

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning , **2011**, and ending , **20**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SUMMA HEALTH SYSTEM Doing Business As			D Employer identification number 34-1887844	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone number (330) 375-3196	
	City or town, state or country, and ZIP + 4 AKRON, OH 44309			G Gross receipts \$ 12,449,905.	
	F Name and address of principal officer: THOMAS J. STRAUSS 525 EAST MARKET STREET AKRON, OH 44309			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.SUMMAHEALTH.ORG		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1999		M State of legal domicile: OH

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF SUMMA HEALTH SYSTEM IS TO PROVIDE THE HIGHEST QUALITY, COMPASSIONATE CARE TO PATIENTS AND MEMBERS AND CONTRIBUTE TO A HEALTHIER COMMUNITY.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	26.		
	4	13.		
	5	24.		
	6	0		
	7a	376,939.		
	7b	360,939.		
	Revenue	8	0	0
		9	11,304,130.	9,043,825.
10		1,062,421.	298,375.	
11		-172,603.	-55,070.	
12		12,193,948.	9,287,130.	
Expenses		13	2,850.	15,000.
		14	0	0
		15	2,191,729.	2,251,521.
		16a	0	0
		16b	0	0
17	1,415,390.	2,308,011.		
18	3,609,969.	4,574,532.		
19	8,583,979.	4,712,598.		
Net Assets or Fund Balances	20	99,170,490.	104,484,276.	
	21	23,483,119.	21,937,847.	
	22	75,687,371.	82,546,429.	

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 _____ Date _____	
	Type or print name and title _____	
Paid Preparer Use Only	Print/Type preparer's name _____ Preparer's signature _____ Date _____	Check if self-employed <input type="checkbox"/> PTIN P00395735
	Firm's name ▶ ERNST & YOUNG U.S. LLP	EIN ▶ 34-656596
	Firm's address ▶ 111 MONUMENT CIRCLE, SUITE 2600 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.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

THE MISSION OF SUMMA HEALTH SYSTEM 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? No

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

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 and section 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.

4a (Code:) (Expenses \$ 3,342,331. including grants of \$ 0) (Revenue \$ 3,840,048.)

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

4b (Code:) (Expenses \$ 250,000. including grants of \$ 15,000.) (Revenue \$ 5,203,777.)

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

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 3,592,331.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; 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		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
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		X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	X	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
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, XII, and XIII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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

Check if Schedule O contains a response to any question in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (26), 1b (13), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OH,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request
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, physical address, and telephone number of the person who possesses the books and records of the organization: BRIAN K. DERRICK 525 EAST MARKET STREET AKRON, OH 44309 330-375-3196

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
ATTACHMENT 1										
(1) MICHAEL BAGE, MD DIRECTOR	2.00	X						0	504,510.	10,204.
(2) VINCENT DIGIROLAMO DIRECTOR	2.00	X						0	0	0
(3) DANIEL FINELLI, MD DIRECTOR	2.00	X						0	0	0
(4) ROBERT FLORA, MD DIRECTOR	2.00	X						0	307,089.	67,435.
(5) MICHAEL FRANK, MD DIRECTOR	2.00	X						0	0	0
(6) WILLIAM GINTER DIRECTOR	2.00	X						0	0	0
(7) STEPHEN HAILER DIRECTOR	2.00	X						0	0	0
(8) THOMAS KNOLL DIRECTOR	2.00	X						0	222,408.	0
(9) DAVID LIEBERTH DIRECTOR	2.00	X						0	0	0
(10) ANTHONY LOCKHART DIRECTOR	2.00	X						0	0	0
(11) MICHAEL MAGGIO, MD DIRECTOR	2.00	X						0	203,089.	47,545.
(12) JAMES MCILVAINE DIRECTOR	2.00	X						0	0	0
(13) DALE MURPHY, MD DIRECTOR	2.00	X						0	568,923.	42,768.
(14) JOSEPH MYERS, MD DIRECTOR	2.00	X						0	460,029.	19,705.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(15) JOSEPH NIENALTOWSKI, DO DIRECTOR	2.00	X						0	0	0
(16) GORDON OBER DIRECTOR	2.00	X						0	0	0
(17) THERESA PROENZA DIRECTOR	2.00	X						0	0	0
(18) ROBERT SCHAAL, MD DIRECTOR	2.00	X						0	75,000.	0
(19) MARTIN SPECTOR DIRECTOR	2.00	X						0	0	0
(20) VICKI SUSSMAN DIRECTOR	2.00	X						0	0	0
(21) LEILA VESPOLI DIRECTOR	2.00	X						0	0	0
(22) NORMAN WELLS DIRECTOR	2.00	X						0	0	0
(23) JEFFREY WRIGHT, MD DIRECTOR	2.00	X						0	0	0
(24) JOSEPH ZARCONI, MD DIRECTOR	2.00	X						0	519,285.	49,246.
(25) RICHARD MARSH DIRECTOR & CHAIRMAN	4.00	X		X				0	0	0
1b Sub-total								0	2,266,048.	187,657.
c Total from continuation sheets to Part VII, Section A								586,834.	10,065,272.	969,733.
d Total (add lines 1b and 1c)								586,834.	12,331,320.	1,157,390.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 3

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
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>	X	
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>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MARK TERPYLAK, M.D. 493 CANTON ROAD AKRON, OH 44312	MGMT/CONSULTING FEES	100,315.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 1

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(26) THOMAS STRAUSS DIRECTOR & SYSTEM PRES/CEO	4.00	X		X			0	1,714,943.	97,692.	
(27) BERNETT WILLIAMS DIRECTOR (TERM 01/2011)	2.00	X					0	0	0	
(28) WILLIAM POWEL, III SECRETARY	4.00			X			0	615,406.	89,577.	
(29) BRIAN DERRICK SYSTEM CFO	4.00			X			0	142,749.	13,023.	
(30) THOMAS O'NEILL ASST TREASURER	4.00			X			0	488,174.	67,174.	
(31) C. MICHAEL RUTHERFORD SYSTEM CFO (TERM 01/2011)	4.00			X			0	175,364.	144.	
(32) CHARLES VIGNOS VP, SUMMA HEALTH NETWORK	50.00					X	345,070.	0	71,645.	
(33) CHARLES ROSS, MD CHIEF MEDICAL OFFICER	2.00					X	0	435,938.	34,480.	
(34) ROBERT HARRIGAN SYSTEM COO	2.00					X	0	1,002,992.	74,559.	
(35) GREGORY KALL VP, CIO	2.00					X	0	432,141.	45,456.	
(36) MARTIN HAUSER PRESIDENT, SUMMACARE	2.00					X	0	641,600.	58,362.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 3

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
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>	X	
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>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(37) KYLE KLAWITTER VP, SYSTEM HR	2.00				X			0	431,997.	85,029.
(38) UNHEE KIM VP, CLINICAL SERVICES	2.00				X			0	546,394.	51,157.
(39) PATRICE LANGE VP, SYSTEM MARKETING	2.00				X			0	423,614.	39,657.
(40) MARY WARD VP, CHIEF NURSING OFFICER	2.00				X			0	545,282.	45,390.
(41) MICHAEL HILLMAN, MD VP, CHIEF MED/QUAL OFFICER	2.00				X			0	551,561.	54,514.
(42) JAY WILLIAMSON, MD INTERIM PRES., SPI	2.00				X			0	277,318.	9,596.
(43) T. CLIFFORD DEVENY, MD PRESIDENT, SPI (TERM 04/2011)	2.00				X			0	273,090.	36,532.
(44) KEVIN THEISS VP, SYSTEM REVENUE CYCLE	2.00				X			0	291,432.	26,128.
(45) JEFFREY PRICE TOP 5 HCE	50.00					X		140,424.	0	16,264.
(46) LAURA MCCAFFERTY TOP 5 HCE	50.00					X		101,340.	0	3,486.
(47) KATHLEEN RICE FORMER OFFICER	0						X	0	480,992.	622.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
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>	X	
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>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions) . .	1e						
	f All other contributions, gifts, grants, and similar amounts not included above .	1f						
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f ▶			0				
Program Service Revenue	Business Code							
	2a HEALTHCARE REVENUE		524298	3,840,048.	3,840,048.			
	b PROGRAM RELATED INVESTMENTS		900099	5,203,777.	4,771,555.	432,222.		
	c _____							
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f ▶			9,043,825.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			298,375.			298,375.	
	4 Income from investment of tax-exempt bond proceeds . . . ▶			0				
	5 Royalties ▶			0				
	6a Gross rents	(i) Real						
		(ii) Personal						
			3,107,705.					
		b Less: rental expenses			3,162,775.			
	c Rental income or (loss)			-55,070.				
	d Net rental income or (loss) ▶			-55,070.		-55,283.	213.	
	7a Gross amount from sales of assets other than inventory	(i) Securities						
		(ii) Other						
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)						
	d Net gain or (loss) ▶			0				
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a							
b Less: direct expenses b								
c Net income or (loss) from fundraising events ▶			0					
9a Gross income from gaming activities. See Part IV, line 19 a								
b Less: direct expenses b								
c Net income or (loss) from gaming activities ▶			0					
10a Gross sales of inventory, less returns and allowances a								
b Less: cost of goods sold b								
c Net income or (loss) from sales of inventory ▶			0					
Miscellaneous Revenue			Business Code					
11a _____								
b _____								
c _____								
d All other revenue								
e Total. Add lines 11a-11d ▶			0					
12 Total revenue. See instructions ▶			9,287,130.	8,611,603.	376,939.	298,588.		

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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	15,000.	15,000.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	416,715.	416,715.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	1,279,071.	1,279,071.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	35,589.	35,589.		
9 Other employee benefits	411,243.	411,243.		
10 Payroll taxes	108,903.	108,903.		
11 Fees for services (non-employees):				
a Management	81,285.	68,862.	12,423.	
b Legal	0			
c Accounting	122,421.	112,768.	9,653.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other	0			
12 Advertising and promotion	8,620.	8,620.		
13 Office expenses	61,422.	61,422.		
14 Information technology	242,697.	242,697.		
15 Royalties	0			
16 Occupancy	396,587.	198,635.	197,952.	
17 Travel	20,061.	20,061.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	49,559.	49,559.		
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	312,845.	312,845.		
23 Insurance	0			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>SETTLEMENT FEES</u>	500,000.		500,000.	
b <u>TAX EXPENSE</u>	262,173.		262,173.	
c <u>SPONSORSHIPS</u>	243,400.	243,400.		
d <u>DUES & LICENSES</u>	6,941.	6,941.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	4,574,532.	3,592,331.	982,201.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	200.	1	200.
	2 Savings and temporary cash investments	21,260,528.	2	16,416,629.
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	12,226,431.	4	12,126,053.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	0	9	0
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 32,339,969.		
	b Less: accumulated depreciation	10b 18,291,121.	16,161,346.	10c 14,048,848.
	11 Investments - publicly traded securities	ATCH 2	5,656,832.	11 12,158,670.
	12 Investments - other securities. See Part IV, line 11		0	12 0
	13 Investments - program-related. See Part IV, line 11		40,405,949.	13 46,524,672.
	14 Intangible assets		0	14 0
	15 Other assets. See Part IV, line 11		3,459,204.	15 3,209,204.
16 Total assets. Add lines 1 through 15 (must equal line 34)		99,170,490.	16 104,484,276.	
Liabilities	17 Accounts payable and accrued expenses	633,613.	17	3,447,437.
	18 Grants payable	3,459,204.	18	3,209,204.
	19 Deferred revenue	284,292.	19	406,417.
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	19,070,685.	24	14,874,789.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	35,325.	25	0
	26 Total liabilities. Add lines 17 through 25		23,483,119.	26 21,937,847.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	75,687,371.	27	82,546,429.
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	75,687,371.	33	82,546,429.	
34 Total liabilities and net assets/fund balances		99,170,490.	34 104,484,276.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,287,130.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,574,532.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,712,598.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	75,687,371.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2,146,460.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	82,546,429.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	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	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

- a Type I b Type II c Type III - Functionally integrated d Type III - Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		X
(ii) A family member of a person described in (i) above?		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		X

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A) ATTACHMENT 1									
(B)									
(C)									
(D)									
(E)									
Total									

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

Section A. Public Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2011; 15 Public support percentage from 2010 Schedule A; 16a 33 1/3% support test - 2011; b 33 1/3% support test - 2010; 17a 10%-facts-and-circumstances test - 2011; b 10%-facts-and-circumstances test - 2010; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. 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 - 2010. 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 Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PART I, LINE 11H

SUMMA HEALTH SYSTEM PROVIDES MANAGEMENT SUPPORT AND SYSTEM OVERSIGHT

DIRECTLY TO THE ORGANIZATIONS.

ATTACHMENT 1

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV)		(V)	(VI)	(VII) AMOUNT OF SUPPORT
			YES	NO	YES NO	YES NO	
SUMMA AKRON CITY & ST. THOMAS HOSPITALS	34-0714755	03	X				0
THE WADSWORTH-RITTMAN AREA HOSPITAL ASSOCIATION	34-6549371	03	X				0
SUMMA BARBERTON CITIZENS HOSPITAL	26-1375072	03	X				0
SUMMA AKRON CITY & ST. THOMAS HOSPITALS FOUNDATION	34-1219001	07	X				0
CUYAHOGA FALLS GENERAL HOSPITAL	34-0718383	09	X				0
SUMMA FOUNDATION	32-0323002	07	X				0
TOTAL AMOUNT OF SUPPORT							

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Name of the organization

SUMMA HEALTH SYSTEM

Employer identification number

34-1887844

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees...

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for: Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement reported on line 2(d) above satisfy the requirements..., 9 In Part XIV, describe how the organization reports conservation easements...

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Rows include: 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 XIV, 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) Revenues included in 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 Revenues included in 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.

Schedule D (Form 990) 2011

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 XIV.

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" to 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 XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	15,633,840.	13,145,135.	13,311,624.	9,445,067.	
b Contributions	113,108.	2,481,325.	-183,166.	3,890,076.	
c Net investment earnings, gains, and losses	149,521.	7,380.	16,677.	-23,519.	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	15,896,469.	15,633,840.	13,145,135.	13,311,624.	

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 100.0000 %
- c Temporarily restricted endowment _____ %

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

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment. 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				
b Buildings		30,511,298.	17,146,484.	13,364,814.
c Leasehold improvements		19,978.	12,764.	7,214.
d Equipment		1,808,693.	1,131,873.	676,820.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				14,048,848.

Part VII Investments - Other Securities. 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) _____		
(I) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) OHIO PURCHASING ALLIANCE	20,000.	COST
(2) OHIO HEALTH CHOICE, INC	374,997.	FMV
(3) MIDDLEBURY ASSURANCE COMPANY	19,903,347.	FMV
(4) SUMMACARE, INC	1,000,000.	COST
(5) SUMMA INSURANCE COMPANY	25,226,328.	COST
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	46,524,672.	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)		1
2	Total expenses (Form 990, Part IX, column (A), line 25)		2
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3
4	Net unrealized gains (losses) on investments		4
5	Donated services and use of facilities		5
6	Investment expenses		6
7	Prior period adjustments		7
8	Other (Describe in Part XIV.)		8
9	Total adjustments (net). Add lines 4 through 8		9
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

PART X

LINE 2, FIN 48 (ASC 70) FOOTNOTE:

THE SYSTEM AND MOST OF ITS SUBSIDIARIES ARE NOT-FOR-PROFIT CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (CODE) AND ARE EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO SECTION 501(A) OF THE CODE. THE SYSTEM ALSO HAS CERTAIN SUBSIDIARIES THAT ARE TAXABLE FOR FEDERAL INCOME TAX PURPOSES. SUMMA INSURANCE COMPANY ("SIC"), TOGETHER WITH AFFILIATES OF SHS CORPORATION ("SHSC"), FILE A CONSOLIDATED FEDERAL INCOME TAX RETURN IN ACCORDANCE WITH A TAX SHARING AGREEMENT DATED JANUARY 1, 2010. THE ENTITIES UTILIZE A CONSOLIDATED APPROACH TO THE ALLOCATION OF FEDERAL INCOME TAXES, WHEREAS SHSC'S TAX SHARING AGREEMENT WITH ITS SUBSIDIARIES ALLOWS IT TO MAKE CERTAIN CODE ELECTIONS IN ITS CONSOLIDATED FEDERAL TAX RETURN. IN THE EVENT SUCH CODE ELECTIONS ARE MADE, ANY BENEFIT OR LIABILITY IS THE RESPONSIBILITY OF SHSC AND IS ACCRUED AND PAID BY THE SUBSIDIARIES. SIC 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 OF DEFERRED TAX ASSETS AND LIABILITIES OF A CHANGE IN TAX RATES IS RECOGNIZED IN INCOME IN THE PERIOD THAT INCLUDES THE ENACTMENT DATE. THE SYSTEM RECOGNIZES INTEREST INCOME, INTEREST EXPENSE,

Part XIV Supplemental Information *(continued)*

AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS WITHIN THE INCOME TAX
EXPENSE ACCOUNT.

PART V, LINE 4

ENDOWMENT FUNDS PROVIDE INCOME TO BE USED TO FULFILL THE TAX-EXEMPT
PURPOSES OF SUMMA AKRON CITY & ST. THOMAS HOSPITALS FOUNDATION.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**
▶ **Attach to Form 990. ▶ See separate instructions.**

Name of the organization

Employer identification number

SUMMA HEALTH SYSTEM

34-1887844

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	SELF INSURANCE	49,120,743.
(2) CENTRAL AMERICA/CARIBBEAN			UNRELATED TRADE/BUS.		43,773.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					49,164,516.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					49,164,516.

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

Schedule F (Form 990) 2011

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000
 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities

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

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A).* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471).* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865).* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Part V **Supplemental Information**

Complete this part to 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).

PART I, LINE 3 (1), COL F

INVESTMENT \$49,120,743

EXPENSES \$ 493,481

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

SUMMA HEALTH SYSTEM

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Employer identification number

34-1887844

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(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
(1)	UNIVERSITY OF AKRON AKRON, OH 44301	34-6002924	501(C)(3)	15,000.				EDUCATIONAL
(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 1.

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

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

Schedule I (Form 990) (2011)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

SUMMA HEALTH SYSTEM

Employer identification number

34-1887844

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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 checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in 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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a	X	
6b	X	
7		X
8		X
9		

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

Schedule J (Form 990) 2011

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

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

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

(A) Name	(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 reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MICHAEL BAGE, MD	(i)	0	0	0	0	0	0
	(ii)	400,876.	103,034.	600.	0	10,204.	514,714.
2 ROBERT FLORA, MD	(i)	0	0	0	0	0	0
	(ii)	292,210.	13,259.	1,620.	7,720.	59,715.	374,524.
3 THOMAS KNOLL	(i)	0	0	0	0	0	0
	(ii)	222,408.	0	0	0	0	222,408.
4 MICHAEL MAGGIO, MD	(i)	0	0	0	0	0	0
	(ii)	199,671.	2,578.	840.	5,191.	42,354.	250,634.
5 DALE MURPHY, MD	(i)	0	0	0	0	0	0
	(ii)	361,977.	198,066.	8,880.	32,298.	10,470.	611,691.
6 JOSEPH MYERS, MD	(i)	0	0	0	0	0	0
	(ii)	348,347.	111,682.	0	7,350.	12,355.	479,734.
7 JOSEPH ZARCONI, MD	(i)	0	0	0	0	0	0
	(ii)	302,519.	206,766.	10,000.	38,932.	10,314.	568,531.
8 THOMAS STRAUSS	(i)	0	0	0	0	0	0
	(ii)	773,567.	940,536.	840.	86,712.	10,980.	1,812,635.
9 WILLIAM POWEL, III	(i)	0	0	0	0	0	0
	(ii)	347,908.	256,118.	11,380.	44,368.	45,209.	704,983.
10 BRIAN DERRICK	(i)	0	0	0	0	0	0
	(ii)	52,292.	90,167.	290.	0	13,023.	155,772.
11 CHARLES VIGNOS	(i)	213,262.	122,854.	8,954.	22,540.	49,105.	416,715.
	(ii)	0	0	0	0	0	0
12 CHARLES ROSS, MD	(i)	0	0	0	0	0	0
	(ii)	251,026.	176,032.	8,880.	24,652.	9,828.	470,418.
13 ROBERT HARRIGAN	(i)	0	0	0	0	0	0
	(ii)	555,736.	445,636.	1,620.	63,374.	11,185.	1,077,551.
14 GREGORY KALL	(i)	0	0	0	0	0	0
	(ii)	260,439.	160,285.	11,417.	35,307.	10,149.	477,597.
15 MARTIN HAUSER	(i)	0	0	0	0	0	0
	(ii)	343,921.	287,079.	10,600.	58,362.	0	699,962.
16 KYLE KLAWITTER	(i)	0	0	0	0	0	0
	(ii)	239,729.	96,153.	96,115.	32,983.	52,046.	517,026.

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

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

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

(A) Name	(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 reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 UNHEE KIM	(i)	0	0	0	0	0	0
	(ii)	324,132.	210,808.	11,454.	39,112.	12,045.	597,551.
2 PATRICE LANGE	(i)	0	0	0	0	0	0
	(ii)	238,859.	172,913.	11,842.	34,414.	5,243.	463,271.
3 THOMAS O'NEILL	(i)	0	0	0	0	0	0
	(ii)	250,502.	228,792.	8,880.	25,002.	42,172.	555,348.
4 MARY WARD	(i)	0	0	0	0	0	0
	(ii)	312,149.	221,753.	11,380.	39,704.	5,686.	590,672.
5 MICHAEL HILLMAN, MD	(i)	0	0	0	0	0	0
	(ii)	369,424.	180,757.	1,380.	24,736.	29,778.	606,075.
6 C. MICHAEL RUTHERFORD	(i)	0	0	0	0	0	0
	(ii)	18,301.	129,714.	27,349.	0	144.	175,508.
7 JEFFREY PRICE	(i)	127,470.	11,574.	1,380.	4,477.	11,787.	156,688.
	(ii)	0	0	0	0	0	0
8 JAY WILLIAMSON, MD	(i)	0	0	0	0	0	0
	(ii)	190,184.	85,394.	1,740.	0	9,596.	286,914.
9 T. CLIFFORD DEVENY, MD	(i)	0	0	0	0	0	0
	(ii)	123,150.	85,236.	64,704.	5,589.	30,943.	309,622.
10 KATHLEEN RICE	(i)	0	0	0	0	0	0
	(ii)	6,989.	410,156.	63,847.	125.	497.	481,614.
11 KEVIN THEISS	(i)	0	0	0	0	0	0
	(ii)	175,527.	105,885.	10,020.	12,544.	13,584.	317,560.
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

Part III Supplemental Information

Complete this part to 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.

PART I, LINE 1A

SUMMA HEALTH SYSTEM GROSSED-UP TAXES FOR SUPPLEMENTAL EXECUTIVE RETIREMENT PROGRAMS PAID TO CERTAIN OFFICERS, KEY EMPLOYEES, AND THE HIGHLY COMPENSATED. HEALTH AND SOCIAL CLUB DUES, AND TAX PREPARATION SERVICES WERE PAID ON BEHALF OF CERTAIN OFFICERS. THE PERSONAL USE IS REFLECTED AS WAGES.

PART I, LINE 4A

IN 2011, KATHLEEN RICE RECEIVED \$481,614 IN SEVERANCE AND BENEFITS FROM A RELATED ORGANIZATION.

PART I, LINE 4B

SUMMA HEALTH SYSTEM HAS A 457(F) PROGRAM FOR THE EXECUTIVE STAFF WHICH REWARDS CERTAIN OFFICERS, DIRECTORS AND KEY EMPLOYEES FOR MEETING KEY LONG TERM STRATEGIC OBJECTIVES OF THE ORGANIZATION. THOMAS J. STRAUSS \$79,362, JOSEPH ZARCONI, MD \$31,582, WILLIAM A. POWEL, III \$37,018, THOMAS P. O'NEILL \$17,532, ROBERT HARRIGAN \$56,024, MARTIN HAUSER \$36,362, GREGORY KALL \$27,434, UNHEE KIM \$33,404, KYLE KLAWITTER \$25,160, PATRICE LANGE \$24,934, KEVIN THEISS \$12,544, MICHAEL HILLMAN, MD \$17,386,

Part III Supplemental Information

Complete this part to 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.

CHARLES VIGNOS \$15,360, MARY H. WARD \$32,354, DALE P. MURPHY, MD \$24,948,
AND CHARLES E. ROSS, MD \$17,302.

PART I, LINE 6

SUMMA HEALTH SYSTEM MANAGEMENT INCENTIVE PROGRAM IS DESIGNED TO REWARD
EMPLOYEES FOR MEETING QUALITY PERFORMANCE AND FINANCIAL TARGETS. THESE
INCLUDE CLINICAL QUALITY, PATIENT SATISFACTION, EMPLOYEE/PHYSICIAN
SATISFACTION, NET OPERATING INCOME AND THE STRENGTHENING OF THE BALANCE
SHEET.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2011

Open To Public Inspection

Name of the organization

SUMMA HEALTH SYSTEM

Employer identification number

34-1887844

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

1	(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
		To	From			Yes	No	Yes	No	Yes	No
		(1)									
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			

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

Schedule L (Form 990 or 990-EZ) 2011

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) OAPO, LLC	PART V	995,461.	LEASE PAYMENTS		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART IV, BUSINESS TRANSACTIONS

THE FOLLOWING PERSON(S) HAVE A FINANCIAL INTEREST IN OAPO, LLC: WILLIAM

GINTER, DIRECTOR, IS A PRINCIPAL OF OAPO, LLC.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

SUMMA HEALTH SYSTEM

Employer identification number

34-1887844

FORM 990, PAGE 6, PART VI, LINE 2

MICHAEL BAGE, M.D., ROBERT FLORA, M.D., MICHAEL MAGGIO, M.D., DALE P. MURPHY, M.D., JOSEPH MYERS, M.D., JAY WILLIAMSON, M.D., AND WILLIAM A. POWEL, III HAVE BUSINESS RELATIONSHIPS THROUGH SUMMA PHYSICIANS, INC.: MICHAEL BAGE, M.D., ROBERT FLORA, M.D., MICHAEL MAGGIO, M.D., DALE P. MURPHY, M.D., AND JAY WILLIAMSON, M.D. ARE EMPLOYED BY SUMMA PHYSICIANS, INC.; AND WILLIAM A. POWEL, III IS A DIRECTOR OF SUMMA PHYSICIANS, INC.

RICHARD MARSH, LEILA VESPOLI, AND ANTHONY LOCKHART HAVE A BUSINESS RELATIONSHIP THROUGH FIRST ENERGY: LEILA VESPOLI IS EMPLOYED AS AN OFFICER AT FIRST ENERGY AND RICHARD MARSH AND ANTHONY LOCKHART ARE RETIRED OFFICERS OF FIRST ENERGY.

MARY WARD AND THOMAS O'NEILL HAVE A BUSINESS RELATIONSHIP THROUGH CRYSTAL CLINIC ORTHOPAEDIC CENTER, LLC: BOTH ARE DIRECTORS OF CRYSTAL CLINIC ORTHOPAEDIC CENTER, LLC.

STEPHEN HAILER, THOMAS KNOLL, THOMAS STRAUSS, WILLIAM A. POWEL, III HAVE A BUSINESS RELATIONSHIP: ALL ARE DIRECTORS OF SUMMA WESTERN RESERVE HOSPITAL, LLC.

GREG KALL, THOMAS O'NEILL, UNHEE KIM, AND DANIEL FINELLI, M.D. HAVE A BUSINESS RELATIONSHIP THROUGH ARIS TELERADIOLOGY, LLC: ALL ARE DIRECTORS OF ARIS TELERADIOLOGY, LLC.

Name of the organization SUMMA HEALTH SYSTEM	Employer identification number 34-1887844
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FORM 990, PAGE 6, PART VI, LINE 7A

SUMMA HEALTH SYSTEM

(I) THE MEDICAL STAFF OF SUMMA AKRON CITY AND ST. THOMAS HOSPITALS ELECTS SIX (6) PHYSICIANS TO BE DIRECTORS OF SUMMA HEALTH SYSTEM. THESE ARE THE PRESIDENT OF THE MEDICAL STAFF, VICE PRESIDENT OF THE MEDICAL STAFF, IMMEDIATE PAST PRESIDENT OF THE MEDICAL STAFF, AND THREE (3) OTHER MEMBERS OF THE MEDICAL STAFF.

(II) THE BOARD OF DIRECTORS OF CUYAHOGA FALLS GENERAL HOSPITAL ELECTS TWO (2) DIRECTORS.

(III) THE BOARD OF DIRECTORS OF SUMMA BARBERTON CITIZENS HOSPITAL ELECTS ONE (1) DIRECTOR.

(IV) THE BOARD OF DIRECTORS OF SUMMA WADSWORTH-RITTMAN HOSPITAL ELECTS ONE (1) DIRECTOR.

FORM 990, PAGE 6, PART VI, LINE 11B

THE RETURN WAS REVIEWED IN DETAIL BY A COMMITTEE CONSISTING OF INTERNAL AND EXTERNAL LEGAL COUNSEL, FINANCIAL MANAGEMENT, AND AN EXTERNAL AUDITOR. THE REVIEW COMMITTEE INCLUDED THE SYSTEM VICE PRESIDENT, FINANCE & CFO AND THE SYSTEM VICE PRESIDENT, LEGAL SERVICES & GENERAL COUNSEL. THIS DETAILED REVIEW OCCURRED IN OCTOBER 2012. FOLLOWING THIS REVIEW AND INCORPORATION OF CHANGES RECOMMENDED BY THIS COMMITTEE, THE RETURN WAS PROVIDED TO THE SUMMA HEALTH SYSTEM COMMITTEE ON GOVERNANCE

Name of the organization SUMMA HEALTH SYSTEM	Employer identification number 34-1887844
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PRIOR TO ITS OCTOBER 2012 MEETING FOR FURTHER REVIEW. THE COMMITTEE ON GOVERNANCE IS A STANDING COMMITTEE APPOINTED BY THE SUMMA HEALTH SYSTEM BOARD OF DIRECTORS AND INCLUDES MEMBERS OF THE BOARD OF DIRECTORS. AFTER THIS REVIEW BY THE COMMITTEE ON GOVERNANCE, AND PRIOR TO FILING WITH THE IRS, AN EMAIL WAS SENT TO EACH VOTING MEMBER OF THE BOARD OF DIRECTORS. THIS EMAIL INCLUDED INSTRUCTIONS AND A LINK TO A PASSWORD-PROTECTED WEB SITE ON WHICH THE ENTIRE FORM 990 WAS AVAILABLE FOR VIEWING.

FORM 990, PAGE 6, PART VI, LINE 12C

CONFLICT OF INTEREST PROCESS SUMMARY: A CONFLICT OF INTEREST QUESTIONNAIRE IS SENT ANNUALLY TO ALL SUMMA HEALTH SYSTEM ENTITIES BOARDS OF DIRECTORS, KEY EMPLOYEES, SENIOR MANAGERS, MEDICAL DIRECTORS, EMPLOYED PHYSICIANS, CONTRACTED PHYSICIANS, ADMINISTRATIVE DIRECTORS, EXECUTIVE DIRECTORS, DEPARTMENT HEADS, MANAGERS, SUPERVISORS, AND MEMBERS OF PURCHASING COMMITTEES FOR COMPLETION. RESPONSES ARE INDIVIDUALLY REVIEWED FOR DETERMINATION OF POTENTIAL CONFLICTS. THOSE RESPONSES DEEMED TO PRESENT POTENTIAL CONFLICTS ARE THEN PRESENTED TO THE GOVERNANCE COMMITTEE (SUB-COMMITTEE OF THE SUMMA HEALTH SYSTEM 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 SYSTEM POLICY ON CONFLICT OF INTEREST AS APPROVED BY THE SUMMA HEALTH SYSTEM BOARD OF DIRECTORS.

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

DISCLOSURE PROCEDURE: ANY PERSON WITH A CONFLICTING INTEREST IN ANY TRANSACTION OR ARRANGEMENT IS REQUIRED TO DISCLOSE THE CONFLICTING INTEREST TO THE BOARD OR COMMITTEE CONSIDERING SUCH TRANSACTION OR ARRANGEMENT PRIOR TO OR AT THE BEGINNING OF ANY MEETING AT WHICH SUCH TRANSACTION OR ARRANGEMENT IS UNDER CONSIDERATION. THE PERSON WITH A CONFLICTING INTEREST IS PROHIBITED FROM USING HIS/HER PERSONAL INFLUENCE ON THE MATTER BUT MAY BRIEFLY STATE HIS/HER POSITION ON THE TRANSACTION OR ARRANGEMENT AND ANSWER QUESTIONS RAISED BY MEMBERS OF THE BOARD OR COMMITTEE. THE PERSON WITH A CONFLICTING INTEREST IS PROHIBITED FROM OTHERWISE PARTICIPATING IN THE DECISION AND MAY BE REQUIRED TO LEAVE THE MEETING DURING THE DISCUSSION AND VOTE ON THE TRANSACTION OR ARRANGEMENT.

IN ADDITION, IF APPROPRIATE, A NON-INTERESTED PERSON OR COMMITTEE MAY BE APPOINTED TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. THE MINUTES OF BOARD MEETINGS AND COMMITTEE MEETINGS REFLECT WHETHER ANY CONFLICTING INTERESTS WERE DISCLOSED, THE NATURE OF THE CONFLICTING INTERESTS, AND THE NAMES OF PERSONS WHO WERE PRESENT FOR DISCUSSION AND VOTES RELATING TO THE TRANSACTION OR ARRANGEMENT.

FORM 990, PAGE 6, PART VI, LINE 15

EXECUTIVE COMPENSATION: THE COMPENSATION COMMITTEE OF THE SUMMA HEALTH SYSTEM BOARD OF DIRECTORS MEETS AT LEAST TWICE EACH YEAR TO REVIEW AND APPROVE BASE COMPENSATION AND TOTAL REMUNERATION FOR EXECUTIVE STAFF.

Name of the organization SUMMA HEALTH SYSTEM	Employer identification number 34-1887844
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EACH VOTING MEMBER OF THE COMPENSATION COMMITTEE IS AN INDEPENDENT DIRECTOR AND IS NOT AFFILIATED WITH MANAGEMENT. THE COMPENSATION COMMITTEE ENGAGES OUTSIDE CONSULTING SUPPORT TO PROVIDE INDEPENDENT MARKET DATA, ADVICE AND COUNSEL TO THE COMPENSATION COMMITTEE. FOR THE PAST TWO YEARS, THE COMPENSATION COMMITTEE HAS USED HAY GROUP, A NATIONALLY RECOGNIZED CONSULTING FIRM, TO ASSIST THEIR EFFORTS. THE HAY GROUP PROVIDES THE FOLLOWING SERVICES TO THE COMPENSATION COMMITTEE: (A) EDUCATION OF COMMITTEE MEMBERS REGARDING EXECUTIVE COMPENSATION TRENDS AND BEST PRACTICES IN HEALTHCARE ORGANIZATIONS; (B) ASSESSMENT OF THE MARKET COMPETITIVENESS AND REASONABLENESS OF SUMMA'S EXECUTIVE COMPENSATION PROGRAMS INCLUDING BASE SALARY, INCENTIVE COMPENSATION, CORE AND EXECUTIVE BENEFITS, AS WELL AS THEIR ALIGNMENT WITH THE MISSION AND FUTURE PERFORMANCE EXPECTATIONS; (C) WRITTEN, DETAILED EVALUATION OF THE MARKET REASONABLENESS OF SUMMA'S EXECUTIVE COMPENSATION AND BENEFITS PROGRAM; AND (D) ONGOING SUPPORT AND INDEPENDENT ADVICE TO THE COMPENSATION COMMITTEE ON MATTERS RELATED TO EXECUTIVE COMPENSATION. EACH YEAR THE COMPENSATION COMMITTEE REVIEWS AND APPROVES THE COMPENSATION FOR THE FOLLOWING POSITIONS: SUMMA HEALTH SYSTEM PRESIDENT & CEO SYSTEM VICE PRESIDENT, FINANCE & CFO SYSTEM VICE PRESIDENT, LEGAL SERVICES & GENERAL COUNSEL SYSTEM VICE PRESIDENT, IT&S & CIO SYSTEM VICE PRESIDENT, SERVICE LINES, AMBULATORY & ANCILLARY SYSTEM VICE PRESIDENT, PLANNING & MARKETING SYSTEM VICE PRESIDENT & CHIEF NURSING OFFICER SYSTEM VICE PRESIDENT, HUMAN RESOURCES SYSTEM VICE PRESIDENT, QUALITY & MEDICAL AFFAIRS

Name of the organization SUMMA HEALTH SYSTEM	Employer identification number 34-1887844
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FORM 990, PAGE 6, PART VI, LINE 19

SUMMA HEALTH SYSTEM MAKES ITS CONFLICTS OF INTEREST POLICY AVAILABLE ON ITS WEBSITE (WWW.SUMMAHEALTH.ORG). THE ARTICLES OF INCORPORATION OF SUMMA HEALTH SYSTEM AND ITS RELATED ENTITIES ARE AVAILABLE ON THE WEBSITE OF THE OHIO SECRETARY OF STATE (WWW.SOS.STATE.OH.US). THE FINANCIAL STATEMENTS ARE AVAILABLE THROUGH THE ELECTRONIC MUNICIPAL MARKET ACCESS (WWW.EMMA.MSRB.ORG).

FORM 990, PAGE 5, PART V, LINE 2A

SUMMA AKRON CITY AND ST. THOMAS HOSPITALS (SACSTH) 34-0714755 IS THE PAYMASTER FOR SUMMA HEALTH SYSTEM. ALL WAGES OF SUMMA HEALTH SYSTEM HAVE BEEN APPROPRIATELY INCLUDED IN THE PAYROLL RELATED REPORTING AND TAX FILINGS OF SACSTH. SUMMA HEALTH SYSTEM EMPLOYEES ARE INCLUDED AS PART OF THE SACSTH PAYROLL TAX FILINGS, THE EMPLOYEES AND RELATED EXPENSES ARE SHOWN ON THE SUMMA HEALTH SYSTEM FORM 990.

FORM 990, PAGE 12, PART XI, LINE 5

REDUCTION IN LIABILITY	\$2,000,000
PRIOR PERIOD ADJUSTMENT	\$ 50,000
UNREALIZED GAIN	\$ 96,460

FORM 990, PAGE 6, PART VI, LINE 18

THIS FORM 990 IS POSTED ON THE ORGANIZATION'S WEBSITE AT WWW.SUMMAHEALTH.ORG.

Name of the organization SUMMA HEALTH SYSTEM	Employer identification number 34-1887844
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ATTACHMENT 1

FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE	HOURS DEVOTED FOR RELATED ORGANIZATION
MICHAEL BAGE, MD DIRECTOR	48.00
ROBERT FLORA, MD DIRECTOR	48.00
MICHAEL MAGGIO, MD DIRECTOR	48.00
DALE MURPHY, MD DIRECTOR	48.00
JOSEPH MYERS, MD DIRECTOR	48.00
JOSEPH ZARCONI, MD DIRECTOR	48.00
THOMAS STRAUSS DIRECTOR & SYSTEM PRES/CEO	48.00
BERNETT WILLIAMS DIRECTOR (TERM 01/2011)	0
WILLIAM POWEL, III SECRETARY	48.00
BRIAN DERRICK SYSTEM CFO	48.00
THOMAS O'NEILL ASST TREASURER	48.00
C. MICHAEL RUTHERFORD SYSTEM CFO (TERM 01/2011)	48.00
CHARLES ROSS, MD CHIEF MEDICAL OFFICER	48.00
ROBERT HARRIGAN SYSTEM COO	48.00
GREGORY KALL VP, CIO	48.00
MARTIN HAUSER PRESIDENT, SUMMACARE	48.00
KYLE KLAWITTER VP, SYSTEM HR	48.00
UNHEE KIM VP, CLINICAL SERVICES	48.00
PATRICE LANGE VP, SYSTEM MARKETING	48.00
MARY WARD VP, CHIEF NURSING OFFICER	48.00
MICHAEL HILLMAN, MD VP, CHIEF MED/QUAL OFFICER	48.00
JAY WILLIAMSON, MD INTERIM PRES., SPI	48.00
T. CLIFFORD DEVENY, MD PRESIDENT, SPI (TERM 04/2011)	48.00
KEVIN THEISS VP, SYSTEM REVENUE CYCLE	48.00

Name of the organization SUMMA HEALTH SYSTEM	Employer identification number 34-1887844
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ATTACHMENT 1 (CONT'D)

KATHLEEN RICE
FORMER OFFICER 0

ATTACHMENT 2

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
PUBLICLY TRADED SECURITIES	12,158,670.
TOTALS	<u>12,158,670.</u>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization

SUMMA HEALTH SYSTEM

Employer identification number

34-1887844

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SUMMA HEALTH NETWORK, LLC 34-1887844 525 EAST MARKET STREET AKRON, OH 44304	CONTRACTING	OH	4,090,127.	27,567,931.	SHS
(2) SUMMA BARBERTON WADSWORTH-RITTMAN HOSP. 525 EAST MARKET STREET AKRON, OH 44304	HOLDING CO	OH			SHS
(3) -----					
(4) -----					
(5) -----					
(6) -----					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2011

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) OHIO SLEEP DISORDER 34-1872278 130 W EXCHANGE AKRON, OH 44302	PHYS. OFFICES	OH	N/A	RELATED	0	25,000.		X	0		X	66.6700
(2) SUMMA REHAB HOSP 27-1952573 4550 LENA DRIVE	REHAB HOSPITAL	OH	SACSTH	RELATED				X	0		X	52.0000
(3) ARIS TELERADIOLOGY 41-2233156 5655 HUDSON DRIVE, SUITE 210	RADIOLOGY SVCS	OH	SACSTH	UNRELATED	49,521.	0		X	0		X	65.0000
(4) -----												
(5) -----												
(6) -----												
(7) -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) OHIO HEALTH CHOICE, INC. 34-1895396 525 EAST MARKET STREET AKRON, OH 44304	PPO	OH	SHS CORP	C CORP	1,656,805.	629,699.	80.0000
(2) SUMMA INSURANCE COMPANY, INC. 34-1809108 10 NORTH MAIN STREET AKRON, OH 44308	PROP/CAS INS	OH	SHS CORP	C CORP	176,935,308.	92,644,150.	97.7000
(3) SHS CORP 34-1515252 525 EAST MARKET STREET AKRON, OH 44304	MGMT SVCS	OH	SHS	C CORP	1,744,071.	6,106,558.	100.0000
(4) WADSWORTH RITTMAN HOSP PROF SVC CORP 01-0842997 195 WADSWORTH RD WADSWORTH, OH 44281	PROF MED SVCS	OH	SHS CORP	C CORP	0	41,387.	100.0000
(5) MIDDLEBURY ASSURANCE COMPANY 98-0405096 PO BOX 1051 KY1-1102 GRAND CAYMAN, CAYMAN ISLANDS CJ	SELF INSURANC	CJ	SHS	FOREIGN CO	13,311,622.	58,633,547.	100.0000
(6) SUMMACARE, INC. 34-1726655 525 EAST MARKET STREET AKRON, OH 44309	PROP/CAS INS	OH	SIC	C CORP	279,318,579.	100,561,533.	100.0000
(7) ARIS TELERADIOLOGY HOLDINGS, INC. 45-3697866 5655 HUDSON DRIVE, SUITE 210 HUDSON, OH 44236	RADIOLOGY SVCS	OH	SACSTH	C CORP	650,662.	5,407,129.	58.8000

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) SUMMA ACCOUNTABLE CARE ORGANIZATION 27-3857055 525 EAST MARKET STREET AKRON, OH 44304	CONTRACTING	OH	SHS	C CORP	4,765,825.	5,133,512.	100.0000
(2) HEALTH CARE CENTERS PHYSICIANS, INC. 34-1692767 1900 23RD STREET CUYAHOGA FALLS, OH 44223	INACTIVE	OH	SHS CORP	C CORP	0	0	100.0000
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

	Yes	No
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	X	
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Sale of assets to related organization(s)		X
g Purchase of assets from related organization(s)		X
h Exchange of assets with related organization(s)		X
i Lease of facilities, equipment, or other assets to related organization(s)		X
j Lease of facilities, equipment, or other assets from related organization(s)		X
k Performance of services or membership or fundraising solicitations for related organization(s)	X	
l Performance of services or membership or fundraising solicitations by related organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
n Sharing of paid employees with related organization(s)		X
o Reimbursement paid to related organization(s) for expenses		X
p Reimbursement paid by related organization(s) for expenses		X
q Other transfer of cash or property to related organization(s)		X
r Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) SUMMACARE, INC.	A	2,112,244.	FMV
(2) SUMMA AKRON CITY & ST. THOMAS HOSPITALS	A	722,582.	FMV
(3) OHIO HEALTH CHOICE, INC.	A	74,244.	FMV
(4) SUMMA PHYSICIANS, INC.	K	866,690.	FMV
(5) SUMMA BARBERTON CITIZENS HOSPITAL	K	103,992.	FMV
(6) SUMMA WADSWORTH-RITTMAN HOSPITAL	K	83,208.	FMV

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Sale of assets to related organization(s)	1f	
g Purchase of assets from related organization(s)	1g	
h Exchange of assets with related organization(s)	1h	
i Lease of facilities, equipment, or other assets to related organization(s)	1i	
j Lease of facilities, equipment, or other assets from related organization(s)	1j	
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	
l Performance of services or membership or fundraising solicitations by related organization(s)	1l	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	
n Sharing of paid employees with related organization(s)	1n	
o Reimbursement paid to related organization(s) for expenses	1o	
p Reimbursement paid by related organization(s) for expenses	1p	
q Other transfer of cash or property to related organization(s)	1q	
r Other transfer of cash or property from related organization(s)	1r	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) SUMMACARE, INC.	K	278,197.	FMV
(2) SUMMA AKRON CITY & ST THOMAS HOSPITALS	K	532,644.	FMV
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2011, or tax year beginning _____, 2011, and ending _____, 20 _____

2011

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions on back.

Name of exempt organization

SUMMA HEALTH SYSTEM

Employer identification number

34-1887844

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	9,287,130.
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration of Officer

6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here ▶	11/12/2012		CHIEF FINANCIAL OFFICER
	Date	▶	Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature ▶	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code ▶				EIN
					Phone no.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ ERNST & YOUNG U.S. LLP				P00395735
	Firm's address ▶ 111 MONUMENT CIRCLE, SUITE 2600 INDIANAPOLIS IN 46204				Firm's EIN ▶ 34-6565596 Phone no. 317-681-7000

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8453-EO** (2011)