: T. Clifford Deveny, MD \$226,709, Phylis Ferrara \$77,233, Lydia Cook, MD \$98,309, Keith T. Coleman \$102,957, Robert A. Gerberry \$83,821, Thomas P. O'Neill \$82,278, David Custodio, MD \$96,358, Michael Hughes, MD \$83,431, Tammy Scarborough \$76,423.
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.

Additional Data

Software ID:

Software Version:

EIN: 90-0640432

Name: SUMMA HEALTH GROUP RETURN

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1T Clifford Deveny MD CEO SHS, Director SHS & SF	(i)	0	0	0	0	0	0	0
	(ii)	981,973	259,399	232,211	8,993	27,090	1,509,666	0
1Derek Klaus MD CLINICAL PHYSICIAN - SHMG	(i)	672,748	612,545	1,170	8,400	31,993	1,326,856	0
	(ii)	0	0	0	0	0	0	0
2MARK POZSGAY DO CIINICAL PHYSICIAN - SHMG	(i)	983,422	269,773	1,200	4,200	35,056	1,293,651	0
	(ii)	0	0	0	0	0	0	0
3JOHN G ZOGRFAKIS MD clinICAL PHYSICIAN - SHMG	(i)	871,400	276,239	1,350	7,768	30,350	1,187,107	0
	(ii)	0	0	0	0	0	0	0
4Anand Desai MD CLINICAL PHYSICIAN - SHMG	(i)	605,732	517,526	1,170	4,132	5,866	1,134,426	0
	(ii)	0	0	0	0	0	0	0
5KIEL PFEFFERIE MD CliniCAL PHYSICIAN - SHMG	(i)	698,480	367,259	1,170	0	29,046	1,095,955	0
	(ii)	0	0	0	0	0	0	0
6Peter Bittenbender MD DIR. SHS & DIR. SHMG	(i)	705,274	45,146	1,170	8,400	8,613	768,603	0
	(ii)	0	0	0	0	0	0	0
7Lydia Cook MD President Summa Health Med	(i)	427,824	202,103	105,326	9,800	8,922	753,975	0
	(ii)	0	0	0	0	0	0	0
8David Custodio MD President, SHS	(i)	415,432	199,108	101,052	9,800	25,251	750,643	0
	(ii)	0	0	0	0	0	0	0
9ROBERT A GERBERRY SHS SEC./SR. VP G.Counsel,	(i)	0	0	0	0	0	0	0
	(ii)	365,068	242,103	86,322	9,800	17,135	720,428	0
10KEITH T COLEMAN SVP CFO, TR. SHS & SHMG, A	(i)	0	0	0	0	0	0	0
	(ii)	455,149	79,061	110,462	1,798	21,825	668,295	0
11THOMAS P O'NEILL VP, CFO SHS, Assistant Tre	(i)	0	0	0	0	0	0	0
	(ii)	356,732	172,335	93,149	7,146	21,797	651,159	0
12Michael Hughes MD President Summa Barberton	(i)	364,682	159,693	89,481	9,800	20,976	644,632	0
	(ii)	0	0	0	0	0	0	0
13PHYLIS FERRARA PRESIDENT & CDO, SF	(i)	334,123	160,007	87,409	9,800	11,418	602,757	0
	(ii)	0	0	0	0	0	0	0
14Tammy Scarborough President Ambulatory Care	(i)	0	0	0	0	0	0	0
	(ii)	334,338	158,573	78,145	8,313	9,366	588,735	0
15Lori Rhine RN VP, CNO Akron & St. Thomas	(i)	295,701	146,681	3,449	8,750	24,221	478,802	0
	(ii)	0	0	0	0	0	0	0
16Lynn Hamrich MD DIRECTOR SHS	(i)	261,970	0	1,287	8,032	19,249	290,538	0
	(ii)	0	0	0	0	0	0	0

Note: TO capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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 VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
► Attach to Form 990.  
►Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

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 Jt Twp Hosp Dist	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 . . . . .			19,050,927		57,295,000		6,725,000	
2	Amount of bonds legally defeased . . . . .	24,495,000							
3	Total proceeds of issue . . . . .	180,162,106		32,509,635		145,250,000		205,384,474	
4	Gross proceeds in reserve funds . . . . .	17,210,123							
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 . . . . .							201,939	
8	Credit enhancement from proceeds . . . . .	4,929,857							
9	Working capital expenditures from proceeds . . . . .								
10	Capital expenditures from proceeds . . . . .	154,030,731						100,525,342	
11	Other spent proceeds . . . . .			32,509,635		144,454,110		76,157,754	
12	Other unspent proceeds . . . . .								
13	Year of substantial completion . . . . .	2012		2012		2008		2019	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, 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 . . . . . ▶	1.100 %		3.500 %		0.600 %			
<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 . . . . . ▶	0.200 %		0.500 %		0.100 %			
<b>6</b>	Total of lines 4 and 5 . . . . .	1.300 %		4.000 %		0.700 %			
<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. . .					5.800 %			
<b>c</b>	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .					X			
<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						See Schedule K VI	
<b>c</b> Term of GIC . . . . .	220.0000000000 %						100.0000000000 %	
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .	X						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	Akron, Bath and Copley Joint Township Hospital District Series 2017 Bonds: An additional Schedule K is included to provide for the issuance of the Series 2017 Bonds and the Series 2018 Bonds.



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 principal amount of \$50,000,000, and (2) pay issuance costs.

Return Reference	Explanation
Schedule K, Part I, Line C, Column (a)	<p>Akron, Bath and Copley Joint Township Hospital District Series 2014 Bonds: The 2014 Bonds consisted of the following three series of Bonds, which were 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 (the "Series 2014A Bonds"), (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 (the "Series 2014B Bonds"), 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 "Development Finance Authority Bonds"). The Series 2014A Bonds and the Development Finance Authority Bonds were each issued on October 2, 2014, and the Series 2014B Bonds were issued on November 18, 2014. The Akron, Bath and Copley Joint Township Hospital District's EIN is 34-1448680, and the Development Finance Authority's EIN is 34-1765940.</p>

Return Reference	Explanation
Schedule K, Part I, Line C, Column (f)	<p>Series 2014A Bonds, Series 2014B Bonds, 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, (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) 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, Column (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 II, Column D, Line 3	Total Proceeds of Issue - Column D: The difference between the total proceeds of the issue and the issue price provided in Part I, Line 4, Column (e) is due to investment proceeds of the issue. This amount is smaller than the amount reported in the 2017 Schedule K because certain disposition proceeds included as proceeds of the Series 2016 Bonds were part of a remedial action under Treasury Regulations Section 1.141-12. Those disposition proceeds are included in the additional Schedule K as the Series 2018 Bonds.



Return Reference	Explanation
Schedule K, Part II, Column D, Line 7	Issuance Costs from Proceeds - Column D: The issuance costs of the issue provided in Part II, Line 7, Column D is less than the issuance costs provided in the Form 8038 for this issue because of the transfer of unexpended money in the expense fund to the project fund for this issue.

Return Reference	Explanation
Schedule K, Part III, Column D, Line 8a	Sale of Bond-Financed Property: Summa elected to use the alternative use of disposition proceeds under Regulations Section 1.141-12. An IRS Form 8038 was filed in connection with that remedial action and, accordingly, Summa has reported that remedial action as a reissued bond for purposes of Schedule K.

Return Reference	Explanation
Schedule K, Part IV, Column C, Line 4b	Name of Hedge Provider: 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: 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 05/08/2018.

Return Reference	Explanation
SCHEDULE K, PART IV, COLUMN A, LINE 5B	Name of GIC Provider: Morgan Stanley & Company Incorporated

Return Reference	Explanation
Schedule K, Part I, Line A, Column (a)	Akron, Bath and Copley Joint Township Hospital District Series 2017A Bond, Series 2017B Bonds, and Series 2017C Bonds: The 2017 Bonds consisted of the following three series of Bonds, which were treated as a single issue of bonds for federal income tax purposes: (1) Akron, Bath and Copley Joint Township Hospital District, Ohio Hospital Facilities Improvement Revenue Bonds, Series 2017A (Summa Health Obligated Group) issued in the original principal amount of \$15,000,000, (2) Akron, Bath and Copley Joint Township Hospital District, Ohio Hospital Facilities Improvement Revenue Bonds, Series 2017B (Summa Health Obligated Group) issued in the original principal amount of \$75,000,000, and (3) Akron, Bath and Copley Joint Township Hospital District, Ohio Hospital Facilities Improvement Revenue Bonds, Series 2017C (Summa Health Obligated Group) issued in the original principal amount of \$50,000,000.

Return Reference	Explanation
Schedule K, Part I, Line B	Akron, Bath and Copley Joint Township Hospital District Series 2018 Bonds: The Series 2018 Bonds were an alternative disposition of sale proceeds of a portion of property that was financed with the proceeds of the Series 2016 Bonds. The alternative disposition of bond proceeds was a remedial action done in accordance with Regulations Section 1.141-12.



Return Reference	Explanation
Schedule K, Part II, Column A, Line 3	Akron, Bath and Copley Joint Township Hospital District Series 2018 Bonds: 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, Column (e) is due to investment proceeds of the issue.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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 VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

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 Akron Bath and Copley Jt Twp Hosp Dist	34-1448680		12-22-2017	140,000,000	see Part VI		X		X		X
B Akron Bath and Copley Jt Twp Hosp Dist	34-1448680		05-15-2018	16,252,805	see Part VI		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired . . . . .								
2	Amount of bonds legally defeased . . . . .								
3	Total proceeds of issue . . . . .	142,450,805		16,252,805					
4	Gross proceeds in reserve funds . . . . .								
5	Capitalized interest from proceeds . . . . .	545,000							
6	Proceeds in refunding escrows . . . . .								
7	Issuance costs from proceeds . . . . .								
8	Credit enhancement from proceeds . . . . .								
9	Working capital expenditures from proceeds . . . . .								
10	Capital expenditures from proceeds . . . . .	141,723,005							
11	Other spent proceeds . . . . .								
12	Other unspent proceeds . . . . .	18,194		16,252,805					
13	Year of substantial completion . . . . .	2019		2019					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .		X		X				
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		X		X				
16	Has the final allocation of proceeds been made? . . . . .		X		X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X					

Part III Private Business Use

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

**Part III Private Business Use** (Continued)

	<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>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	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					
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	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							
<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 . . . . .	0.300 %		0.300 %					
<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 %		0 %					
<b>6</b> Total of lines 4 and 5 . . . . .	0.300 %		0.300 %					
<b>7</b> Does the bond issue meet the private security or payment test? . . . .		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				
<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					

**Part IV Arbitrage**

	<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>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .		X		X				
<b>2</b> If "No" to line 1, did the following apply? . . . .								
<b>a</b> Rebate not due yet? . . . . .	X		X					
<b>b</b> Exception to rebate? . . . . .		X		X				
<b>c</b> No rebate due? . . . . .		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				
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**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				
<b>b</b> Name of provider . . . . .	Natixis Funding Corp							
<b>c</b> Term of GIC . . . . .	110.0000000000 %							
<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				
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . .	X		X					

**Part V Procedures To Undertake Corrective Action**

	<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					

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

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

Department of the Treasury

Internal Revenue Service

Name 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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Employer identification number**

90-0640432

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part V, Line 2a and 2b	The parent organization, Summa Health, EIN 34-1887844, is the employer of record for employees working for Group Return entities.

**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") - 16 - 13 Summa Foundation ("SF") - 26 - 24 Summa Physicians, Inc. dba Summa Health Medical Group ("SHMG") - 3 - 2 Totals for Group return - 45 - 39 All of the organizations listed above are subordinates under the control of Summa Health ("SH"). As of December 31, 2019, SH had 16 voting directors, 13 of whom were independent voting directors.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Section A, line 2	<p>Family/Business relationships amongst interested persons: Summa Health System: The following individuals have a business relationship as board members of an entity in which Summa Health System has an ownership interest: Aris Teleradiology Holdings, Inc.: Thomas O'Neill, Tammy Scarborough Select Specialty Hospital, LLC: Thomas O'Neill, Mark Terpylak, DO, Lori Rhine, RN Summa Rehab Hospital: Thomas O'Neill, Mark Terpylak, DO, Tammy Scarborough, David Custodio, MD The following individuals have a business relationship as board members of a Summa Health owned entity: Middlebury Assurance Company: T. Clifford Deveny, MD, James McIlvaine, Robert Gerberry, Thomas O'Neill Summa ACO dba NewHealth Collaborative: T. Clifford Deveny, MD, Keith Coleman, Robert Gerberry, Lydia Cook, MD, Michael Hughes, MD Summa Health System Corp: T. Clifford Deveny, MD, Keith Coleman, Robert Gerberry The following individuals have a business relationship as board members of a Summa Health System Corp., a Summa Health owned entity: Ohio Health Choice: Robert Gerberry, Thomas O'Neill, Mark Terpylak, DO Summa Management Services Org.: Keith Coleman, Robert Gerberry SummaCare and Summa Insurance Company: T. Clifford Deveny, MD, Anthony Lockhart, Jeffrey Copeland, Robert Gerberry, Thomas O'Neill, Lydia Cook, MD Summa Foundation: T. Clifford Deveny, M.D., Paul Testa business relationship</p>

## 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	<p>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, the President of Summa Foundation, the President of the Women's Board of Summa Health and the President of the Women's Board of St. Thomas Hospital shall serve as directors of Summa Foundation. Summa Physicians, Inc. dba Summa Health Medical Group: The sole shareholder of Summa Physicians, Inc. is subject to a Share Control Agreement wherein which she may elect only persons approved by Summa Health as directors of Summa Physicians, Inc. To ensure Summa Health System maintains a significant voice in the investment policies, grant-making policies, and otherwise in the use of income and assets of Summa Physicians, Inc., at least one director of Summa Physicians, Inc. must also be a member of Summa Health System's Board of Directors.</p>

**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 Summa Health System. As the sole member, Summa Health has the power and authority to approve or disapprove of each of the following on behalf of Summa Health 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 document of the Corporation and any and all amendments thereto; (iii)Adoption of any amendments to the Articles of Incorporation or similar charter or organizational document or agreement and/or any other change in the corporate structure or governance of the Corporation; (iv) Establishment of qualifications for the selection of Directors, Directors or Managers of the Corporation; (v)Appointment or election and removal of members of the governing body of the Corporation; (vi)Appointment or election and removal of the President and/or Chief Executive Officer or similar officer(s) of the Corporation; (vii)Adoption of annual operating and capital budgets of the Corporation; (viii)The borrowing of money or other incurring or creating of any indebtedness of the Corporation, including by way of a guaranty of the debt of another, in an amount greater than \$1,000,000 or that will increase the amount of indebtedness incurred in the current calendar year, in the aggregate, to more than \$3,500, 000; (ix)Adoption of the long range plans of the Corporation; (x) Determinations as to the use and occupancy of any building owned or leased by the Corporation; (xi)The sale, encumbrance, lease or disposition of real property of the Corporation other than in the ordinary course of the operations of the Corporation; and (xii)The merger, reorganization, dissolution or other corporate action of a similar nature, including participation in a joint venture, proposed by the Corporation. Summa Foundation: Summa Health is the sole member ("Member") of Summa Foundation. The following are the matters ("Reserved Powers") which must be submitted to, and receive the approval of both the Board of Directors of Summa Foundation and the Member: (i)Any modification of the essential nature, purpose, mission or operations of the Corporation; (ii)Adoption of a Code of Regulations, Bylaws or other constitutive document of the Corporation and any and all amendments thereto; (iii)Adoption of any amendments to the Articles of Incorporation or similar charter or organizational document or a greement and/or any other change in the corporate structure or governance of the Corporation; (iv)Establishment of qualifications for the selection of Directors, Directors or Managers of the Corporation; (v)Appointment or election and removal of members of the governing body of the Corporation; (vi)Appointment or election and removal of the President and/or Chief Executive Officer or similar officer(s) of the Corporation; (vii)Adoption of annual operating and capital budgets</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	<p>of the Corporation; (viii)The borrowing of money or other incurring or creating of any indebtedness of the Corporation, including by way of a guaranty of the debt of another, in an amount greater than \$1,000,000 or that will increase the amount of indebtedness incurred in the current calendar year, in the aggregate, to more than \$3,500,000; (ix)Adoption of the long range plans of the Corporation; (x)Determinations as to the use and occupancy of any building owned or leased by the Corporation; (xi)The sale, encumbrance, lease or disposition of real property of the Corporation other than in the ordinary course of the operations of the Corporation; and (xii)The merger, reorganization, dissolution or other corporate action of a similar nature, including participation in a joint venture, proposed by the Corporation. Summa Physicians, Inc. dba Summa Health Medical Group: A Share Control Agreement among Summa Health, Summa Physicians, Inc. and the sole shareholder of Summa Physicians, Inc. provides that the sole shareholder shall vote each share of Summa Physicians, Inc.'s capital stock now or hereafter owned by the shareholder on any matter submitted for a vote to the shareholders of such stock, only as approved in advance by Summa Health, including, but not limited to the matters listed below: (a) lease, sell, exchange, transfer or otherwise dispose of all or substantially all of the Summa Physicians, Inc.'s assets; (b) be merged, consolidated or otherwise reorganized with or into any other corporation or trade or business; (c) issue any shares of any class of Summa Physicians, Inc.'s capital stock (whether from treasury or from authorized but unissued shares); (d) amend or otherwise modify its articles of incorporation or code of regulations; (e) dissolve (other than by action of a court of competent jurisdiction); or enter into any agreement with any person to do any of the foregoing.</p>

**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 October 8, 2020. 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 2020 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, 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: Compensation review is delegated to Summa Health, which shares a common Board with members of the Group. 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. The Compensation Committee has used Korn Ferry, a nationally recognized consulting firm, to assist their efforts. Korn Ferry 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, Strategy &amp; Performance Management Senior Vice President, IT&amp;S &amp; CIO Senior Vice President, Human Resources President, SummaCare Senior Vice President, Population Health, President, ACO/NHC Summa Health System: President, Akron &amp; St. Thomas President, Summa Barberton President, Ambulatory Care and Clinical Service Lines Vice President &amp; CFO Summa Health System 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 ( <a href="http://www.sos.state.oh.us">www.sos.state.oh.us</a> ). Summa Health makes its financial statements available on its website ( <a href="http://www.summahealth.org">www.summahealth.org</a> ). The financial statements are also available through the Electronic Municipal Market Access ( <a href="http://www.emma.msrb.org">www.emma.msrb.org</a> ) and on Summa's website ( <a href="http://www.summahealth.org">www.summahealth.org</a> ).

## 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 -5,117,000. Post Retirement Benefit Adjustment -192,000. Net assets released from restriction 235,000. Net asset contribution to(from) affiliated organization 39,451,000. Change in Permanently restricted net assets -38,919. Other Changes in Net Assets - adjustments 231,020.

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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

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

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	N/A	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	14,020,760	3,163,680		No			No	52.000 %
<b>(2)</b> SUMMA HHAH HOLDINGS LLC C/O 1077 GORGE BLVD Akron, OH 44310 82-3600079	HOME HEALTH AND HOSPICE	OH	Summa Health System	RELATED	25,467,000	6,185,400		No			No	60.000 %

**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 . . . . .

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

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

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

**e** Loans or loan guarantees by related organization(s) . . . . .

**f** Dividends from related organization(s) . . . . .

**g** Sale of assets to related organization(s) . . . . .

**h** Purchase of assets from related organization(s) . . . . .

**i** Exchange of assets with related organization(s) . . . . .

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

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

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

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

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

**o** Sharing of paid employees with related organization(s) . . . . .

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

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

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

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

Yes

No

1a

Yes

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

Yes

1n

No

1o

No

1p

No

1q

No

1r

No

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) 2019

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

[illegible]

**Part VII**

**Supplemental Information**

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

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
Ohio Health Choice Inc 1077 Gorge Blvd Akron, OH 443092090 34-1895396	PPO	OH	Summa Health System Corp	C					No
Summa Insurance Company Inc 1200 E Market St 400 Akron, OH 44305 34-1809108	Prop/Cas Ins	OH	SUMMACARE INC	C					No
Summa Health System Corp 1077 Gorge Blvd Akron, OH 443092090 34-1515252	Mgmt Svcs	OH	Summa Health	C					No
Wadsworth Rittman Hos Prof Svc Corp 195 Wadsworth Rd Wadsworth, OH 44281 01-0842997	Prof Med Svcs	OH	Summa Health System Corp	C					No
Middlebury Assurance Company PO Box 1051 KY1-1102 Grand Cayman CJ 98-0405096	Self Insurance	CJ	Summa Health	C					No
Summacare Inc 1200 E Market St 400 Akron, OH 44305 34-1726655	Prop/Cas Ins	OH	SUMMA HEALTH SYSTEM CORP	C					No
Aris Teleradiology Holdings Inc 5655 Hudson Drive Suite 210 Hudson, OH 44236 45-3697866	Radiology Svc	OH	Summa Health System	C	26,215,221	12,703,503	58.800 %	Yes	
Summa Accountable Care Organization 1077 Gorge Blvd Akron, OH 443092090 27-3857055	Contracting	OH	Summa Health	C					No
Health Care Centers Physicians Inc 1900 23rd Street Cuyahoga Falls, OH 44223 34-1692767	Inactive	OH	Summa Health System Corp	C					No
Summa Management Services Organization 1200 E Market St 400 Akron, OH 44305 46-1145832	Mgmt Svcs	OH	Summa Health System Corp	C					No
Summa Integrated Services Organization 1200 E Market St 400 Akron, OH 44305 46-1159251	Mgmt Svcs	OH	Summa Health System Corp	C					No

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Summa Rehab Hospital LLC	A	2,576,486	FMV
SUMMACARE INC	L	47,971,929	FMV
SUMMACARE INC	L	9,002,586	FMV
SUMMA INSURANCE COMPANY INC	L	16,570,324	FMV
SUMMA INSURANCE COMPANY INC	L	1,585,827	FMV
SUMMACARE INC	L	523,754	FMV
Summa Rehab Hospital LLC	L	523,898	FMV
Middlebury Assurance Company	M	7,016,116	FMV
Middlebury Assurance Company	M	2,946,710	FMV
Summa Integrated Services Organization	M	1,911,259	FMV