# Form **990**

# \*\*PUBLIC INSPECTION COPY\*\* Return of Organization Exempt From Income Tax

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

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

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

<u> </u>	J1 L1	ile zorz caleridar ye	ear, or tax year beg	ming	, 20	112, and endi	ng			, 2	U	
<b>B</b> Che	eck if a	C Name of organ	nization EALTH SYSTEM G	יויים מוו∩מי	DNT			D Employe			nber	
	Addi			ROUP REIU	KIN			90-0	6404.	32		
	char	Doing Busines			. ( )							
			street (or P.O. box if mail is		street address)	Room/suite		E Telephoi				
	Initia		T MARKET STREE					(330)	<u> 375 -</u>	3196		
			oost office, state, and ZIP of	code								
	Ame retu	nded AKRON, (	OH 44309					<b>G</b> Gross re				000.
	Appl	ication F Name and a	address of principal officer:	THOMAS	J. STRAUSS			H(a) Is this a	group re	turn for X	Yes	No
			T MARKET STREE	T AKRON,	OH 44309			affiliates H(b) Are all		cluded? X	Yes	No
l T	ax-e	xempt status: X 501	(c)(3) 501(c) (	) <b>∢</b> (inser	t no.) 4947(a)	(1) or 52	27			ist. (see instru		
Jν	Vebs	ite: ► WWW.SUMMAI		, , , , , , , , , , , , , , , , , , , ,	110.7	(1) 61	- /	H(c) Group e				64
		of organization: X Cor		Association	Other ►	I Vana	of format	L	<del></del>			
Par		Summary	polation   Trust	Association	Other	L rear t	JI IOIIII at	ion.	IVI Stat	e of legal do	omicile:	
	1	Briefly describe the o	rganization's mission	or most significa	int activities:							
			SYSTEM AND ITS			US! MISSIC	N TS					
Governance			IGHEST QUALITY									
naı			ONTRIBUTE TO A									
Ver	•											
ဝိ	2	Check this box ► X	if the organization	discontinued its	operations or disp	osed of more th	an 25%	of its net as	sets.	ř		
∞ŏ	3	Number of voting mer	mbers of the governing	g body (Part VI, I	line 1a)				3			87.
Activities	4	Number of independe	nt voting members of	the governing b	oody (Part VI, line 1b	0)			. 4			58.
E.	5	Total number of indivi	iduals employed in cal	endar year 2012	(Part V, line 2a)				5		9,	022.
Ac	6	Total number of volun	iteers (estimate if neces	ssary)					6			750.
	7a	Total unrelated busine	ess revenue from Part \	/III, column (C),	line 12				7a	13	,216,	703.
	b	Net unrelated busines	s taxable income from	Form 990-T, lin	e 34				7b		,988,	405.
				, , , , , , , , , , , , , , , , , , , ,			T T	Prior Year			rent Ye	
	8	Contributions and gra	nts (Part VIII, line 1h)					6,053,		<del> </del>	,541,	
E I	9	Program service reven	use (Part VIII, line 2a)				1 0	61,546,				
Revenue	10	Program service reven	lart VIII. solven (A) lin				1,0			<del> </del>		
		Investment income (P	rart VIII, column (A), IIn	es 3, 4, and 7d)				21,938,			,233,	
	11	Other revenue (Part V	/III, column (A), lines 5	, 6d, 8c, 9c, 10c	; and 11e)		-	18,099,	*****		,763,	
	12	Total revenue - add lir					1,1	.07,637,		1,150,	242,	683.
	3	Grants and similar am	ounts paid (Part IX, col	lumn (A), lines 1	<sup>-3)</sup>			1,448,	421.		286,	406.
1	4	Benefits paid to or for	members (Part IX, colu	umn (A), line 4)					C			0
s 1	5	Salaries, other compe	nsation, employee ben	efits (Part IX, co	olumn (A), lines 5-10	0)	4	95,891,	252.	513,	798,	749.
Expenses	6a	Professional fundraisir	ng fees (Part IX, columi	n (A), line 11e)					C			0
x	b	Total fundraising expe	nses (Part IX, column (	(D), line 25) <b>&gt;</b>	1,488,5	46.						
<sup>ш</sup>   1		Other expenses (Part					5	66,499,	307.	593,	269,	146.
1	8	Total expenses. Add li	nes 13-17 (must equa	Part IX. column	(A) line 25)			63,838,				
1		Revenue less expense					***************************************	43,798,			888,	
_ v			To the total and	11110 12		• • • • • • • •		ning of Curre			of Year	
Fund Balance	0	Total assets (Part X, lin	16)					36,021,				
Bal	1	Total liabilities (Part X,	line 20)				***************************************					
1 1 2	. 1						-	18,039,			643,	
	<u></u>	Net assets or fund bal	ances. Subtract line 2	1 from line 20.	· · · · · · · · · · · · · · · · · · ·		4	17,981,	868.	466,	348,	082.
Pari		Signature Block										
true, c	corre	alties of perjury, T declare ct, and complete./Declarat	that I have examined the	iis return, includir n officer) is based	ig accompanying schoon all information of v	edules and stater	ments, ai	nd to the bes	t of my	knowledge	and beli	ef, it is
		Klin	, / X V . / -			Title property ne	o diry itir	owicugo.		(~)		
Sign		7/40	CLNUW'				***************************************		-]-	15		
lere		Signature of officer						Date	/			
iere		Brian K.	Derrick, CFO									
		Type or print name	and title				***************************************			***************************************		
		Print/Type preparer's nar	me	Preparer's signa	ture	Date		Check	if	PTIN		
aid		Jennfier D.Rhoo	lerick	Jane .	O Cheelen	11/0	2/2013	self-emp		PUU3	9573	5
repa	1		ST & YOUNG U.S	<u> </u>			r					
se O	nly							Firm's EIN		656559		
lav th	ne IF	Firm's address > 111 r	with the preparer show	n above? (see in	natruptions)			Phone no.		7-681-7		
		work Reduction Act N			isu uctions)	· · · · · · ·	<u></u>	<u></u>	<u></u>	. X Y	es	No

SUMMA HEALTH SYSTEM GROUP RETURN 90-0640432 Form 990 (2012) Page 2 Part III Statement of Program Service Accomplishments Briefly describe the organization's mission: SUMMA HEALTH SYSTEM'S MISSION IS TO PROVIDE THE HIGHEST QUALITY, COMPASSIONATE CARE TO PATIENTS AND MEMBERS AND CONTRIBUTE TO A HEALTHIER COMMUNITY. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program X No If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 385,379,392. including grants of \$ 4a (Code: ) (Expenses \$ ) (Revenue \$ 448,286,476. INPATIENT SERVICES - FOR 2012, SUMMA AKRON CITY & ST. THOMAS HOSPITALS (SACSTH), SUMMA BARBERTON CITIZENS HOSPITAL (SBH) AND THE WADSWORTH-RITTMAN AREA HOSPITAL ASSOCIATION (WRH) HAD 816 BEDS IN SERVICE, ADMITTED 44,055 ADULT PATIENTS AND DELIVERED 3,589 NEWBORNS. THE ADULT PATIENTS RECEIVED 212,771 DAYS OF CARE, INPATIENT SURGERIES TOTAL 7,031, EMERGENCY ADMITS TOTALED 31,492 AND THE AVERAGE LENGTH OF STAY WAS 4.83 DAYS. 493,852,862. including grants of \$ 4b (Code: ) (Revenue \$ ) (Expenses \$ 574.466.522. OUTPATIENT SERVICES - IN 2012, SUMMA AKRON CITY & ST. THOMAS HOSPITALS, SUMMA BARBERTON CITIZENS HOSPITAL, THE WADSWORTH-RITTMAN AREA HOSPITAL ASSOCIATION AND SUMMA PHYSICIANS. INC. PROVIDED 1,676,485 OCCASIONS OF SERVICE, INCLUDING 138,952 EMERGENCY ROOM VISITS, 15,887 SURGICAL OPERATIONS, AND 1,521,646 OTHER OUTPATIENT VISITS. ) (Expenses \$ 37,531,241. including grants of \$ ) (Revenue \$ 13,022,632. RESEARCH/EDUCATION - SUMMA HEALTH SYSTEM HAS A HISTORY OF SPONSORING AND SUPPORTING BASIC AND CLINICAL RESEARCH TO UNDERSTAND DISEASES AND TREATMENT. CENTERS, PROGRAMS AND LABS FACILITATE RESEARCH IN A NUMBER OF MEDICAL FIELDS. SUMMA HEALTH

4d Other program services (Describe in Schedule O.)

(Expenses \$ 61,835,492. including grants of \$ 286,406. ) (Revenue \$ 71,929,157.

SYSTEM FOSTERS A LEARNING ENVIRONMENT FOR THE NEXT GENERATION OF CAREGIVERS. AT THREE OF SUMMA HEALTH SYSTEM'S HOSPITALS, OVER 200

TRAINING PROGRAMS. SUMMA HEALTH SYSTEM PROVIDES CLINICAL LEARNING EXPERIENCES TO MORE THAN 2,600 NURSING AND ALLIED HEALTH STUDENTS.

MEDICAL SCHOOLS GRADUATES TRAIN IN 17 ACCREDITED RESIDENCY

**4e Total program service expenses** ▶ 978,598,987.

Form 990 (2012)

Part IV Page 3

Part	t IV Checklist of Required Schedules			
	<u> </u>		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		
	Part III	5		
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	_		Х
_	"Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			
0	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
Ĭ	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			3.7
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	44.		Х
الم	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	I Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	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)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a		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 and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	4 41-	Х	
1 F	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Λ	
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	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	13		
. 0	to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
-	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Х	

Form 990 (2012) Page **4** 

Part	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? If "Yes," complete Schedule I, Parts I and II.	21	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? If "Yes," complete Schedule I, Parts I and III	22	Х	
23				
	•			
		23	Х	
24 a				
2 T U				
		24a	x	
b		24b		Х
		240		
С		240		Х
		24c		X
		24d		- 1
25 a		0.5		Х
_		25a		Λ
b				
	·	25b		Х
26				
		26		Х
27				
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	X	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30				
		30		Х
31	·			
		31	Х	
32				
		32		Х
33				
•		33	Х	
34				
0.7		34	Х	
35 a	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? If "Yes," complete Schedule I, Parts I and III		X	
b		35a		
D		35b	Х	
26		330	21	
36		20		Х
		36		^
37				
			τ,	
		37	X	
38	· · · · · · · · · · · · · · · · · · ·	_		
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	X	

	SUMMA HEALTH SYSTEM GROUP RETURN 90-0640	0432		
Form	990 (2012)		ı	Page <b>5</b>
Pai				
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	)		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 9,022			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		

b Did the organization make a distribution to a donor, donor advisor, or related person?

10 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on Part VIII, line 12

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

10b

11 Section 501(c)(12) organizations. Enter:

a Gross income from members or shareholders

b Gross income from other sources (Do not net amounts due or paid to other sources

against amounts due or received from them.)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12b

13a Section FOM(a)(20) multified pages file books in account of the page is a section of the pa

Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?

Note. See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which

the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

13c

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a X 14b Sorm 990 (2012)

SUMMA HEALTH SYSTEM GROUP RETURN 90-0640432 Form 990 (2012) Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a 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............... Section A. Governing Body and Management Yes 87 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 58 Enter the number of voting members included in line 1a, above, who are independent . . . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . Χ 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . . 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... Χ 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Χ 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a Х Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at Χ the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Nο Х 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done Χ 13 13 14 14 Did the organization have a written document retention and destruction policy?............. Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х 15a The organization's CEO, Executive Director, or top management official Χ If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶\_FL,OH, 17 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. X Upon request Another's website Other (explain in Schedule O) Own website

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 19 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

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

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

- 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	1	. J. ga	0					any carron cine		
(A)	(B)				C) ition			(D)	(E)	(F)
Name and Title	Average	(do r	not c			e than c	ne	Reportable	Reportable	Estimated
	hours per	box,	unle	ss pe	rson	is both	an	compensation	compensation from	amount of
	week (list any	office	er an	d a d	lirect	or/trust	ee)	from	related	other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) JOHN ADAMS	2.00									
DIRECTOR SF	0	Х			L		L	0	0	0
(2) KAREN AYERS, DO	2.00									
DIRECTOR SBH	0	Х						0	0	0
(3) MICHAEL BAGE, MD	48.00									
DIRECTOR SACSTH	2.00	Х						501,608.	0	11,162.
(4) SUSAN BAKER	2.00									
DIRECTOR WRH	0	Х						0	0	0
(5) WILLIAM BAUMAN, MD	50.00									
DIRECTOR SPI	0	X						602,900.	0	11,505.
(6) JULIA BIANCHI DIRECTOR SF	2.00	X						0	0	0
(7) MICHAEL BIANCO, MD	10.00									
DIRECTOR WRH	0	Х						61,257.	0	0
(8) JAMES BIGGAR	4.00			.,					0	
DIR/TREAS SACSTH, DIRECTOR SF	0	X		Х				0	0	0
(9) MICHELLE BLANDA, MD DIRECTOR SACSTH	2.00	Х						0	0	0
(10) NICK BROWNING	2.00									
DIRECTOR SACSTH	0	Х						0	0	0
(11) JASON BUTTERWORTH	2.00									
DIRECTOR SF	0	Х						0	0	0
(12) CANDACE CAMPBELL-JACKSON	2.00									
DIRECTOR CFGH	0	X						0	0	0
(13) DENNIS CHACK	2.00									
DIRECTOR SACSTH	0	X						0	0	0
(14) DOUGLAS CHONKO, DO	2.00							_	_	_
DIRECTOR CFGH	0	X						0	0	0

Form 990 (2012)

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Form 990 (2012) Page **8** 

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	nplo	ye	es,	and F	ligl	hest Compensat	ed Employees (c	ontinued)
(A) Name and title	(B) Average hours per week (list any	,		Pos heck		e than o is both		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	office Individual trustee or director	Institutional trustee	a Officer	Key employee	Highest compensated employee	e) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
15) THOMAS CLARK	2.00	,		٠,,						0
DIR SACSTH & DIR/CHAIR SF  16) JACOB COHEN, MD	2.00	X		Х				C	0	0
DIRECTOR SACSTH	0	X						C	O	0
17) NORMAN CROCKER, MD	2.00									
DIRECTOR WRH	0	Х						3,000.	0	0
18) GEORGE DAVERIO	2.00									
DIRECTOR SF	0	Х						C	0	0
19) DAVID DELLINGER, DO	2.00									_
DIRECTOR CFGH	0	X						С	0	0
20) DENNIS DICK	2.00									0
DIRECTOR/TREAS CFGH	0	X		Х				C	0	0
21) VINCE DIGIROLAMO DIR SACSTH & DIR/TREAS SF	$\frac{4.00}{2.00}$	X		Х					0	0
22) C.GORDON EWERS	2.00	Λ		Λ					0	
DIRECTOR SF	0	X							0	0
23) EDWARD FERRIS, MD	2.00									
DIRECTOR SACSTH	0	Х						c	o	0
24) DANIEL FIGLIOLA	2.00									
DIRECTOR CFGH	0	Х						C	0	0
25) JASON FRIED, DO	2.00									
DIRECTOR CFGH	0	X						C	0	0
1b Sub-total								1,165,765.	0	22,667.
c Total from continuation sheets to Part VII, S	-						<b>&gt;</b>	19,485,676.	635,064.	1,139,588.
d Total (add lines 1b and 1c)							<u> </u>	20,651,441.	635,064.	1,162,255.
2 Total number of individuals (including but not reportable compensation from the organization				d a	bove	e) who	o re	eceived more than	\$100,000 of	
										Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3 X
4 For any individual listed on line 1a, is the organization and related organizations great	eater than	\$15	50,0	00?	. If	"Yes	;"	complete Schedu	le J for such	
individual										4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "You										5 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
ATTACHMENT 1		

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 ► 74

Form 990 (2012)

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	yee	es,	and F	ligl	hest Compensat	ed Employees (d	continue	∍d)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	not ch unles er and	Pos neck ss pe d a d	more rson lirect	is both or/trust	an ee)	(D)  Reportable compensation from the	(E) Reportable compensation from related organizations	an com	nount of other pensatio	f
	organizations below dotted line)	ndividual trustee r director	nstitutional trustee	Officer	íey employee	lighest compensated mployee	ormer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org and	anization d related	b
26) STEVEN GAICH, MD	50.00											
	0	X						363,435.	0		9,1	31.
	-+							_	_			
		X						0	0			0
	-+											_
		X						0	0			0
	-+											_
		X		Х				O	0			0
	-+			7.7								_
-		X		X				0	0			C
	-+											
		X		Х				O	0			
	-+											_
		X		X				0	0			0
	-+	37		3.7				002 201			06 0	11
		X		X				993,301.	U		86,8	44.
	-+	v							_			C
		Λ						0	0			
	-+	v							_			C
		Λ						0	0			
	-+	v							0			C
		Λ						0	0			
	Section A											
	-						•					
2 Total number of individuals (including but not	limited to t			d al	bove	e) who	re	ceived more than	\$100,000 of			
Toportable compensation from the organization	··· •	- 133	_								Vos	No
										3	Х	110
4 For any individual listed on line 1a, is the organization and related organizations g	sum of repreater than	ortab \$15	ole c 50,00	om 00?	pen	satior "Yes	n aı	nd other compens	sation from the le J for such			
C)   Name and title   Name and title   Potential   Name and title   N												
Name and title    Name and title												
	es," comple	te Sch	nedu	ıle J	l for	such	per	son		5		X
<u> </u>												
1 Complete this table for your five highest cor	npensated i	ndepe	ende	ent o	con	tracto	rs t	hat received more	than \$100,000 c	of		

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	<b>(C)</b> 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 ▶

	(A)	(B)			(0	C)			(D)	(E)	(F)
	Name and title	Average hours per week (list any hours for related organizations	box, office	unles er and	Pos neck ss pe	ition more rson lirect	e than of is both cor/trust	an	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization
		below dotted line)	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	er	(W-2/1099-MISC)		and related organizations
37)	RODNEY ISON, MD	2.00									
	DIRECTOR SBH	10.00	Х						27,585.	0	
88)	MARY ANN JACKSON	2.00									
	DIRECTOR SF	0	X						0	0	
39)	TRACY JENSEN	2.00									
	DIRECTOR SF	0	Х						0	0	
10)	PHIL KAUFMANN	2.00									
	DIRECTOR SF	0	Х						0	0	
1)	JAMES KENNEDY, MD	2.00									
	DIRECTOR SBH	0	X						0	0	
12)	PHILLP KHALIL, DO	2.00									
	DIRECTOR CFGH	0	Х						0	0	
13)	A. GUS KIOUS, MD	46.00									
	DIRECTOR, PRESIDENT SPI	4.00	Х		Х				324,308.	0	339
4)	THOMAS KNOLL	48.00									
	DIRECTOR WRH	2.00	Х						214,908.	0	
15)	JOSEPH KOENIG, MD	50.00									
	DIRECTOR SPI	0	Х						709,616.	O	15,872
16)	JAMES KRAYNAK	2.00									
	DIRECTOR, VICE CHR CFGH	0	Х		Х				0	0	
17)	RANDALL LANGENDERFER	2.00									
	DIRECTOR SACSTH (TERM 12/2012)	0	Х						0	o	
1h 9	Sub-total	l				I					
	Total from continuation sheets to Part VII, S	ection A			• • •						
	Fotal (add lines 1b and 1c)										
	Total number of individuals (including but not						a) who	re	ceived more than	\$100,000 of	
	eportable compensation from the organization		451		u u	JOV.	<i>5)</i> <b>W</b> 110		ocived more than	ψ100,000 01	
	· · · · · · · · · · · · · · · · · · ·										Yes No
	Did the organization list any former officemployee on line 1a? If "Yes," complete Sched										3 X
4	For any individual listed on line 1a, is the sorganization and related organizations gro	sum of rep eater than	ortab \$15	le c	om 00?	per	sation	n aı s,"	nd other compens	sation from the le J for such	
	individual										4 X
	Did any person listed on line 1a receive or for services rendered to the organization? If "Yo										5 X

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 ▶

Form 990 (2012)

Part VII Section A. Officers, Directors, Ti (A)	(B)		_		<del>-</del>			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for related organizations below dotted	box,	unles er and	Pos neck ss pe	ition more rson	than of is both or/trust employe	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	ar com fi org	stimated mount of other apensation from the ganization	f ion on
	line)	ป trustee or	Institutional trustee		loyee	Highest compensated employee				org	anizatio	าร
48) DENNIS LIDDLE	2.00								_			
DIRECTOR, SECTY/TREAS SBH	0	X		Х				0	0			(
19) DINA LLOYD	2.00											
DIRECTOR, VICE CHR SBH	0	X		X				0	0			
50) ANTHONY LOCKHART	4.00	3.7		3.7								,
DIRECTOR/CHAIR SACSTH	2.00	X		Х				0	U			(
DIR CFGH & SF (TERM 06/2012)	2.00	Х										(
52) JOSEPH MCSHANNIC, MD	50.00	Λ						-	0			
DIRECTOR SACSTH		Х						497,836.	0		23,4	173
33) DALE MURPHY, MD	48.00	21						457,030.			25,	. 7 3 .
DIRECTOR SPI	2.00	Х						572,275.	0		47,4	195
4) RANDY MYEROFF	2.00							3,2,2,3.			- , , .	
DIRECTOR SF		Х							0			(
5) VIVIAN CELESTE NEAL	2.00								_			
DIRECTOR SF	0	Х						0	0			(
6) JOSEPH NIENALTOWSKI, DO	2.00											
DIRECTOR CFGH	2.00	Х						0	0			(
7) THOMAS O'NEILL	46.00											
DIRECTOR SPI, CFO SACSTH	4.00	Х		Х				468,430.	0		57,1	41.
8) CHARLES PARSONS	2.00											
DIRECTOR WRH	0	X						0	0			(
1b Sub-total							$\blacktriangleright$					
c Total from continuation sheets to Part VII,	Section A						$\blacktriangleright$					
d Total (add lines 1b and 1c)							<b></b>					
2 Total number of individuals (including but no				d al	oove	e) who	re	eceived more than	\$100,000 of			
reportable compensation from the organization	on ▶	451	_								1	
											Yes	No
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Scheen										3	Х	
4 For any individual listed on line 1a, is the organization and related organizations g	reater than	\$15	0,0	00?	If	"Yes	3,"	complete Schedu	le J for such			
individual										4	X	
5 Did any person listed on line 1a receive o												7.7
for services rendered to the organization? If "	Yes," comple	te Sch	nedu	ile J	tor	such	per	son		5		X
Section B. Independent Contractors  1 Complete this table for your five highest cor												

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	<b>(C)</b> 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 ▶

Page 8 Form 990 (2012)

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	ye	es,	and F	lig	hest Compensat	ed Employees (d	continue	-d)	- 5 -
(A) Name and title	(B) Average hours per week (list any hours for related	box,	unles	Pos heck ss pe	erson	e than o is both tor/trust	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	an com	(F) stimated nount of other pensation om the	f
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	y employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W 2/1000 MIGG)	and	anization d related anization	d
59) JONATHON PAVLOFF	2.00											
DIRECTOR SF	0	X						0	0			0
60) MARK PLUSKOTA, MD DIRECTOR SBH	2.00	Х							_			0
61) WILLIAM POWEL, III	46.00								0			
DIRECTOR SPI, SYSTEM SECTY	4.00	Х		Х				616,537.	0		67,7	761.
62) DWIGHT POWERS	2.00							020,001.				
DIRECTOR WRH	0	Х						0	0			0
63) ERNEST PRESTON	2.00											
DIRECTOR SF	0	Х						0	0			0
64) MARGARET RALSTON PAYNE	2.00											
DIRECTOR SF	0	X						0	0			0
65) KATHLEEN RAYNOR	2.00											_
DIRECTOR SF	0	X						0	0			0
66) FRONCIE REPETTI	2.00	77						0	0			0
DIRECTOR SACSTH 67) HARRIETT RICHMAN	2.00	Х							0			
DIRECTOR SACSTH (TERM 06/2012)	2.00	Х							0			0
68) RONALD RUSS, DO	2.00											
DIRECTOR CFGH	0	Х						0	0			0
69) MONA SARKAR	2.00											
DIRECTOR/SECTY SF	0	Х		Х				0	0			0
1b Sub-total							<b>&gt;</b>					
c Total from continuation sheets to Part VII, S	_						$\triangleright$					
d Total (add lines 1b and 1c)					<u></u>		<b>&gt;</b>					
2 Total number of individuals (including but not reportable compensation from the organization		hose 451		d al	bov	e) who	o re	eceived more than	\$100,000 of			
Teportable compensation from the organization		451									Yes	No
3 Did the organization list any former office	or directo		4	ıoto	•	kov. o	. <b></b> .	lovos or highes	t componented		162	NO
employee on line 1a? If "Yes," complete Schede	ule J for suc	ch ind	lividu	ual			• •			3	Х	
4 For any individual listed on line 1a, is the organization and related organizations graindividual.	eater than	\$15	0,0	00?	. It	"Yes	3,"	complete Schedu	le J for such	4	Х	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "Ye										5		Х
Section B. Independent Contractors												
Complete this table for your five highest componentation from the organization. Report of year.												

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

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

Form 990 (2012) Page **8** 

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	nplo	ye	es,	and F	lig	hest Compensat	ed Employees (c	ontinued)
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	ļ , .			ition			Reportable	Reportable	Estimated
	hours per week (list any	,				e than o is both		compensation from	compensation from related	amount of other
	hours for	office		d a d		or/trust	ee)	the	organizations	compensation
	related	Individual trustee or director	Inst	Officer	Key	High	Forme	organization	(W-2/1099-MISC)	from the
	organizations below dotted	vidu	ituti	cer	emp	nest	ner	(W-2/1099-MISC)		organization and related
	line)	al tr	Institutional trustee		Key employee	e com				organizations
		uste	trus		ě	pen				
		Ф	tee			Highest compensated employee				
70) ROBERT SCHAAL, MD	10.00					<u>ā</u>				
DIRECTOR SACSTH	2.00	X						75,000.	0	0
71) DIANE SCHNEE	2.00							737000.	, , ,	
DIRECTOR SBH (TERM 01/2012)	0	X								0
72) HELEN SCOTT	2.00									
DIRECTOR SBH (TERM 02/2012)	0	Х							0	0
73) ANTHONY SOLARO	2.00									
DIRECTOR WRH	0	Х							o	0
74) MARTIN SPECTOR	2.00									
DIRECTOR SF	4.00	Х							0	0
75) THOMAS STRAUSS	46.00									
DIRECTOR, SYSTEM PRES/CEO	4.00	Х		Х				1,434,283.	0	114,053.
76) VICKI SUSSMAN	2.00									
DIRECTOR WRH	0	Х						C	0	0
77) SUSAN TAFT	2.00									
DIRECTOR SACSTH	0	Х						C	0	0
78) TERRY TAYLOR	2.00									
DIRECTOR SBH	0	X						C	0	0
79) PAUL TESTA	2.00									
DIRECTOR SF	0	Х						С	0	0
80) DOUGLAS TROCHELMAN, MD	50.00									
DIRECTOR SACSTH	0	X						698,837.	0	11,162.
1b Sub-total							<b>&gt;</b>			
c Total from continuation sheets to Part VII, S	-						<b>&gt;</b>			
d Total (add lines 1b and 1c)							<u> </u>		<b>1</b>	
2 Total number of individuals (including but not reportable compensation from the organization				d al	bov	e) who	o re	eceived more than	\$100,000 of	
Teportable compensation from the organization		451								V N-
5 Billium 1 di 18 di										Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched										3 X
4 For any individual listed on line 1a, is the	sum of rer	ortah	مام م	nom	ner	eation	า อเ	nd other compen	sation from the	
organization and related organizations gre										
individual										4 X
5 Did any person listed on line 1a receive or										
for services rendered to the organization? If "Yo	es," comple	te Sch	теац	iie J	ı tor	such	per	son		5 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 ▶

Page 8 Form 990 (2012)

6	art VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	nplo	yee	es, a	and H	lig	hest Compensat	ed Employees (d	continued)
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	not ch unles	s pei	tion more	e than or is both a or/truste Highest compensated	an	(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
( 81	.) SUSAN ULLMAN	2.00									
	DIRECTOR, VICE CHR WRH	0	Х		Х				C	0	0
( 82	2) SHARON VANNOSTRAN, MD	2.00									
	DIRECTOR SACSTH	0	Х						C	0	0
( 83	B) JOSEPH VARLEY, MD	50.00									
	DIRECTOR SACSTH	0	Х						358,631.	0	19,633.
( 84	) NORMAN WELLS	4.00									
	DIRECTOR CFGH	2.00	Х						C	0	0
( 85	) DARRELL WIDMER, MD	50.00									
	DIRECTOR WRH	0	Х						167,767.	0	654.
( 86	S) STEPHEN WILT	2.00									
	DIRECTOR/VICE CHR SF	0	Х		Х				C	0	0
(87	) JOSEPH ZARCONI, MD	48.00									
	DIRECTOR SF (TERM 06/2012)	2.00	Х						517,890.	0	57,992.
( 88	3) BRIAN DERRICK	46.00									
	SYSTEM CFO	4.00			Х				691,767.	0	17,206.
( 89	) CHARLES ALDERSON	50.00									
	CFO, SBH & WRH	0			Х				228,220.	0	11,720.
( 90	) THOMAS DEBORD	46.00									
	PRESIDENT SBH & WRH	4.00			Х				355,337.	0	38,386.
( 91	.) BRYAN FREDERICKS	50.00									
	COO, SPI	0			Х				311,295.	0	14,547.
_	b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization	limited to t		liste		)OV6	e) who	> re	eceived more than	\$100,000 of	
3 4 5	employee on line 1a? If "Yes," complete Scheduler For any individual listed on line 1a, is the organization and related organizations graindividual.	ule J for suc sum of rep eater than accrue co	ch ind oortab \$15 mpen	lividu ole c 50,00 satio	ual comp 00? on f	pen <i>If</i>	sation "Yes,	n ai ," un	nd other compens complete Schedu	sation from the le J for such	Yes No  3 X  4 X  5 X
_	101 001 1000 TOTAL TO THE OTGATIZATION: 11 TO	o, comple	10 001	iouu	,,,,	,01	Judit	JUI	00,,		<u> </u>

### **Section B. Independent Contractors**

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

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

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

Form 990 (2012)

Page 8

Page 10 Section A Officers Directors Trustoes Key Employees and Highest Compensated Employees (continued)

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	ıplo	yee	es,	and F	ligl	hest Compensat	ed Employees (c	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	more	e that or/truste e that	an	(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
92) STEVE SCHMIDT	50.00									
COO, SF	0			X				375,183.	0	39,743.
( 93) SHANE SEYMOUR CHIEF DEVEL. OFFICER, SF	50.00			Х				208,559.	0	18,602.
( 94) JEFFREY MORRIS, MD	50.00									
CHIEF MEDICAL OFFICER, SBH	0				Х			171,654.	0	2,308.
( 95) KATHLEEN JOBE	50.00									
CHIEF NURSING OFFICER, SBH	0				Х			217,223.	0	11,695.
( 96) MICHAEL HILLMAN, MD	46.00									
VP, CHIEF MED/QUAL OFFCR	4.00				Х			786,414.	0	2,033.
( 97) GREGORY KALL	46.00							400 000		50 505
VP, CIO	4.00				Х			433,827.	0	52,595.
( 98) UNHEE KIM	46.00							565.065		61 000
VP, CLINICAL SERVICES	4.00				Х			565,965.	0	61,983.
( 99) KYLE KLAWITTER	46.00							422 005		44 005
VP, SYSTEM HR	4.00				Х			433,025.	0	44,285.
(100) PATRICE LANGE	46.00				٠,,			402 264		42 071
VP, SYSTEM MARKETING	4.00				Х			423,364.	U	43,871.
(101) CHARLES ROSS, MD	46.00				3,7			421 070		27 722
CHIEF MEDICAL OFFICER (102) JAMES STONKUS	4.00				Х			431,078.	U	37,722.
VP, BUS. DEVEL SW REGION	50.00				X			206,038.		9,960.
1b Sub-total c Total from continuation sheets to Part VII, So d Total (add lines 1b and 1c)  Total number of individuals (including but not reportable compensation from the organization	ection A	hose I	iste	 			> > >		\$100,000 of	3,,500.
- Toportable compensation from the organization		101	-							Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										3 X
4 For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	0,0	00?	lf	"Yes	,"	complete Schedu	le J for such	4 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

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

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Form 990 (2012) Page **8** 

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	ot ch unles	Posineck ss pe	more rson	e than o		(D)  Reportable compensation	(E) Reportable compensation from	<b>(F)</b> Estimated amount of
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
103) KEVIN THEISS	46.00									
VP, REVENUE CYCLE	4.00				Х			290,205.	0	29,994.
104) MARY WARD	46.00									
VP, CHIEF NURSING OFFICER	4.00				Х			512,094.	0	50,340.
105) MARTIN HAUSER	4.00									
PRESIDENT, SUMMACARE	46.00				Х			0	635,064.	44,285.
106) JOHN ZOGRAFAKIS, MD	50.00									
HIGHEST COMPENSATED	0					X		1,040,419.	0	19,974.
107) SCOTT WEINER, MD	50.00									
HIGHEST COMPENSATED	0					X		976,533.	0	20,733.
108) ADRIAN DAN, MD	50.00									
HIGHEST COMPENSATED	0					X		787,303.	0	12,874.
109) RAMAKRISHNA BANDI, MD	50.00									
HIGHEST COMPENSATED	0					Х		750,074.	0	11,162.
(110) ERIC ESPINAL, MD	50.00									
HIGHEST COMPENSATED	0					Х		694,702.	0	21,711.
111) KATHLEEN RICE	0									
FORMER OFFICER	0						Х	148,439.	0	90.
112) STEPHEN KAISER, DO	50.00									
FORMER OFFICER	0						Х	114,422.	0	9,683.
113) JAY WILLIAMSON, MD	50.00									
FORMER OFFICER	0						Х	288,897.	0	536.
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	Section A						<b>* * *</b>			
2 Total number of individuals (including but not reportable compensation from the organization)	limited to t	hose I	iste				o re	ceived more than	\$100,000 of	
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Scheol	dule J for su	ch ind	ividu	ıal						Yes No
For any individual listed on line 1a, is the organization and related organizations guindividual	eater than	\$15 • • •	0,0	00?	If	"Yes	5," (	complete Schedu	le J for such	4 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.

for services rendered to the organization? If "Yes," complete Schedule J for such person

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

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

Х

Page 9

#### Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII (B) (C) (D) Related or Unrelated Revenue Total revenue business exempt excluded from tax revenue function under sections 512, 513, or 514 revenue Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns 1b Membership dues 628,206. С Fundraising events 1d 166,654 1e 2,377,208. Government grants (contributions) . . f All other contributions, gifts, grants, and similar amounts not included above . 1f 3,368,961 g Noncash contributions included in lines 1a-1f: \$ \_ Total. Add lines 1a-1f 6,541,029 Program Service Revenue **Business Code** 621110 1,033,570,041 252.145 NET PATIENT REVENUE 1,033,317,896 PROGRAM RELATED INVESTMENTS 900099 41,284,790. 41,251,316 33,474. h c MEDICAL EDUCATION 611600 11,739,501 11,739,501 d REFERENCE LAB 621500 9,894,253 9,894,253. 900099 ARRA MEANINGFUL USE 8,592,726 8,592,726 2,623,476 2,623,476 All other program service revenue Total. Add lines 2a-2f . 1,107,704,787 . . . . . . . . . . . . . Investment income (including dividends, interest, and 16,956,579 1,122,257. 15,834,322. Income from investment of tax-exempt bond proceeds . . . > 1,361,976 1,361,976. 4 5 (i) Real (ii) Personal 11,487,297. 1,478,892. 6a Gross rents **b** Less: rental expenses 8,654,976 362,281 2,832,321 1,116,611 Rental income or (loss) . . Net rental income or (loss) . . <u>. . . . ▶</u> 3,948,932 1,116,611. 2,832,321 (i) Securities (ii) Other Gross amount from sales of 175,410,103. 359,381 assets other than inventory **b** Less: cost or other basis 172,854,607. and sales expenses . . . 2,555,496. 359.381 c Gain or (loss) d Net gain or (loss) 2,914,877 2,914,877. Other Revenue Gross income from fundraising events (not including \$ \_\_\_ 628,206. of contributions reported on line 1c). See Part IV, line 18 . . . . . . . . . a 139,083 440.453 Less: direct expenses c Net income or (loss) from fundraising events . -301,370 -301,370. 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses Gross sales of inventory, 10a returns and allowances **b** Less: cost of goods sold Net income or (loss) from sales of inventory. Miscellaneous Revenue **Business Code** CAFETERIA SALES 721210 5,425,201 495,873 4,929,328. 11a 812930 PARKING 1,583,991 1,583,991. b GIFT/FLOWER SHOP 453220 1,046,454 1,046,454. С 302,090. 624410 3,060,227 2,758,137. All other revenue 11,115,873. e Total. Add lines 11a-11d Total revenue. See instructions ,150,242,683 1,097,524,915 13,216,703 32.960.036.

Page **10** 

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a responsion of 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
Grants and other assistance to governments and		скропосс	gorioral expenses	жропоос
organizations in the United States. See Part IV, line 21	219,220.	219,220.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	67,186.	67,186.		
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	16,705,017.	11,118,525.	5,586,492.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	1,158,456.	1,009,927.	148,529.	
7 Other salaries and wages	392,606,657.	347,132,604.	44,588,752.	885,301
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,196,922.	8,093,291.	1,103,631.	
9 Other employee benefits	66,839,038.	58,593,518.	7,990,025.	255,495
Other employee benefits	27,292,659.	24,017,540.	3,275,119.	,
1 Fees for services (non-employees):		•	-	
a Management	10,978,836.	3,102,353.	7,876,483.	
b Legal	1,495,680.	3,743.	1,491,937.	
c Accounting	613,429.	185,015.	428,414.	
d Lobbying	191,124.		191,124.	
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	38,597.		38,597.	
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.) ATCH 2	178,053,041.	160,720,181.	17,203,570.	129,290
2 Advertising and promotion	2,774,142.	2,040,150.	683,037.	50,955
3 Office expenses	22,433,840.	14,382,052.	7,986,387.	65,401
4 Information technology	17,796,909.	13,322,115.	4,440,705.	34,089
5 Royalties	0	10 702 522	4 002 406	120
6 Occupancy	23,727,079.	19,703,533.	4,023,426.	15,434
7 Travel	1,545,332.	1,200,807.	209,091.	15,434
8 Payments of travel or entertainment expenses	0			
for any federal, state, or local public officials	2,340,967.	1,582,683.	750,864.	7,420
9 Conferences, conventions, and meetings	19,297,947.	15,438,358.	3,859,589.	7,120
10 Interest	0		-,,	
2 Depreciation, depletion, and amortization	39,783,410.	35,407,569.	4,375,841.	
Insurance	7,763,631.	5,822,723.	1,940,908.	
4 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses in line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	143,249,296.	141,658,257.	1,591,039.	
b BAD_DEBT_PROVISION	97,547,612.	97,547,612.		
c STATE FRANCHISE FEE	11,629,951.	11,629,951.		
d UNRELATED BUSINESS INC. TAX	476,364.	4 - 10	476,364.	
e All other expenses	11,531,959.	4,540,074.	6,946,844.	45,041
75 Total functional expenses. Add lines 1 through 24e 76 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	1,107,354,301.	978,598,987.	127,266,768.	1,488,546
fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)	0			

JSA 2E1052 1.000

Form 990 (2012) Page **11** 

### Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part X							
		Check if Schedule O contains a response t	o an	y question in this Par					
					(A) Beginning of year		<b>(B)</b> End of year		
	1	Cash - non-interest-bearing			1,450,134.	1	1,802,242.		
	2	Savings and temporary cash investments			137,063,192.	2	170,463,959.		
	3	Pledges and grants receivable, net			4,886,801.	3	5,664,789.		
	4	Accounts receivable, net			157,350,663.	4	162,255,507.		
	5	Loans and other receivables from current and the	forme	er officers, directors,					
		trustees, key employees, and highest co	ompe	nsated employees.					
		Complete Part II of Schodule I			3,952.	5	0		
	6	Loans and other receivables from other disqualified pers							
		4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu							
"		organizations (see instructions). Complete Part II of Sche			0	6	0		
ets	7	Notes and loans receivable, net			21,027,546.	7	23,595,042.		
Assets	8	Inventories for sale or use			12,031,830.	8	13,552,762.		
•	9	Prepaid expenses and deferred charges		,	9,000,945.	9	10,389,016.		
	10 a	Land, buildings, and equipment: cost or							
			10a						
	b	Less: accumulated depreciation	10b	637,265,714.	436,400,578.	10c			
	11	Investments - publicly traded securities			217,906,778.	11	203,858,864.		
	12	Investments - other securities. See Part IV, line 11			4,675,205.	12	5,214,254.		
	13	Investments - program-related. See Part IV, line 11			24,403,441.	13	20,436,783.		
	14	Intangible assets			2,696,636.	14	2,579,662.		
	15	Other assets. See Part IV, line 11			107,123,941.	15	118,264,416.		
_	16	Total assets. Add lines 1 through 15 (must equal			1,136,021,642.	16	1,193,991,987.		
	17	Accounts payable and accrued expenses.	157,668,147.	17	171,468,917.				
	18	Grants payable	1,915,588.	18	919,847.				
	19	Deferred revenue			3,543,430.	19	2,615,753.		
	20	Tax-exempt bond liabilities			356,342,139.	20	350,982,844.		
es	21	Escrow or custodial account liability. Complete Pa			1,164,886.	21	4,614.		
Liabilities	22	Loans and other payables to current and for							
jab		trustees, key employees, highest compen							
_		disqualified persons. Complete Part II of Schedule			00 536 460	22	10.005.551		
	23	Secured mortgages and notes payable to unrelate			20,536,469.	23	18,985,571.		
	24	Unsecured notes and loans payable to unrelated			0	24	0		
	25	Other liabilities (including federal income tax,							
		parties, and other liabilities not included on lines		•	176,869,115.	25	182,666,359.		
	26	of Schedule D			718,039,774.	25 26	727,643,905.		
_	20	Organizations that follow SFAS 117 (ASC 958),			710703377711	20	72770137303.		
es		complete lines 27 through 29, and lines 33 and		K nere P 22 and					
anc	27	Unrestricted net assets			379,626,550.	27	426,876,312.		
Bal	28	Temporarily restricted net assets			22,097,706.	28	22,365,155.		
p	29	Permanently restricted net assets		<u></u>	16,257,612.	29	17,106,615.		
Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here  and					
ts (	30	Capital stock or trust principal, or current funds				30			
se	31	Paid-in or capital surplus, or land, building, or equ				31			
As	32	Retained earnings, endowment, accumulated income				32			
Net	33	Total net assets or fund balances			417,981,868.	33	466,348,082.		
_	34	Total liabilities and net assets/fund balances			1,136,021,642.	34	1,193,991,987.		
					· · · · · · · · · · · · · · · · · · ·		<u> </u>		

Form 990 (2012) Page **12** 

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI				Х	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		.50,2		
2	$  \cdot  $					
3	Revenue less expenses. Subtract line 2 from line 1	3		42,8		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	117,9		
5	Net unrealized gains (losses) on investments	5		10,6	31,9	57.
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-5,1	54,1	25.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	4	166,3	48,0	82.
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: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plair	ı in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	ight				
	of the audit, review, or compilation of its financial statements and selection of an independent accoun	tant?	)	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex	xplair	n in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	n in			
	the Single Audit Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	ergo	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	lits		3b	Х	

### **SCHEDULE A** (Form 990 or 990-EZ)

Name of the organization

# **Public Charity Status and Public Support**

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Employer identification number

SUMMA	HEALTH SYSTEM	GROUP RETURN							90	-0640432
Part I	Reason for Pub	lic Charity Status	s (All organizations mu	st con	nplete	this pa	art.) Se	e instr	uctions	).
The org	anization is not a priv	ate foundation bed	cause it is: (For lines 1 th	rough	11, che	eck only	one bo	x.)		
1	A church, convention	on of churches, or	association of churches	describ	ed in <b>s</b>	ection	170(b)(	1)(A)(i)		
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
3 X			ervice organization descri			-		-		
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:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
5	, .		•	ersity	owned	l or ope	erated I	oy a go	vernme	ental unit described in
•	section 170(b)(1)(A							• > 4 >		
<u>6</u>	4	_	or governmental unit des							and the manager of Pa
/	, •	•	es a substantial part of it	s supp	ort irc	om a go	vernme	entai ur	iit or ire	om the general public
ο [	described in <b>sectio</b>		on 170(b)(1)(A)(vi). (Com	nloto E	Oart II \					
8 —	-		es: (1) more than 331/3%	•			contrib	outions	memh	ershin fees, and aross
J	-	-	exempt functions - sub							·
	•		ome and unrelated busi			-				
			ne 30, 1975. See <b>section</b>				-			
10	,		ted exclusively to test for	•				,	.).	
11		-	rated exclusively for the	•	-				-	, or to carry out the
	purposes of one o	r more publicly su	ipported organizations de	escribe	d in s	ection 5	509(a)(	1) or se	ection 5	609(a)(2). See <b>section</b>
	509(a)(3). Check th	ne bo <u>x th</u> at describ	es the type of supporting	organ	ization	and co	mplete	lines 1	1e thro	ugh 11h.
_	<b>a</b> Type I		c Type III-Function	•	•			• •		unctionally integrated
e X	, .	=	the organization is not			-		-	-	-
	•		gers and other than one	or mo	re put	olicly su	pported	d organ	izations	described in section
	509(a)(1) or section	` ' ' '		IDO					_	
f			n determination from th	e IRS	that it	is a Ty	ype I, I	ype II,	or Typ	e III supporting
~	organization, check		nization accepted any aif					tho		
g	following persons?	ooo, nas me orga	nization accepted any gift	OI COI	ntribut	1011 110111	i ariy oi	trie		
	= :	directly or indire	ectly controls, either alor	ne or t	ogethe	er with	nerson	s desc	rihed ir	(ii) Yes No
			dy of the supported organ						noca n	11g(i) X
			scribed in (i) above?							11g(ii) X
			on described in (i) or (ii) a	bove?						11g(iii) X
h			ut the supported organiza		).					
(i) I	Name of supported	(ii) EIN	(iii) Type of organization	(iv)	Is the		ou notify		ls the	(vii) Amount of monetary
	organization		(described on lines 1-9 above or IRC section	col. (i)	zation in listed in		anization . (i) of		zation in organized	support
			(see instructions))	your go	overning ment?	your su			Ŭ.S.?	
				Yes	No	Yes	No	Yes	No	
(A)	ACHMENT 1									
` 'A'I"I'.	ACHMEN'I' I									
(B)										
(C)										
(D)										
<b>(5</b> )										
(E)										
Total										2.181.458.

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 Page **2** 

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.)

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,323,558.	4,540,510.	6,941,569.	5,638,036.	5,122,826.	28,566,499.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0		
4	Total. Add lines 1 through 3	6,323,558.	4,540,510.	6,941,569.	5,638,036.	5,122,826.	28,566,499.		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount								
^	shown on line 11, column (f)						176,266.		
6	Public support. Subtract line 5 from line 4.						28,390,233.		
	tion B. Total Support	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total		
	ndar year (or fiscal year beginning in)		. ,						
7 8	Amounts from line 4  Gross income from interest, dividends, payments received on securities loans,	6,323,558.	4,540,510.	6,941,569.	5,638,036.	5,122,826.	28,566,499.		
	rents, royalties and income from similar sources	2,479,286.	1,527,282.	1,494,312.	1,752,613.	1,814,584.	9,068,077.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0		
11	Total support. Add lines 7 through 10						37,634,576.		
12	Gross receipts from related activities, etc. (s	see instructions) .				12	6,560,828.		
13	First five years. If the Form 990 is forganization, check this box and stop here	or the organizat	ion's first, secon	d, third, fourth,	or fifth tax ye	ar as a section			
Sec	tion C. Computation of Public Sup								
14	Public support percentage for 2012 (li	ne 6, column (f	divided by line	11, column (f))		14	75.44%		
15	Public support percentage from 2011					15	69.85%		
16a	331/3% support test - 2012. If the o					331/3 % or mor	e, check		
	this box and <b>stop here</b> . The organization	on qualifies as a	publicly suppor	ted organizatio	n		<b>▶</b> X		
b	331/3% support test - 2011. If the o	organization did	not check a bo	ox on line 13 o	or 16a, and line	15 is 331/3%	or more,		
	check this box and stop here. The orga								
17a	10%-facts-and-circumstances test - 2	<b>2012.</b> If the org	janization did no	ot check a box	on line 13, 16a	a, or 16b, and li	ne 14 is		
	10% or more, and if the organization	meets the "fa	cts-and-circumst	ances" test, ch	eck this box ar	nd <b>stop here.</b> E	xplain in		
	Part IV how the organization meets t	he "facts-and-c	ircumstances" te	est. The organi	zation qualifies	as a publicly s	upported		
	organization						▶ 🔲		
b	10%-facts-and-circumstances test - 2						and line		
	15 is 10% or more, and if the orga	anization meets	the "facts-and	d-circumstances	" test, check tl	his box and <b>st</b> o	op here.		
	Explain in Part IV how the organizati	on meets the "	facts-and-circum	nstances" test.	The organization	n qualifies as a	publicly		
	supported organization						▶ 🔲		
18	Private foundation. If the organization	did not check a	a box on line 13,	, 16a, 16b, 17a	, or 17b, check	this box and see			
	instructions						▶□		

Schedule A (Form 990 or 990-EZ) 2012 Page **3** 

### 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.)

500	tion A. Public Support			•	•	,	
	• • • • • • • • • • • • • • • • • • • •	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(i) rotai
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.")  Gross receipts from admissions, merchandise						
2	'						
	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						
7 a	Amounts included on lines 1, 2, and 3						
L	received from disqualified persons						
D	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		T		T	T	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6.						
10 a	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						
С	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	on's first, second,	third, fourth, or	fifth tax year	as a section 501	(c)(3)
	organization, check this box and stop here						▶
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2012 (line 8,	column (f) divid	led by line 13, colu	mn (f))		15	%
16	Public support percentage from 2011 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2012 (lin			13, column (f))		17	%
18	Investment income percentage from 2011					18	%
19 a	331/3% support tests - 2012. If the org					re than 331/3%,	and line
	17 is not more than 331/3%, check thi						
b	331/3% support tests - 2011. If the orga						
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization		•	•			H

JSA 2E1221 1.000 Schedule A (Form 990 or 990-EZ) 2012 Page **4** 

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 III - SUPPORT SCHEDULE FOR 509(A)(2) ORGANIZATION

CUYAHOGA FALLS GENERAL HOSPITAL ("CFGH") IS A PUBLIC CHARITY ORGANIZATION

UNDER SECTION 509(A)(2). DUE TO SOFTWARE LIMITATIONS, SCHEDULE A PART

III FOR CFGH COULD NOT BE COMPLETED. (SCHEDULE A PART II IS COMPLETED

FOR SUMMA FOUNDATION).

BASED ON THE PUBLIC SUPPORT TEST UNDER PART III, THE PUBLIC SUPPORT PERCENTAGE FOR 2012 FOR CFGH WHICH SHOULD BE SHOWN IN SECTION C, LINE 15, IS 88.76%.

				ATTAC	HMENT :	1
SCHEDULE A, PART I - INFORMATION ABOUT S	UPPORTED O	RGANIZATION	IS			
		(III) TYPE OF	(IV)	(V)	(VI)	(VII) AMOUNT OF
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	YES NO	YES NO	SUPPORT
SUMMA AKRON CITY AND ST. THOMAS HOSPITALS	34-0714755	03	х			2,043,958.
SUMMA BARBERTON CITIZENS HOSPITAL	26-1375072	03	Х			137,500.
CUYAHOGA FALLS GENERAL HOSPITAL	34-0718383	04	х			0
THE WADSWORTH-RITTMAN AREA HOSPITAL ASSN	34-6549371	03	Х			0
TOTAL AMOUNT OF SUPPORT						2,181,458.

### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

**Employer identification number** Name of the organization SUMMA HEALTH SYSTEM GROUP RETURN 90-0640432 Organization type (check one): Filers of: Section: X  $501(c)(^3$ Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on

Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization SUMMA HEALTH SYSTEM GROUP RETURN

(b)

Name, address, and ZIP + 4

Employer identification number 90-0640432

Part I Co	ontributors (see instructions). Use duplicate copies of Par	t I if additional space is need	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$692,627.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$210,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$215,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)

			(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is

(c)

**Total contributions** 

190,787.

(d) Type of contribution

Person Payroll

Noncash

(a)

No.

4

Name of organization SUMMA HEALTH SYSTEM GROUP RETURN

Employer identification number

90-0640432

### Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	STOCK-MULTICOLOR		
		\$ <u>215,000</u> .	12/31/2012
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		  \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   \$\$	

Name of organization SUMMA HEALTH SYSTEM GROUP RETURN

iipioyei	identification numb
	90-0640432

Part III	Exclusively religious, charitable, etc., that total more than \$1,000 for the year.	<b>ear.</b> Complete colur	nns (a) through (e	) and the following line entry.					
	For organizations completing Part III, e contributions of \$1,000 or less for the	e year. (Enter this inf	ormation once. Se	haritable, etc., e instructions.) ►\$					
(=) N =	Use duplicate copies of Part III if addition	onal space is neede	<u>d.</u>						
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
		(e) Transf	er of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee					
(-) N-									
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
	(e) Transfer of gift								
	Transferee's name, address, at	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
		(e) Transfer of gift							
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
		(e) Transf	er of gift						
	Transferee's name, address, at	nd ZIP + 4	Relation	nship of transferor to transferee					

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

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Attach to Form 990 or Form 990-EZ. ► Complete if the organization is described below.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ See separate instructions.

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

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

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

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

	s organization answered "Yes," Section 501(c)(4), (5), or (6) org	to Form 990, Part IV, line 5 (Proxy Ta panizations: Complete Part III.	ix) or Form 990-EZ, Pa	rt v, line 35c (Proxy Tax), th	nen		
Name	e of organization			Employer identif	ication number		
SUM	MA HEALTH SYSTEM GRO	UP RETURN		90-064	10432		
Par	t I-A Complete if the o	rganization is exempt under s	section 501(c) or i	s a section 527 organ	ization.		
1		organization's direct and indirect p					
2	Political expenditures			▶ \$			
3	Volunteer hours						
Par		rganization is exempt under s					
1	Enter the amount of any exc	cise tax incurred by the organizatio	n under section 495	5 ▶ \$			
2		cise tax incurred by organization m					
3		a section 4955 tax, did it file Form					
	Was a correction made? If "Yes," describe in Part IV.				Yes No		
		rganization is exempt under	section 501(c), ex	cept section 501(c)(3)	<u>.                                    </u>		
	•	expended by the filing organization					
	· · · · · · · · · · · · · · · · · · ·			•			
		ng organization's funds contributed					
	527 exempt function activities	es		▶ \$			
3	Total exempt function expe	enditures. Add lines 1 and 2. En	er here and on Fo	orm 1120-POL,			
	line 17b			▶ \$			
		e Form 1120-POL for this year?			Yes No		
5		and employer identification numb					
		s. For each organization listed, en					
		tributions received that were prom					
	as a separate segregated full	nd or a political action committee	(PAC). If additional s	space is needed, provide	information in Part IV.		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political		
				filing organization's funds. If none, enter -0	contributions received and promptly and directly		
				Turius. Il fiorie, effici -o	delivered to a separate		
					political organization. If none, enter -0		
					mone, enter o .		
(1)							
(2)							
(3)							
(4)		<u> </u>					
(5)							

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

Schedule C (Form 990 or 990-EZ) 2012

(6)

SCII	ledule C (Form 990 of 990-EZ) 2012	DOIMI	111111111111111111111111111111111111111	IDILLI GROOT RE	I OICI	70 0	7010132 Fage <b>2</b>			
Pa	art II-A Complete if the section 501(h)).	organizati	on is exen	npt under section	1 501(c)(3) and	filed Form 5768 (ele	ction under			
	name, addres	s, EIN, exp	enses, and	o an affiliated ground I share of excess lectors A and "limited	obbying expend		roup member's			
_					CONTROL PROVISIO					
		nits on Lobb nditures" m		ditures nts paid or incurred	,	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals			
_	•			-	_	organization's totals	group totals			
1 a	, , ,			, •						
-	b Total lobbying expenditure									
(	c Total lobbying expenditure									
•	d Other exempt purpose exp									
•	<ul> <li>Total exempt purpose exp</li> </ul>	enditures (a	dd lines 1c	and 1d)						
f	f Lobbying nontaxable amo	unt. Enter t	the amount	from the following	table in both					
	columns.									
	If the amount on line 1e, colum	n (a) or (b) is:	The lobbying	ng nontaxable amount	is:					
	Not over \$500,000		20% of the	amount on line 1e.						
	Over \$500,000 but not over \$1,	000.000	\$100,000 pl	us 15% of the excess	over \$500.000.					
	Over \$1,000,000 but not over \$			us 10% of the excess						
	Over \$1,500,000 but not over \$			us 5% of the excess of						
	Over \$17,000,000	11,000,000	\$1,000,000		Ψοι ψτ,σοσ,σοσ.					
_		ount (ontor			J.					
	=	•	_							
<ul><li>h Subtract line 1g from line 1a. If zero o</li><li>i Subtract line 1f from line 1c. If zero or</li></ul>										
į						- C C 4700				
J				er line 1h or line 1i, did the organization file Form 4720						
	reporting section 4911 tax	tor this yea	r?				Yes No			
		zations that olumns belo	t made a se ow. See the	instructions for lin	on do not have to es 2a through 2	,	ve			
		Lobb	ying Exper	nditures During 4-Yo	ear Averaging Pe	riod				
	Calendar year (or fiscal year beginning in)	(a)	2009	<b>(b)</b> 2010	<b>(c)</b> 2011	<b>(d)</b> 2012	(e) Total			
2 8	a Lobbying nontaxable amount									
	b Lobbying ceiling amount (150% of line 2a, column (e))									
_	c Total lobbying expenditures									
_	d Grassroots nontaxable amount									
_	e Grassroots ceiling amount (150% of line 2d, column (e))									
f	f Grassroots lobbying expenditur	es								

Schedule C (Form 990 or 990-EZ) 2012

Sche	dule C (Form 990 or 990-EZ) 2012					F	Page 3
Pa	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d For	m 5768			
			a)		(b)	(b)	
	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No		Amou	nt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local						
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:						
а	Volunteers?	X					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X					
С	Media advertisements?		Х				
d	Mailings to members, legislators, or the public?		Х				
е	Publications, or published or broadcast statements?		Х				
f	Grants to other organizations for lobbying purposes?	X					677
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X	7.7		-	160,	645
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	37	Х				000
i	Other activities?	X					,802 ,124
j	Total. Add lines 1c through 1i		х		-	LYI,	124
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b	If "Yes," enter the amount of any tax incurred under section 4912						
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	(-)/E)		aatian			
ıa	501(c)(6).	(0)(3)	, OI S	ection			
	00.(0)(0).					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			Γ	1	163	NU
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			• • • •	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				3		
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 501						
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"				line 3	3, is	
	answered "Yes."	•	•	·		•	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou	ınts	of				
	political expenses for which the section 527(f) tax was paid).						
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	es .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	of th	ne				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible le	obbyir	ng				
	and political expenditure next year?			4			
5	Taxable amount of lobbying and political expenditures (see instructions)			5			
Pa	T IV Supplemental Information						
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line	5; Pa	rt II-A	(affiliated	d grou	p	
list);	Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.						
SEI	PAGE 4						

Schedule C (Form 990 or 990-EZ) 2012

### Part IV Supplemental Information (continued)

PART II-B, LINE 1

IN 2012, SUMMA HEALTH SYSTEM VOLUNTEERS AND MANAGEMENT INTERACTED WITH FEDERAL AND STATE LEADERS TO DISCUSS THE AFFORDABLE CARE ACT AND ITS IMPACT ON LOCAL HEALTHCARE OPERATIONS AND FINANCES. SUMMA LEADERS ALSO DISCUSSED ISSUES AND OPPORTUNITIES RELATIVE TO ACCOUNTABLE CARE MODELS, THE SUSTAINABLE GROWTH RATE, GRADUATE MEDICAL EDUCATION, HOSPITAL OUTPATIENT DEPARTMENT REIMBURSEMENT, AND INSURANCE REFORM WITH MEMBERS, STAFF, AND AGENCY LEADERSHIP AT FEDERAL, STATE AND REGIONAL LEVELS.

SUMMA LEADERSHIP ALSO DISCUSSED SEQUESTRATION AND ITS IMPACT ON JOBS AND HEALTHCARE SERVICES WITH MEMBERS AND STAFF.

PART II-B, LINE 1(F)

THE AMOUNT ON LINE 1(F) REPRESENTS THE PORTION OF ANNUAL DUES TO ORGANIZATIONS SUCH AS AHA AND OHA ALLOCABLE TO LOBBYING ACTIVITIES.

# SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

OMB No. 1545-0047
2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

► 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 GROUP RETURN

90-0640432

Par	Organizations Maintaining Donor Advised Funds organization answered "Yes" to Form 990, Part IV,		or Accounts. Complete if the
	(a)	Donor advised funds	(b) Funds and other accounts
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 and donor advisors in w	riting that the assets held i	n donor advised
•	funds are the organization's property, subject to the organization	_	
6	Did the organization inform all grantees, donors, and donor adv	<del>-</del>	
•	only for charitable purposes and not for the benefit of the dono		
	conferring impermissible private benefit?		
Par	t II Conservation Easements. Complete if the organiz	ration answered "Yes" to	Form 990. Part IV. line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or educ		of an historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space	i reservation	of a certified historic structure
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution	in the form of a conservation
_	easement on the last day of the tax year.	a conservation contribution	in the form of a conservation
	,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic struc		
d	Number of conservation easements included in (c) acquired aff		
u	historic structure listed in the National Register		_   2d
3	Number of conservation easements modified, transferred, rele		
•	tax year	asca, extinguished, or term	mated by the organization during the
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the perio		
•	violations, and enforcement of the conservation easements it has		-
6	Staff and volunteer hours devoted to monitoring, inspecting, an		
•	►	a omeromy concervation of	acomonic during the your
7	Amount of expenses incurred in monitoring, inspecting, and en	forcing conservation easem	ents during the year
•	►\$	erenig cericer ration eacem	one daming the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of	section 170(h)(4)(B)
•	(i) and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	easements in its revenue a	nd expense statement, and
•	balance sheet, and include, if applicable, the text of the footnot		•
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of Art, His	torical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" to Fo	rm 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its	revenue statement and balance sheet
	If the organization elected, as permitted under SFAS 116 (AS works of art, historical treasures, or other similar assets he	d for public exhibition, ed	lucation, or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its		
b	If the organization elected, as permitted under SFAS 116 (a works of art, historical treasures, or other similar assets he public service, provide the following amounts relating to these i	d for public exhibition, ed tems:	lucation, or research in furtherance of
	(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		
	following amounts required to be reported under SFAS 116 (AS		<u> </u>
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		

<u>Schedule D</u> (Form 990) 2012 Page **2** 

Par	t    Organizations Maintaini	ng Collections of	f Art, His	storical	Treasu	res,	or Ot	her Simil	ar Ass	sets	(con	tınu	ed)
3	Using the organization's acquisitio collection items (check all that appl		other recor	ds, checl	k any o	f the	follow	ing that ar	e a siç	gnifica	ant u	se o	f its
_		у).		7				~~					
a	Public exhibition		d  -	Other	or excha	_	_						
b	Scholarly research  Preservation for future gener	rations	e	Utilei									
C	Preservation for future gener		and aval	ain haw t	hov fur	thor	the or	anization's	ovom.	nt ni	ırnaaı	a in	Dort
4	Provide a description of the organ	iizations collections	and expir	aiii iiow i	iney iui	mei	the or	ganizations	exem	pt pt	ipose	<i>;</i>     ;	ran
_	XIII.	n naliait ar ranaisa d	lanatiana a	fort biot	o #i o o l ###								
5	During the year, did the organization										Yes		] No
Day	assets to be sold to raise funds rath											Dort	No IV
rai	t IV Escrow and Custodial A line 9, or reported an am				gariizati	1011 2	uiswei	eu res	נט רטו	111 9	90, r	an	ıv,
	inic 3, or reported arrain	Sant on Form 550	, rait X, i	1110 2 1.									
1a	Is the organization an agent, trustee	e custodian or other	r intermedi	ary for co	ntributio	ons c	r other	assets not					
ıu	included on Form 990, Part X?										Yes	x	No
h	If "Yes," explain the arrangement in	Part XIII and comple	ata tha fall	owing tak	مام:					ш	162	21	J NO
b	ii res, explain the arrangement in	Tart Am and comple	ete the foll	owing tac	ile.			Δr	nount				
С	Beginning balance					10		7.11	Tourit				
4	Additions during the year				- F	-							
e	Distributions during the year				- F	-							
f	Ending balance					_							
	Did the organization include an am									x	Yes	$\overline{}$	No
-u h	If "Yes," explain the arrangement in	Part XIII Chack has	ra if tha av	zı: nlanation	has had	en nr	ovided	in Part XIII					140
Par													
ıaı	Endowment runds: con	(a) Current year	( <b>b)</b> Pric		(c) Two			( <b>d)</b> Three ye		_	<b>)</b> Four y	vears l	back
1a	Beginning of year balance	15,896,470.		3,841.			135.	13,311					067.
	Contributions	347,618.		3,108.			325.		,166.				076.
	Net investment earnings, gains,	31/70201		3,200.					7 = 0 0 .				
-	and losses	486,766.	14	9,521.		7,380.		_6,677.		_	23.	519.	
d	Grants or scholarships	10077001		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		- '			70	-			
	Other expenditures for facilities												
	and programs												
f	Administrative expenses												
g	End of year balance	16,730,854.	15.89	6,470.	15,6	533.	840.	13,145	.135.		13.3	11.	624.
2	Provide the estimated percentage of								,				
a	Board designated or quasi-endown			, (o . g,	oolalliii	(ω))	1014 40	-					
b	Permanent endowment ► 100.0												
С	Temporarily restricted endowment												
	The percentages in lines 2a, 2b, an		00%.										
3a	Are there endowment funds not in	•		ation that	are held	d and	l admir	istered for t	he				
	organization by:										Y	'es	No
	(i) unrelated organizations									3		X	
	(ii) related organizations									_	a(ii)		X
b	If "Yes" to 3a(ii), are the related org										3b		
4	Describe in Part XIII the intended u		•										
	t VI Land, Buildings, and Equ												
	Description of property	(a) Cost or		(b) Cost of		sis	(c) Acc	umulated		(d) Bo	ok valu	ie.	
	( 6.26.2)	(invest			ther)			eciation		,=, =	vaiu	-	
1a	Land			69,1	L30,96	54.				69	9,13	0,9	64.
b	Buildings			595,2	297,19	2.3	52,0	14,846.		243	3,28	2,3	46.
С	Leasehold improvements			3,3	350,80	_		81,167.			2,56		
d	Equipment							62,350.			3,03		
е	Other				105,26	-		07,351.			7,89		
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Forn	n 990, Part	X, columi	า (B), lin	e 10(					5,91		

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012			Page 3
Part VII Investments - Other Securities. See Form	n 990, Part X, line	12.	
(a) Description of security or category (including name of security)	(b) Book value	<b>(c)</b> Method of valuati Cost or end-of-year marke	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
<u>(l)</u>			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. See Form	n 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Method of valuati Cost or end-of-year mark	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line			
(1) MALPRACTICE FUND	scription		(b) Book value
(2) BONDS ASSURED GUARANTY			13,999,671.
(3) BOND ISSUE COSTS			1,947,540.
(4) BENEFICAL INTEREST IN WRHF			934,010.
(5) DEFERRED PENSION & COMP			265,196.
(6) NON-PERF ASSET AIR RIGHTS			1,124,370.
(7) BENEFICAL INTEREST IN PERP. TR			4,251,551.
(8) DUE FROM RELATED ORGANIZATIONS			88,315,798.
(9) OTHER ACCOUNTS RECEIVABLE			73,953.
(10) BENEFICAL INTEREST IN PROPERTY			2,855,995.
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15 \		118,264,416.
Part X Other Liabilities. See Form 990, Part X, lir		· · · · · · · · · · · · · · · · · · ·	110,204,410.
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes	(b) Book value		
(2) LEASE ESCALATION LIABILITY	657,9	10.	
(3) CAPITAL LEASE OBILIGATIONS	60,067,30		
(4) ASSET RETIREMENT OBLIGATION FI	2,312,09		
(5) INTEREST RATE SWAP	12,413,0		
(6) POST RETIREMENT BENEFITS	1,548,2		
(7) CONTINGENT LIABILITIES	4,775,5		
(8) MALPRACTICE LIABILITY	13,765,58		
(9) UNSECURED PAYABLES	80,684,68		
(10) PURCHASE OPTION LIABILITY	4,674,92		
(11) OTHER OBLIGATIONS	1,766,94		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's 

Schedule D (Form 990) 2012 Page **4** 

C D (1 0111 330) 2012		i ago 🖜
XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	n	
Total revenue, gains, and other support per audited financial statements	1	
Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
Net unrealized gains on investments		
Other (Describe in Part XIII.)	-	
	20	
•		
· · · · · · · · · · · · · · · · · · ·	-	
	10	
	_	
	-	
`	1	
	3	
`		
	5	
	/ line	a 1h and 2h
line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro		
E PAGE 5		
	Total revenue, gains, and other support per audited financial statements  Amounts included on line 1 but not on Form 990, Part VIII, line 12:  Net unrealized gains on investments  Donated services and use of facilities  2b  Recoveries of prior year grants  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part VIII, line 12, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 2b  Prior year adjustments  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25:  Dother (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information  lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III let this part to provide the descriptions required for Part III, lines 3, 5, and 9; Part IIII, lines 1a and 4; Part III.	Total revenue, gains, and other support per audited financial statements  Amounts included on line 1 but not on Form 990, Part VIII, line 12:  Net unrealized gains on investments  Donated services and use of facilities  Recoveries of prior year grants  Q2c  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part VIII, line 12, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  Add lines 4a and 4b  Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  SI  Reconciliation of Expenses per Audited Financial Statements With Expenses per Return  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part IV, line 7b  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part IV, line 7b  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  5  XIII Supplemental Information  lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line (line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide a lation.

Schedule D (Form 990) 2012

#### Part XIII Supplemental Information (continued)

PART IV, LINE 2B

CUSTODIAL FUNDS HELD BY SUMMA FOUNDATION ON BEHALF OF CUYAHOGA FALLS GENERAL HOSPITAL FOUNDATION.

PART V, LINE 4

ENDOWMENT FUNDS PROVIDE INCOME TO BE USED TO FULFILL THE TAX-EXEMPT PURPOSES OF SUMMA FOUNDATION.

PART X, LINE 2, FIN 48 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, INC. ("SIC"), TOGETHER WITH AFFILIATES OF SUMMA HEALTH SYSTEM CORP ("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 INCOME 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

Page 5

Supplemental Information (continued) Part XIII

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.

## SCHEDULE F (Form 990)

## **Statement of Activities Outside the United States**

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

2012
Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. ► See separate instructions.

SUMMA HEALTH SYSTEM GROUP RETURN 90-0640432

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to

	Form 990, Part IV, line 14	łb.								
1	For grantmakers. Does the orga assistance, the grantees' eligibili	ty for the grant			_					
	grants or assistance?				L	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 follow	ving Part I, line	3 table can be	e duplicated if additional sp	pace 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	10,936,484.				
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
3a	Sub-total					10,936,484.				
b	Total from continuation sheets to Part I									
С	Totals (add lines 3a and 3b)					10,936,484.				

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

SUMMA HEALTH SYSTEM GROUP RETURN 90-0640432

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)									
I)									
5)									
6)									
7)									
3)									
9)									
0)									
l <b>1</b> )									
12)									
13)									
14)									
15)									
16)									
	er total number of recipier	nt organizations listed above	hat are recognized a	as charities by the	foreign country re	ecognized as tax	-exempt		

SUMMA HEALTH SYSTEM GROUP RETURN 90-0640432

Schedule F (Form 990) 2012

# 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. (e) Manner of (f) Amount of (g) Description (h) Method of

(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)							
<u>(</u> 18)							edule F (Form 990) 201

Schedule F (Form 990) 2012

Part IV Foreign Forms

rarı	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)	X	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	X 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)	X	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	X 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	X 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	X No

Schedule F (Form 990) 2012

#### 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).

Schedule F (Form 990) 2012

PAGE 44

Page 5

# **SCHEDULE G**

(Form 990 or 990-EZ)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization Employer identification number SUMMA HEALTH SYSTEM GROUP RETURN 90-0640432 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Page 2

Schedule G (Form 990 or 990-EZ) 2012									
Part II	Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more								
	than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with								
	gross receipts greater than \$5,000.								

		gross receipts greater than \$5,00	00.			
			(a) Event #1 GALA	(b) Event #2 GOLF OUTING	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	480,860.	198,000.	88,429.	767,289
22	2	Less: Contributions	405,936.	148,500.	73,770.	628,206.
		Gross income (line 1 minus				
		line 2)	74,924.	49,500.	14,659.	139,083.
	4	Cash prizes				
	5	Noncash prizes	27,759.	11,554.	3,040.	42,353
enses	6	Rent/facility costs	53,535.	3,000.	7,075.	63,610
Direct Expenses	7	Food and beverages	116,312.	22,995.	17,195.	156,502.
Dire	8	Entertainment	43,329.	43,168.		86,497.
	9	Other direct expenses	71,367.	11,367.	8,757.	91,491.
		Direct expense summary. Add lines 4				( 440,453.)
	11 nt	Net income summary. Combine line 3  Gaming. Complete if the organization.				-301,370.
Га		than \$15,000 on Form 990-E		es to roilli 990, Pai	t iv, line 19, or repo	nea more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev		0				
	1	Gross revenue				
uses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes%	Yes% No	Yes% No	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)	)		( )
	8	Net gaming income summary. Comb	ine line 1, column d, and	d line 7		
^						
9	Е	nter the state(s) in which the organizat				Ves No
a	E als	the organization licensed to operate of	gaming activities in each	of these states?		Yes No
á	E als	the organization licensed to operate of		of these states?		Yes No
ł	E als olf	the organization licensed to operate of	gaming activities in each	of these states?		Yes No

### SUMMA HEALTH SYSTEM GROUP RETURN

Sched	lule G (Form 990 or 990-EZ) 2012		Page <b>3</b>
11	Does the organization operate gaming activities with nonmembers?	Yes	No
12	Does the organization operate gaming activities with nonmembers?  Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity operated in:		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ▶		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶\$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
u	retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations		
-	or spent in the organization's own exempt activities during the tax year > \$		
Par			his

Schedule G (Form 990 or 990-EZ) 2012

# **SCHEDULE H** (Form 990)

# **Hospitals**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20. ► Attach to Form 990. ► See separate instructions.

**Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

SUM	MA HEALTH SYSTEM	GROUP R	ETURN			90-0640432				
Par	t Financial Assis	tance and	I Certain C	Other Community Ben	efits at Cost					
								Yes	No	
12	Did the organization ha	ve a financ	ial assistan	ce nolicy during the tax	vear? If "No " skin to que	estion 6a	1a	Х		
	If "Yes," was it a written			· · · · · · · · · · · · · · · · · · ·			1b	Х		
2	If the organization had									
_				ospital facilities during th		scribes application of				
	X Applied uniformly	-			ed uniformly to most ho	enital facilities				
	Generally tailored	-			sa armorning to most not	spitai iaciiities				
2	•		•		ritaria that applied to t	ha largest number of				
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.										
а	<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:									
		3.7			=	ingibility for free care.	3a	X		
	100% 150	J / 0	200% L	Other						
b	Did the organization usindicate which of the fo						3b	Х		
							30			
	200% 250		300% L							
С	If the organization used									
		-	•	e or discounted care.		•				
	organization used an a		or other thi	resnoid, regardless of it	ncome, as a ractor in	determining eligibility				
_										
4	4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?									
	tax year provide for free or discounted care to the "medically indigent"?									
5a	3									
	<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?									
С	If "Yes" to line 5b, as						_		Х	
	•		_	for free or discounted ca			5c	Х		
	Did the organization pre	-	-	•	-		6a	X		
b	If "Yes," did the organiz						6b	Δ		
				rksheets provided in the	he Schedule H instruc	tions. Do not submit				
7	these worksheets with t			nunity Panafita at Coat						
	Financial Assistance and inancial Assistance and	(a) Number of		(c) Total community	(d) Direct offsetting	(e) Net community	(f)	Perce	nt	
-	eans-Tested Government	activities or programs	served (optional)	benefit expense	revenue	`benefit expense´	` (	of total		
	Programs	(optional)	(optional)					ДРОПОС		
а	Financial Assistance at cost			18,074,095.	4,749,697.	13,324,398.		1	.22	
	(from Worksheet 1)			20,0,1,0,0,	27.25705.0	13/321/3331				
b	Medicaid (from Worksheet 3,			133,010,715.	110,347,546.	22,663,169.		2	.07	
С	column a)  Costs of other means-tested			200702077201	110/01/70101	22/000/2001				
-	government programs (from Worksheet 3, column b)									
d	Total Financial Assistance and									
	Means-Tested Government			151,084,810.	115,097,243.	35,987,567.		2	.29	
	Programs Other Benefits			131,001,010.	113,037,213.	33,701,301.				
6	Community health improvement									
·	services and community benefit			1,377,836.		1,377,836.			.12	
_	operations (trom worksneet 4)									
f	Health professions education			33,755,228.	11,476,669.	22,278,559.		2	.04	
	(from Worksheet 5)			33,133,220.	11, 110,009.	22,210,339.				
g	Subsidized health services (from			28,055,148.		28,055,148.		2	.56	
	Worksheet 6)			6,023,815.	1,313,392.	4,710,423.			.43	
h	Research (from Worksheet 7)			0,023,013.	1,313,332.	4,/10,443.			. + 3	

2,360,397.

71,572,424.

222,657,234.

247,640.

13,037,701.

128,134,944.

.19

5.34

8.63

PAGE 48

2,112,757.

58,534,723.

94,522,290.

Cash and in-kind contributions for community benefit (from Worksheet 8)

Total. Other Benefits

Total. Add lines 7d and 7j

Part II

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

	(a) Number of activities or	(b) Persons served	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
	programs (optional)	(optional)	<i>S</i> .			·
1 Physical improvements and housing			9,547.		9,547.	
2 Economic development			1,720.		1,720.	
3 Community support			9,611.		9,611.	
4 Environmental improvements						
5 Leadership development and						
training for community members						
6 Coalition building						
7 Community health improvement						
advocacy			32,303.		32,303.	
8 Workforce development			53,461.		53,461.	.01
9 Other						
10 Total			106,642.		106,642.	.01
Part III Bad Debt, Me	dicare, &	Collection	Practices			

Sec	tion A. Bad Debt Expense				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial		-		x	
	Statement No. 15?			1_	Λ	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the					
	methodology used by the organization to estimate this amount	2	25,800,420.			
3	Enter the estimated amount of the organization's bad debt expense attributable to					
	patients eligible under the organization's financial assistance policy. Explain in Part VI					
	the methodology used by the organization to estimate this amount and the rationale,					
	if any, for including this portion of bad debt as community benefit.	3				
4	Provide in Part VI the text of the footnote to the organization's financial statements	that	describes bad debt			
	expense or the page number on which this footnote is contained in the attached financia	al sta	tements.			
Sec	tion B. Medicare					
5	Enter total revenue received from Medicare (including DSH and IME)	5	314,867,328.			
6	Enter Medicare allowable costs of care relating to payments on line 5	6	328,881,816.			
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-14,014,488.			
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be	e tre	eated as community			
	benefit. Also describe in Part VI the costing methodology or source used to determ	nine t	he amount reported			
	on line 6. Check the box that describes the method used:					
	Cost accounting system X Cost to charge ratio Other					
Sec	tion C. Collection Practices					
	Did the organization have a written debt collection policy during the tax year?			9a	Х	
				- Ju		
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the ta			0.5	X	
	collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part V	VI		9b	Δ.	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians-see instructions)										
(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %						
1 CRYSTAL CLINIC ORTHO	ORTHOPAEDIC SERVICE	49.65000		50.35000						
2 SUMMA WESTERN RESERV	GENERAL HOSPITAL	40.00000		60.00000						
3 OHIO SLEEP DISORDERS	SLEEP MEDICINE	66.67000		33.33000						
4 DIGESTIVE HEALTH CTR	DIGESTIVE DISEASE	5.00000		44.00000						
5 MEDINA-SUMMIT ASC	AMBULATORY SURGERY CENTER	20.00000		70.00000						
6										
7										
8										
9										
10										
11										
12										
13										

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Part V Facility Information				_						
Section A. Hospital Facilities	_	G	0	_	0	R	ш	Э		
	cen	ene	hild	each	ritic	e se	R-2	ER-other		
	sed	i i i i i i i i i i i i i i i i i i i	ren's	ning	al ac	arch	ER-24 hours	her		
(list in order of size, from largest to smallest - see instructions)	Licensed hospita	General medical & surgical	Children's hospita	Teaching hospita	Critical access hospital	Research facility	sır			
How many hospital facilities did the organization operate	oital	cal 8	spita	pital	s ho	Ιŧ				
during the tax year?6		us %	-		spita					Facility
		rgica			<u> </u>					reporting
Name, address, and primary website address		<u>m</u>							Other (describe)	group
1 SUMMA AKRON CITY & ST THOMAS HOSPITAL										
525 EAST MARKET STREET										
AKRON OH 44304										
WWW.SUMMAHEALTH.ORG	Х	X		Х		X	Х			1
2 SUMMA BARBERTON CITIZENS HOSPITAL										
155 FIFTH STREET NE										
BARBERTON OH 44203										
WWW.SUMMAHEALTH.ORG	X	X		Х		X	Х			1
3 THE WADSWORTH-RITTMAN AREA HOSPITAL										
195 WADSWORTH ROAD										
WADSWORTH OH 44281										
WWW.SUMMAHEALTH.ORG	Х	X		Х			Х			1
4 SUMMA WESTERN RESERVE HOSPITAL, LLC										
1900 23RD STREET										
CUYAHOGA FALLS OH 44223										
WWW.WESTERNRESERVEHOSPITAL.ORG	Х	X		Х			Х			1
5 CRYSTAL CLINIC ORTHOPAEDIC CENTER LLC										
444 NORTH MAIN STREET										
AKRON OH 44310										
WWW.CRYSTALCLINIC.COM	Х	X		Х						2
6 SUMMA REHAB HOSPITAL, LLC										
29 NORTH ADAMS STREET									REHABILITATION	
AKRON OH 44304										
WWW.SUMMAREHABHOSPITAL.COM	Х			Х						2
7										
8										
9	4									
	_									
	4									
10	4									
	4									
	4									
	4									
12	4									
	4									
	4									
	1			1	I	1	I	ı		1

### Part V Facility Information (continued)

### Section B. Facility Policies and Practices

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

Name	of hospital facility or facility reporting group GROUP 1			
For si	ngle facility filers only: line number of hospital facility (from Schedule H, Part V, Section A)			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
Comm	nunity Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a			
	community health needs assessment (CHNA)? If "No," skip to line 9	1		
	If "Yes," indicate what the CHNA report describes (check all that apply):			
а	A definition of the community served by the hospital facility			
b	Demographics of the community			
С	Existing health care facilities and resources within the community that are available to respond to the			
	health needs of the community			
d	How data was obtained			
е	The health needs of the community			
f	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons,			
	and minority groups			
g	The process for identifying and prioritizing community health needs and services to meet the			
	community health needs			
h :	The process for consulting with persons representing the community's interests			
i :	Information gaps that limit the hospital facility's ability to assess the community's health needs  Other (describe in Part VI)			
j	Indicate the tax year the hospital facility last conducted a CHNA:  20			
2 3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of			
J	the community served by the hospital facility, including those with special knowledge of or expertise in public			
	health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who			
	represent the community, and identify the persons the hospital facility consulted.	3		
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other			
	hospital facilities in Part VI	4		
5	Did the hospital facility make its CHNA report widely available to the public?	5		
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
а	Hospital facility's website			
b	Available upon request from the hospital facility			
С	Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check			
	all that apply to date):			
а	Adoption of an implementation strategy that addresses each of the community health needs identified			
	through the CHNA			
b	Execution of the implementation strategy			
C	Participation in the development of a community-wide plan			
d	Participation in the execution of a community-wide plan			
e	Inclusion of a community benefit section in operational plans			
f	Adoption of a budget for provision of services that address the needs identified in the CHNA  Prioritization of health needs in its community			
g h	Prioritization of health needs in its community  Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No,"			
•	explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7		
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a			
- 4	CHNA as required by section 501(r)(3)?	8a		
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		
С	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form			
	4720 for all of its hospital facilities? \$			

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### Facility Information (continued) Part V

### Section B. Facility Policies and Practices

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

Name	of hospital facility or facility reporting group GROUP 2			
For si	ngle facility filers only: line number of hospital facility (from Schedule H, Part V, Section A)		<b>V</b>	<b>N</b> 1 -
Comn	nunity Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		Yes	No
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a			
•	community health needs assessment (CHNA)? If "No," skip to line 9	1		
	If "Yes," indicate what the CHNA report describes (check all that apply):			
а	A definition of the community served by the hospital facility			
b	Demographics of the community			
С	Existing health care facilities and resources within the community that are available to respond to the			
	health needs of the community			
d	How data was obtained			
е	The health needs of the community			
f	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons,			
	and minority groups			
g	The process for identifying and prioritizing community health needs and services to meet the			
	community health needs			
h :	The process for consulting with persons representing the community's interests			
 	Information gaps that limit the hospital facility's ability to assess the community's health needs  Other (describe in Part VI)			
ј 2	Indicate the tax year the hospital facility last conducted a CHNA:  20			
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of			
•	the community served by the hospital facility, including those with special knowledge of or expertise in public			
	health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who			
	represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other			
	hospital facilities in Part VI	4		
5	Did the hospital facility make its CHNA report widely available to the public?	5		
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	Hospital facility's website			
b	Available upon request from the hospital facility			
C	Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check			
•	all that apply to date):  Adoption of an implementation strategy that addresses each of the community health needs identified			
а	through the CHNA			
b	Execution of the implementation strategy			
c	Participation in the development of a community-wide plan			
d	Participation in the execution of a community-wide plan			
е	Inclusion of a community benefit section in operational plans			
f	Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	Prioritization of health needs in its community			
h	Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No,"			
_	explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7		
8 a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a			
	CHNA as required by section 501(r)(3)?	8a		
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		
С	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities?			
	$\pm 7.20$ for all of its flospital facilities: $\psi$			

JSA

Pa	rt \	/	Facility Information (continued)			
Fina	anc	ial As	ssistance Policy GROUP 1		Yes	No
		Did th	ne hospital facility have in place during the tax year a written financial assistance policy that:			
9			ined eligibility criteria for financial assistance, and whether such assistance includes free or discounted			
J		-	and digibility differing for initiational abbidiance, and whether door abbidiance initiates in the or albeddined	9	Х	
10			federal poverty guidelines (FPG) to determine eligibility for providing free care?	10	Х	
10			s," indicate the FPG family income limit for eligibility for free care: $\frac{2}{0}$ $\frac{0}{0}$ %			
4.4			," explain in Part VI the criteria the hospital facility used.	11	Х	
11	'	Jsea	FPG to determine eligibility for providing <i>discounted</i> care?			
		T "Ye	s," indicate the FPG family income limit for eligibility for discounted care: $\frac{4}{2}$ $\frac{0}{2}$ %			
			," explain in Part VI the criteria the hospital facility used.	12	Х	
12			ined the basis for calculating amounts charged to patients?	12	21	
		X	s," indicate the factors used in determining such amounts (check all that apply):			
	а		Income level			
	b	37	Asset level			
	С	X	Medical indigency			
	d	X	Insurance status			
	е	X	Uninsured discount			
	f	X	Medicaid/Medicare			
	g	X	State regulation			
	h		Other (describe in Part VI)			
13			ined the method for applying for financial assistance?	13		X
14			led measures to publicize the policy within the community served by the hospital facility?	14	X	
	ļ		s," indicate how the hospital facility publicized the policy (check all that apply):			
	а	X	The policy was posted on the hospital facility's website			
	b	X	The policy was attached to billing invoices			
	С	X	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d	X	The policy was posted in the hospital facility's admissions offices			
	е		The policy was provided, in writing, to patients on admission to the hospital facility			
	f	X	The policy was available on request			
	g	X	Other (describe in Part VI)			
Bill	ing	and	Collections			
15			ne hospital facility have in place during the tax year a separate billing and collections policy, or a written			
. •			cial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15	Х	
16			call of the following actions against an individual that were permitted under the hospital facility's			
. •			es during the tax year before making reasonable efforts to determine the patient's eligibility under the			
	-		y's FAP:			
			Reporting to credit agency			
	b		Lawsuits			
	С		Liens on residences			
	d		Body attachments			
	e		Other similar actions (describe in Part VI)			
		Did th	ne hospital facility or an authorized third party perform any of the following actions during the tax year			
17			e making reasonable efforts to determine the patient's eligibility under the facility's FAP?	17		Х
			s," check all actions in which the hospital facility or a third party engaged:	.,		
	a ˈ		Reporting to credit agency			
	a b	$\vdash$	Lawsuits			
		H	Liens on residences			
	ч С	H				
	d o	H	Body attachments Other similar actions (describe in Part VI)			

Par	t١	/	Facility Information (continued)			
Fina	nc	ial As	ssistance Policy GROUP 2		Yes	No
	Г	Did th	ne hospital facility have in place during the tax year a written financial assistance policy that:			
9			ined eligibility criteria for financial assistance, and whether such assistance includes free or discounted			
•		-	and onground for initialistal accordance, and who the court accordance includes ince of accordance	9	Х	
10			federal poverty guidelines (FPG) to determine eligibility for providing free care?	10	Х	
			s," indicate the FPG family income limit for eligibility for free care: $\frac{2}{2} = \frac{0}{2} = \frac{0}{2} = \frac{0}{2}$			
			," explain in Part VI the criteria the hospital facility used.			
11			FPG to determine eligibility for providing discounted care?	11	Х	
11		5 "Va	s," indicate the FPG family income limit for eligibility for discounted care: $\frac{4}{2}$ $\frac{0}{2}$ %			
		f "Nia	," explain in Part VI the criteria the hospital facility used.			
40			' '	12	Х	
12			ined the basis for calculating amounts charged to patients?	12		
		$\mathbb{X}$	Income level			
a k		<u> </u>	Asset level			
		X				
		X	Medical indigency			
		X	Insurance status			
6		X	Uninsured discount			
f		X	Medicaid/Medicare			
ç			State regulation			
ŀ			Other (describe in Part VI)	40		X
13			ined the method for applying for financial assistance?	13	X	Λ
14			led measures to publicize the policy within the community served by the hospital facility?	14	Λ	
		ĭ "Ye ┌──	s," indicate how the hospital facility publicized the policy (check all that apply):			
		77	The policy was posted on the hospital facility's website			
k	)	X	The policy was attached to billing invoices			
C		37	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
C	i	X	The policy was posted in the hospital facility's admissions offices			
6		X	The policy was provided, in writing, to patients on admission to the hospital facility			
f		X	The policy was available on request			
			Other (describe in Part VI)			
Billi	ng	and	Collections			
15			ne hospital facility have in place during the tax year a separate billing and collections policy, or a written			
			cial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15	X	
16			call of the following actions against an individual that were permitted under the hospital facility's			
			es during the tax year before making reasonable efforts to determine the patient's eligibility under the			
			y's FAP:			
8			Reporting to credit agency			
k	)	$\blacksquare$	Lawsuits			
C	;	$\blacksquare$	Liens on residences			
C	i	$\blacksquare$	Body attachments			
6		Ш	Other similar actions (describe in Part VI)			
17			ne hospital facility or an authorized third party perform any of the following actions during the tax year			
			e making reasonable efforts to determine the patient's eligibility under the facility's FAP?	17		X
	I	t "Ye	s," check all actions in which the hospital facility or a third party engaged:			
a		$\square$	Reporting to credit agency			
k	)	$\square$	Lawsuits			
C	;	$\square$	Liens on residences			
C	i	$\square$	Body attachments			
•	•	1 1	Other similar actions (describe in Part VI)			

<b>Part</b>	V	Facility Information (continued) GROUP 1			
18	Indicate	which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply	y):		
а	X	Notified individuals of the financial assistance policy on admission			
b	X	Notified individuals of the financial assistance policy prior to discharge			
С	X	Notified individuals of the financial assistance policy in communications with the patients regarding the patie	nts'	bills	
d	X	Documented its determination of whether patients were eligible for financial assistance under the hospital fa			
		financial assistance policy	_		
е		Other (describe in Part VI)			
Poli	cy Rela	ting to Emergency Medical Care			
				Yes	No
19	Did th	e hospital facility have in place during the tax year a written policy relating to emergency medical care			
		equires the hospital facility to provide, without discrimination, care for emergency medical conditions to			
		luals regardless of their eligibility under the hospital facility's financial assistance policy?	19	X	
		" indicate why:			
а		The hospital facility did not provide care for any emergency medical conditions			
b		The hospital facility's policy was not in writing			
c		The hospital facility limited who was eligible to receive care for emergency medical conditions (describe			
·		in Part VI)			
d		Other (describe in Part VI)			
	naes to	Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)			
20		te how the hospital facility determined, during the tax year, the maximum amounts that can be charged			
		P-eligible individuals for emergency or other medically necessary care.			
а		The hospital facility used its lowest negotiated commercial insurance rate when calculating the			
а		maximum amounts that can be charged			
b		The hospital facility used the average of its three lowest negotiated commercial insurance rates when			
D		calculating the maximum amounts that can be charged			
С	X	The hospital facility used the Medicare rates when calculating the maximum amounts that can be			
·		charged			
d		Other (describe in Part VI)			
	D. min a				
21		g the tax year, did the hospital facility charge any of its FAP- eligible individuals, to whom the hospital			
		r provided emergency or other medically necessary services, more than the amounts generally billed to luals who had insurance covering such care?	20		Х
			20		
		s," explain in Part VI.			
22	_	g the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross	24		Х
	_	e for any service provided to that individual?	21		
	If "Yes	s," explain in Part VI.			

 Schedule H (Form 990) 2012
 Page 6

Par	t۷	/	Facility Information (continued) GROUP 2			
18	In	dicate	which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply	/):		
а	ı	X	Notified individuals of the financial assistance policy on admission			
b	)	X	Notified individuals of the financial assistance policy prior to discharge			
C	;	X	Notified individuals of the financial assistance policy in communications with the patients regarding the patie	nts' l	oills	
C	i	X	Documented its determination of whether patients were eligible for financial assistance under the hospital fa	cility'	s	
			financial assistance policy			
e		<u> </u>	Other (describe in Part VI)			
Pol	icy	/ Rela	ting to Emergency Medical Care			
					Yes	No
19			e hospital facility have in place during the tax year a written policy relating to emergency medical care			
			equires the hospital facility to provide, without discrimination, care for emergency medical conditions to			7.7
			uals regardless of their eligibility under the hospital facility's financial assistance policy?	19		X
			" indicate why:			
a		X	The hospital facility did not provide care for any emergency medical conditions			
k			The hospital facility's policy was not in writing			
C	;		The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
C	t		Other (describe in Part VI)			
Cha	anç	ges to	Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)			
20			e how the hospital facility determined, during the tax year, the maximum amounts that can be charged P-eligible individuals for emergency or other medically necessary care.			
a			The hospital facility used its lowest negotiated commercial insurance rate when calculating the			
	•		maximum amounts that can be charged			
k	)		The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	:	X	The hospital facility used the Medicare rates when calculating the maximum amounts that can be			
			charged			
c	k		Other (describe in Part VI)			
21		During	the tax year, did the hospital facility charge any of its FAP- eligible individuals, to whom the hospital			
		-	provided emergency or other medically necessary services, more than the amounts generally billed to uals who had insurance covering such care?	20		Х
		If "Yes	," explain in Part VI.			
22		charge	the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross of for any service provided to that individual?	21		Х

## Part V Facility Information (continued)

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

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

Name and address	Type of Facility (describe)
1 SUMMA HEALTH CENTER AT LAKE MEDINA	LAB, IMAGING, THERAPY, SLEEP
3780 MEDINA ROAD	MEDICINE, RADIATION ONCOLOGY &
MEDINA OH 44256	OUTPATIENT SURGERY
2 SUMMA HEALTH CENTER AT GREEN	LAB, IMAGING, REHABILITATION,
3838 MASSILLON ROAD	THERAPY & OTHER HEALTH SERVICE
GREEN OH 44685	
3 SUMMA HEALTH CENTER AT WHITE POND	LAB, IMAGING, AND OTHER
1 PARK WEST, SUITE 130	SPECIALTY HEALTH PROGRAMS
AKRON OH 44320	
4 SUMMA HEALTH CENTER AT WESTERN RESERVE	LAB, IMAGING, REHABILITATION,
5655 HUDSON DRIVE	WOUND CARE & SPORTS MEDICINE
HUDSON OH 44236	
5 SUMMA HEALTH CENTER AT LAKE ANNA	THERAPY, REHABILITATION AND
500 WEST HOPOCAN AVENUE	SPORTS MEDICINE
BARBERTON OH 44203	
6 SUMMA HEALTH CENTER AT ANNA DEAN	OUTPATIENT REHAB AND THERAPY
28 CONSERVATORY DRIVE	
BARBERTON OH 44203	
7 SUMMA HEALTH CENTER AT CUYAHOGA FALLS	LAB AND IMAGING SERVICES
1860 STATE ROAD	
CUYAHOGA FALLS OH 44223	
8 SUMMA WELLNESS INSTITUTE	MEDICAL-BASED FITNESS PROGRAMS
5625 HUDSON DRIVE	REHABILITATION & THERAPY
HUDSON OH 44236	
9 SUMMA NEUROSCIENCES AT WHITE POND	NEUROLOGY SERVICES
750 WHITE POND DRIVE	
AKRON OH 44320	
10 SUMMA SLEEP MEDICINE CENTER	SLEEP AND NEUROLOGY SERVICES
3985 MEDINA ROAD, STE 210	
MEDINA OH 44256	

## Part V Facility Information (continued)

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

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

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

Name and address	Type of Facility (describe)
1 SUMMA SLEEP MEDICINE CENTER - GREEN	SLEEP AND NEUROLOGY SERVICES
1700 BOETTLER ROAD, STE 215	
UNIONTOWN OH 44685	
2 SUMMA REHABILITATION SVCS AT WHITE POND	OCCUPATIONAL & REHAB SERVICES
750 WHITE POND DRIVE	
AKRON OH 44320	
3 NATATORIUM REHABILITATION AND WELLNESS	ORTHOPAEDIC & SPORTS THERAPY
2345 4TH STREET	
CUYAHOGA FALLS OH 44223	
4 SUMMA REHAB AT TALLMADGE REC CENTER	PHYSICAL THERAPY AND SPORTS
46 NORTH MUNROE	HEALTH
TALLMADGE OH 44278	
5 SUMMA URGENT CARE & CORPORATE HEALTH	URGENT CARE & CORPORATE HEALTH
2875 WEST MARKET STREET	
FAIRLAWN OH 44333	
6 SUMMA URGENT CARE AT STOW	URGENT CARE & OCCUPATIONAL
3913 DARROW ROAD, STE 100	HEALTH SERVICES
STOW OH 44224	
7 CEDAR PINES	CARDIOLOGY & STRESS TESTS
185 WEST CEDAR STREET, STE 100	
AKRON OH 44307	
8 IGNATIA HALL SOUTH	OUTPATIENT ADDICTION MEDICINE
3730 WHIPPLE AVENUE, STE 5	
CANTON OH 44718	
9 SUMMA HOME INFUSION	HOME CARE & INFUSION SERVICES
2743 GILCHRIST ROAD, STE 200	
AKRON OH 44305	
10 SUMMA CTR FOR HEALTH EQUITY-NEW SEASONS	CHRONIC DISEASE MANAGEMENT,
1493 S. HAWKINS AVENUE	HEALTH, NUTRITION, EXERCISE &
AKRON OH 44320	EDUCATION SERVICES

### Part VI Supplemental Information

Complete this part to provide the following information.

1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- **3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- **4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health. Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- **8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

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PART I, LINE 7, COLUMN (F)

TOTAL BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A)

BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE ON PART I, LINE

7, COLUMN (F) IS $97,547,612.
```

PART I, LINE 7(G)

THE AMOUNT OF SUBSIDIZED HEALTH SERVICES REPORTED ON LINE 7(G)

ATTRIBUTABLE TO SUMMA PHYSICIANS, INC. ("SPI") IS \$14,304,904.

PART III, LINE 4

A COST-TO-CHARGE RATIO IS USED TO DETERMINE THE AMOUNT REFLECTED ON LINE

2. FOR A DESCRIPTION OF THE ACCOUNTING FOR BAD DEBT, SEE "NET PATIENT

SERVICE REVENUE AND PATIENT ACCOUNTS RECEIVABLE" ON PAGES 14-15 OF THE

ATTACHED CONSOLIDATED AUDITED FINANCIAL STATEMENTS UNDER FOOTNOTE 2,

"ACCOUNTING POLICIES".

### Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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PART III, LINE 8

MEDICARE ALLOWABLE COSTS ARE BASED ON INFORMATION PROVIDED ON WORKSHEET

B, PART I, COLUMN 26, LINE 118 FROM THE VARIOUS HOSPITALS' MEDICARE COST

REPORTS. COSTING METHOD USED WAS TOTAL ALLOWABLE COST LESS ALL COSTS

DEEMED NON-ALLOWABLE BY MEDICARE REGULATIONS. ANY MEDICARE SHORTFALL

INCURRED BY SUMMA HEALTH SYSTEM IS NOT REPORTED AS A COMMUNITY BENEFIT.

PART III, LINE 9(B)

SUMMA WILL NOT PURSUE LEGAL ACTION FOR NON-PAYMENT OF BILLS AGAINST ANY PATIENT WHO IS WITHOUT ACCESS TO HEALTH INSURANCE AND WITHOUT OTHER SIGNIFICANT INCOME OR NET WORTH. BEFORE INITIATING LEGAL ACTION FOR NON-PAYMENT, OUR HOSPITALS WILL, IN CONJUNCTION WITH THE PATIENT, MAKE SURE THAT THE PATIENT IS NOT ELIGIBLE FOR ANY ASSISTANCE PROGRAM AND DOES NOT QUALIFY UNDER THE HOSPITALS' CHARITY CARE POLICY. THE HOSPITAL RESERVES THE RIGHT TO PLACE A LIEN ON THE PATIENT'S (GUARANTOR'S) REAL ESTATE; HOWEVER, THE HOSPITAL WILL NOT EXECUTE FORECLOSURE PROCEEDINGS IF THIS IS THE PATIENT'S (GUARANTOR'S) PRIMARY RESIDENCE.

### Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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PART V, LINE 14(G)

IN ADDITION TO THE MEASURES INDICATED, SUMMA'S HOSPITALS ALSO PROVIDE A DESCRIPTION OF THE FINANCIAL ASSISTANCE POLICY IN THE PATIENT HANDBOOK, WHICH IS PROVIDED TO ALL PATIENTS UPON ADMISSION INTO THE HOSPITAL FACILITY.

PART VI, LINE 2

THE HEALTH CARE NEEDS OF THE COMMUNITY ARE COLLABORATIVELY ASSESSED BY SURVEY PROCESSES CONDUCTED BY SUMMA HEALTH SYSTEM, SUMMIT COUNTY PUBLIC HEALTH, HEALTHY CONNECTIONS NETWORK, CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON, THE UNITED WAY, SOCIAL SERVICES ADVISORY BOARD OF SUMMIT COUNTY, AND AKRON GENERAL MEDICAL CENTER.

PART VI, LINE 3

IN ACCORDANCE WITH THE RULES SET FORTH BY OHIO ADMINISTRATIVE CODE SECTION 5101:3-2-07.17 NOTICES, SUMMA AKRON CITY AND ST. THOMAS HOSPITALS, SUMMA BARBERTON CITIZENS HOSPITAL, THE WADSWORTH-RITTMAN AREA

### Part VI Supplemental Information

Complete this part to provide the following information.

1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

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HOSPITAL ASSOCIATION, AND SUMMA WESTERN RESERVE HOSPITAL, LLC HAVE

NOTICES POSTED IN THE EMERGENCY ROOM, ADMISSION AREAS, CASHIER'S OFFICE,

AND OTHER APPROPRIATE AREAS. THE NOTICES SPECIFY THE RIGHTS OF

INDIVIDUALS TO RECEIVE WITHOUT CHARGE, BASIC MEDICALLY NECESSARY

HOSPITAL-LEVEL SERVICES. A FINANCIAL COUNSELOR WHO IS ASSIGNED TO

PATIENTS AT THE POINT OF ADMISSION REVIEWS THE AVAILABLITY OF FINANCIAL

ASSISTANCE PROGRAMS AND ASSISTS WITH THE APPLICATION IF REQUESTED. THE

SUMMA WEBSITE PROVIDES INFORMATION REGARDING FINANCIAL ASSISTANCE.

CUSTOMER SERVICE REPRESENTATIVES PROVIDE FINANCIAL COUNSELING WITH

EXPLANATION OF ASSISTANCE PROGRAMS TO PATIENTS WHO CALL. EACH STATEMENT

SENT TO THE PATIENT CONTAINS AN EXPLANATION OF THE FREE CARE PROGRAM AS

WELL AS AN APPLICATION ON THE BACK SIDE OF THE STATEMENT.

PART VI, LINE 4

SUMMA HEALTH SYSTEM HAS CARE DELIVERY SITES THREE COUNTIES IN NORTHEAST

OHIO: SUMMIT, PORTAGE AND MEDINA. BASED ON THE 2010 CENSUS, THESE

COUNTIES CONSTITUTE A POPULATION OF APPROXIMATELY 854,000 INDIVIDUALS.

### Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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SUMMIT COUNTY HAS THE LARGEST POPULATION (546,000) AND ACCOUNTS FOR MORE THAN 60% OF THE PERSONS SERVED BY SUMMA. MEDINA AND PORTAGE COUNTIES HAVE SIMILAR POPULATIONS, WITH MEDINA BEING SLIGHTLY LARGER. EACH ACCOUNTS FOR LESS THAN 20% OF THE PERSONS SERVED BY SUMMA. MORE THAN 50% OF HOUSEHOLDS IN SUMMIT AND PORTAGE COUNTIES MAKE LESS THAN \$50,000 DOLLARS ANNUALLY AND 13.2% AND 11.6% OF HOUSEHOLDS MAKE LESS THAN \$15,000 DOLLARS ANNUALLY RESPECTIVELY. FOR THE CALENDAR YEAR 2012, THE AVERAGE MONTHLY UNEMPLOYMENT RATES FOR MEDINA, PORTAGE, AND SUMMIT COUNTIES WERE 6.0%, 6.7%, AND 6.8% RESPECTIVELY. LOW INCOMES AND AN ESSENTIALLY STAGNANT UNEMPLOYMENT RATE ADD TO SUMMA'S BURDEN FOR CHARITY CARE. DESPITE THESE CHALLENGES, DEMAND FOR SUMMA'S SERVICES IN THESE COMMUNITIES IS PROJECTED TO GROW. WHILE THE TOTAL POPULATION IN SUMMIT COUNTY IS EXPECTED TO REMAIN FLAT, PORTAGE AND MEDINA COUNTIES ARE PROJECTED TO SEE GROWTH (2.2% AND 4.7% RESPECTIVELY) FROM THE 5-YEAR PERIOD 2012 TO 2017. MORE IMPORTANTLY, THE AGE GROUPS THAT DEMAND HEALTHCARE SERVICES THE MOST (45-64 YEAR OLDS AND AGE 65 AND OLDER) ARE EXPECTED TO GROW SIGNIFICANTLY. IN MEDINA COUNTY ALONE, THESE TWO GROUPS ARE EXPECTED TO

### Part VI Supplemental Information

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- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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INCREASE 8.2% AND 23.4% RESPECTIVELY OVER THE FIVE YEAR PERIOD. THE GROWTH IN POPULATION FOR THOSE AGED 65 AND OLDER IS SIMILARLY DRAMATIC IN SUMMIT AND PORTAGE COUNTIES WHERE THIS AGE GROUP WILL GROW 10.8% AND 18.0% RESPECTIVELY.

PART VI, LINE 5

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

### Part VI Supplemental Information

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- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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PART VI, LINE 6

SUMMA HEALTH SYSTEM IS ONE OF THE LARGEST INTEGRATED DELIVERY SYSTEMS IN OHIO, ENCOMPASSING A NETWORK OF HOSPITALS, COMMUNITY-BASED HEALTH CENTERS, A HEALTH PLAN, A PHYSICIAN-HOSPITAL ORGANIZATION, RESEARCH AND MEDICAL EDUCATION AND A FOUNDATION. SUMMA HEALTH SYSTEM IS RENOWNED FOR EXCELLENCE IN PATIENT CARE AND FOR EXCEPTIONAL APPROACHES TO HEALTHCARE SUMMA HEALTH SYSTEM REPRESENTS MORE THAN 2,100 REGISTERED INPATIENT BEDS. IN ADDITION, OUTPATIENT CARE IS EXTENDED THROUGHOUT THE REGION IN A NUMBER OF OUTPATIENT CENTERS, BOTH HOSPITAL-BASED AND FREESTANDING. BASED ON TWO CAMPUSES, SUMMA AKRON CITY AND ST. THOMAS HOSPITALS IS LOCATED IN DOWNTOWN AKRON, OHIO AND HAS SERVED, TOGETHER WITH SUMMA HEALTH SYSTEM, AS THE LARGEST SAFETY-NET HOSPITAL IN THE COMMUNITY FOR MANY YEARS. SUMMA BARBERTON CITIZENS HOSPITAL ("SBH") JOINED SUMMA HEALTH SYSTEM IN DECEMBER, 2007 WHEN SUMMA HEALTH SYSTEM COMPLETED ITS ACQUISITION OF BARBERTON CITIZENS HOSPITAL. SBH IS A 311-BED GENERAL ACUTE CARE COMMUNITY HOSPITAL THAT OFFERS INPATIENT SERVICES, OUTPATIENT SERVICES AND COMMUNITY OUTREACH PROGRAMS. SBH IS

### Part VI Supplemental Information

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- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
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- **4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health. Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 Facility reporting group(s). If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

LOCATED IN THE TOWN OF BARBERTON IN SOUTHERN SUMMIT COUNTY. WADSWORTH-RITTMAN AREA HOSPITAL ASSOCIATION ("WRH") AFFILIATED WITH SUMMA HEALTH SYSTEM IN NOVEMBER 2007, AND THEN MERGED WITH SUMMA HEALTH SYSTEM IN 2008. WRH IS A COMMUNITY-BASED ACUTE CARE FACILITY IN WADSWORTH, MEDINA COUNTY, OHIO, SITUATED TO THE WEST OF SUMMIT COUNTY. WRH SERVES COMMUNITIES IN MEDINA AND WAYNE COUNTIES. SUMMA WESTERN RESERVE HOSPITAL, LLC ("SWRH") IS A JOINT VENTURE BETWEEN SUMMA HEALTH SYSTEM AND THE WESTERN RESERVE HOSPITAL PARTNERS AND PROVIDES A FULL RANGE OF ACUTE MEDICAL SERVICES. SWRH PROVIDES ITS HOSPITAL OPERATIONS ON THE CAMPUS OF SUMMA CUYAHOGA FALLS GENERAL HOSPITAL. SWRH PROVIDES A FULL RANGE OF SERVICES, INCLUDING A 24-HOUR EMERGENCY ROOM AND ADHERES TO THE CHARITY CARE POLICY OF SUMMA HEALTH SYSTEM. THE CRYSTAL CLINIC ORTHOPAEDIC CENTER, LLC ("CCOC"), A JOINT VENTURE BETWEEN SUMMA AKRON CITY AND ST. THOMAS HOSPITALS AND THE CRYSTAL CLINIC, INTEGRATES THE INPATIENT AND OUTPATIENT SERVICES AND PHYSICIAN PRACTICES OF THE AKRON-AREA'S LEADING ORTHOPAEDIC PROGRAMS AND OPERATES AS A "HOSPITAL WITHIN A HOSPITAL" AT SUMMA ST. THOMAS HOSPITAL. CCOC ALSO ADHERES TO SUMMA'S CHARITY CARE

### Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- **3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
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- 6 Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- **7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

POLICY IN PROVIDING BOTH INPATIENT AND OUTPATIENT SERVICES, INCLUDING

**8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

SURGERY, ORTHOPAEDIC ONCOLOGY, TOTAL JOINT REPLACEMENT AND OTHERS. CCOC OFFERS OUTPATIENT AMBULATORY SURGERY AT THE CRYSTAL CLINIC SURGERY CENTER IN MONTROSE AND PHYSICIAN PRACTICE LOCATIONS IN AKRON AND ITS SUBURBS OF BARBERTON, KENT, CUYAHOGA FALLS, MEDINA, GREEN AND STOW. HOSPITAL, LLC, A JOINT VENTURE BETWEEN SUMMA AKRON CITY AND ST. THOMAS HOSPITALS AND VIBRA HEALTHCARE, OPENED ON THE CAMPUS OF SUMMA AKRON CITY HOSPITAL IN 2012. THIS 60-BED FACILITY PROVIDES INPATIENT REHABILITATION CARE AND SERVICES AND ADHERES TO SUMMA'S CHARITY CARE POLICY. MEMORIAL HOSPITAL, AN AFFILIATE OF SUMMA HEALTH SYSTEM, IS THE LARGEST PROVIDER OF ACUTE MEDICAL CARE IN PORTAGE COUNTY. THIS AFFILIATION IS CHARGED WITH THE RESPONSIBILITY OF PROVIDING GREATER ACCESS TO HEALTHCARE SERVICES FOR THE RESIDENTS OF PORTAGE COUNTY AND THE SURROUNDING COMMUNITIES THROUGH JOINT VENTURES AND PHYSICIAN STRATEGIES. ESTABLISHED IN 1993, SUMMACARE OFFERS HEALTH CARE COVERAGE TO MEMBERS THROUGH ITS STATUS AS A MEDICARE ADVANTAGE ORGANIZATION. IT IS RECOGNIZED BY THE HEALTH INDUSTRY RESEARCH COMPANY AS A HEALTH PLAN WITH EFFECTIVE DISEASE

### Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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- **6** Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
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MANAGEMENT PROGRAMS FOR ASTHMA, HEALTH FAILURE AND DIABETES. SUMMACARE NOW COVERS MORE THAN 150,000 MEMBERS. SUMMA FOUNDATION IS A NONPROFIT ORGANIZATION ADVANCING TRANSFORMATIONAL PHILANTHROPY, COMMUNITY UNDERSTANDING AND GOODWILL FOR THE PROGRAMS AND PRIORITIES OF SUMMA HEALTH SYSTEM. INCORPORATING FUND DEVELOPMENT, GOVERNMENT RELATIONS, COMMUNITY BENEFIT AND DIVERSITY, THE FOUNDATION CREATES AND IMPLEMENTS INNOVATIVE PARTNERSHIPS, HEALTH POLICY OPPORTUNITIES AND FUNDING STRATEGIES TO SUPPORT SUMMA HEALTH SYSTEM'S EDUCATION, RESEARCH AND PATTENT CARE AGENDA. SUMMA HEALTH NETWORK, LLC IS THE INTEGRATED PHYSICIAN-HOSPITAL ORGANIZATION AFFILIATED WITH SUMMA AKRON CITY AND ST. THOMAS HOSPITALS, SUMMA BARBERTON HOSPITAL, THE WADSWORTH-RITTMAN AREA HOSPITAL ASSN, SUMMA WESTERN RESERVE HOSPITAL, LLC AND ROBINSON MEMORIAL HOSPITAL (THROUGH AN AFFILIATION AGREEMENT WITH SUMMA HEALTH SYSTEM). WITH MORE THAN 1,400 PHYSICIANS PARTICIPATING, SUMMA HEALTH NETWORK OVERSEES MUTUALLY BENEFICIAL CONTRACTS WITH INSURANCE COMPANIES, PREFERRED PROVIDER ORGANIZATIONS, THIRD-PARTY ADMINISTRATORS AND OTHER PAYORS ON BEHALF OF ITS PHYSICIANS AND HOSPITAL MEMBERS. SUMMA HEALTH

### Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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NETWORK ALSO OFFERS A COMPREHENSIVE PERFORMANCE INCENTIVE AND CLINICAL INTEGRATION NETWORKS THAT PARTNER WITH PAYORS TO IMPROVE THE QUALITY OF CARE DELIVERED TO PATIENTS AND TO LOWER THE COST OF CARE. ACCOUNTABLE CARE ORGANIZATION (D/B/A NEWHEALTH COLLABORATIVE ("NHC")) IS A CLINICIAN-LED COLLABORATIVE THAT PARTNERS WITH COMMUNITIES TO COMPASSIONATELY CARE FOR AND SERVE PATIENTS IN AN ACCOUNTABLE, VALUE AND EVIDENCE-BASED MANNER. IN ACCORDANCE WITH THE AFFORDABLE CARE ACT, NHC CREATES INCENTIVES FOR PROVIDERS TO LOWER THE GROWTH IN HEALTH CARE COSTS WHILE MEETING PERFORMANCE STANDARDS ON QUALITY OF CARE. CHOICE, INC. IS OHIO'S OLDEST PREFERRED PROVIDER ORGANIZATION (PPO) NETWORK AND ONE OF THE LARGEST IN THE STATE. CO-OWNED BY SUMMA HEALTH SYSTEM AND MERCY MEDICAL CENTER, OHIO HEALTH CHOICE IS A LEADER IN THE MANAGED HEALTHCARE INDUSTRY AND IS COMPRISED OF 198 HOSPITALS, 8,000 PRIMARY CARE PROVIDERS, 18,000 SPECIALISTS AND CONTRACTS WITH 94 THIRD PARTY ADMINISTRATORS COVERING MEMBERS ACROSS ALL 88 COUNTIES IN OHIO. SUMMA PHYSICIANS INC. ("SPI") IS A SUMMA HEALTH SYSTEM ENTITY OF MULTI-SPECIALTY PHYSICIANS AND PRACTICES. CURRENTLY, SPI EMPLOYS MORE

### Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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THAN 275 PHYSICIANS IN MULTIPLE SPECIALTIES. SPI PROMOTES STRONGER

AFFILIATION AND EMPLOYMENT OF PHYSICIANS TO ENSURE COMMUNITY AND HOSPITAL

NEEDS FOR PHYSICIAN SERVICES ARE MET.

PART VI, LINE 7

THE STATE OF OHIO DOES NOT REQUIRE THE FILING OF THE COMMUNITY BENEFIT

REPORT. HOWEVER, INFORMATION FROM THE COMMUNITY BENEFIT REPORT IS SHARED

ANNUALLY WITH THE OHIO HOSPITAL ASSOCIATION.

# SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service
Name of the organization

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

▶ Attach to Form 990.

Open to Public Inspection

Employer identification number

SUMMA HEALTH SYSTEM GROUP RETURN						90-0640432	2
Part I General Information on Grants and	Assistance	)					
1 Does the organization maintain records to su	bstantiate the	e amount of the	grants or assistan	ce, the grantees'	eligibility for the grant	s or assistance, and	
the selection criteria used to award the grants	or assistance	e?					X Yes No
2 Describe in Part IV the organization's proced							
Part II Grants and Other Assistance to G							es" to Form 990,
Part IV, line 21, for any recipient th	at received	more than \$5,	000. Part II can b	e duplicated if a	dditional space is r	needed.	
	T	T		I		T	T
(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) AUSTEN BIOINNOVATION INSTITUTE IN AKRON							
47 N MAIN ST, AKRON, OH 44308	34-6002924	501(C)(3)	724,112.	300,139.	COST	IN-KIND	HEALTHCARE RESEARCH
(2) AMERICAN HEART ASSOCIATION							
5455 N. HIGH STREET COLUMBUS, OH 43214	13-5613797	501(C)(3)	95,000.				RESEARCH/EDUCATION
(3) OPEN M SUMMIT COUNTY FREE CLINIC							
941 PRINCETON STREET AKRON, OH 44311	34-1046107	501(C)(3)	15,100.				HEALTH & WELLNESS
(4) HABITAT FOR HUMANITY OF SUMMIT COUNTY							
2301 ROMIG ROAD AKRON, OH 44320	34-1518873	501(C)(3)	10,170.				COMMUNITY SUPPORT
(5) BUSINESS VOLUNTEERS UNLIMITED							
1300 EAST 9TH ST, CLEVELAND, OH 44114	34-1724581	501(C)(3)	7,500.				COMMUNITY SUPPORT
(6) METHODIST HEALTHCARE FOUNDATION							
1211 UNION AVE, MEMPHIS, TN 38104	23-7320638	501(C)(3)	10,000.				HEALTHCARE RESEARCH
(7) SUSAN G. KOMEN NORTHEAST OHIO							
26210 EMERY RD., STE. 307	75-1835298	501(C)(3)	10,000.				CANCER RESEARCH
(8) akron urban league							
440 VERNON ODOM BLVD. AKRON, OH 44307	34-0714520	501(C)(3)	14,340.				COMMUNITY SUPPORT
(9) AMERICAN CANCER SOCIETY							
525 NORTH BROAD ST. CANFIELD, OH 44406-9274	25-1798733	501(C)(3)	20,000.				CANCER RESEARCH
(10)	_						
(11)							
(12)							
2 Enter total number of section 501(c)(3) and g	overnment o	rganizations list	ted in the line 1 tab	le		<b>.</b>	9.
3 Enter total number of other organizations liste							
For Paperwork Reduction Act Notice, see the In							ule I (Form 990) (2012)

SUMMA HEALTH SYSTEM GROUP RETURN 90-0640432

Schedule I (Form 990) (2012)

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 DENTAL CLINIC FUND	26.	6,462.		BOOK	NA
2 OPHTHALMOLOGY CATARACT SURGERY	57.	52,096.		BOOK	NA
3 SUMMASHARES	12.	8,628.		воок	NA
4					
5					
•					
0					
7					

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2, GENERAL INFORMATION ON GRANTS AND ASSISTANCE

THE PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IS BASED ON THE

CRITERYA ESTABLISHED PRIOR TO AWARDING THE GRANT OR ASSISTANCE. ONCE THE

CRITERIA IS MET A PAYMENT WILL BE MADE TO THE UNIVERSITY OR AGENCY

UTILIZING THE FUNDS.

SUMMA HEALTH SYSTEM GROUP RETURN 90-0640432

Schedule I (Form 990) (2012)

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

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART II, LINE 1(2)

FOR FURTHERANCE OF SUMMA AKRON CITY AND ST. THOMAS HOSPITALS CHARITABLE

PURPOSES INCLUDING PROVIDING MEDICAL EDUCATION AND HEALTHCARE SERVICES TO

THE SURROUNDING COMMUNITY.

### **SCHEDULE J** (Form 990)

Compensation Information

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

► Complete if the organization are 22

Part IV, line 23.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions.

SUMMA HEALTH SYSTEM GROUP RETURN

Employer identification number 90-0640432

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel    X   Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments    X   Health or social club dues or initiation fees			
	Discretionary spending account    X   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			
b	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
_	explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,	_	3.7	
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations  X  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:			
а	Receive a severance payment or change-of-control payment?	4a	Х	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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:			
а	The organization?	5a		X
b	Any related organization?	5b		X
^	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:	C-		Х
a	The organization?	6a 6b		X
b	Any related organization?  If "Yes" to line 6a or 6b, describe in Part III.	an		
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	7	Х	
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	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
•	Regulations section 53.4958-6(c)?	9		
	<u> </u>			

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

Schedule J (Form 990) 2012

### 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.

		<b>(B)</b> Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
MICHAEL BAGE, MD	(i)	404,384.	96,624.	600.	0	11,162.	512,770.	0
1 DIRECTOR SACSTH	(ii)	0	C	0	0	0	0	
WILLIAM BAUMAN, MD	(i)	572,197.	29,323.	1,380.	0	11,505.	614,405.	0
2 DIRECTOR SPI	(ii)	0	C	0	0	0	0	0
BRIAN DERRICK	(i)	473,268.	98,515.	119,984.	0	17,206.	708,973.	0
3 SYSTEM CFO	(ii)	0	C	0	0	0	0	0
STEVEN GAICH, MD	(i)	287,599.	71,772.	4,064.	7,500.	1,631.	372,566.	0
4 DIRECTOR SPI	(ii)	0	C	0	0	0	0	0
ROBERT HARRIGAN	(i)	541,403.	242,971.	208,927.	76,009.	10,835.	1,080,145.	57,726.
5 DIRECTOR SACSTH & SYSTEM COO	(ii)	0	C	0	0	0	0	0
A. GUS KIOUS, MD	(i)	258,097.	C	66,211.	0	339.	324,647.	0
6 DIRECTOR, PRESIDENT SPI	(ii)	0	C	0	0	0	0	0
THOMAS KNOLL	(i)	214,908.	C	0	0	0	214,908.	0
7 DIRECTOR WRH	(ii)	0	C	0	0	0	0	0
JOSEPH KOENIG, MD	(i)	547,603.	162,013.	0	0	15,872.	725,488.	0
8 DIRECTOR SPI	(ii)	0	C	0	0	0	0	0
JOSEPH MCSHANNIC, MD	(i)	454,327.	43,509.	0	0	23,473.	521,309.	0
9 DIRECTOR SACSTH	(ii)	0	C	0	0	0	0	0
DALE MURPHY, MD	(i)	360,038.	127,945.	84,292.	36,383.	11,112.	619,770.	28,865.
10 DIRECTOR SPI	(ii)	0	C	0	0	0	0	0
THOMAS O'NEILL	(i)	250,613.	120,346.	97,471.	46,357.	10,784.	525,571.	18,784.
11 DIRECTOR SPI, CFO SACSTH	(ii)	0	C	0	0	0	0	0
WILLIAM POWEL, III	(i)	351,398.	143,770.	121,369.	54,022.	13,739.	684,298.	38,653.
12 DIRECTOR SPI, SYSTEM SECTY	(ii)	0	C	0	0	0	0	0
THOMAS STRAUSS	(i)	764,126.	379,050.	291,107.	102,923.	11,130.	1,548,336.	81,772.
13 DIRECTOR, SYSTEM PRES/CEO	(ii)	0	C	0	0	0	0	0
DOUGLAS TROCHELMAN, MD	(i)	606,165.	91,947.	725.	0	11,162.	709,999.	0
14 DIRECTOR SACSTH	(ii)	0	C	0	0	0	0	0
JOSEPH VARLEY, MD	(i)	345,568.	11,683.	1,380.	0	19,633.	378,264.	0
15 DIRECTOR SACSTH	(ii)	0		0	0	0	0	0
DARRELL WIDMER, MD	(i)	153,331.	14,436.	0	0	654.	168,421.	0
16 DIRECTOR WRH	(ii)	0	C	0	0	0	0	0

Schedule J (Form 990) 2012

### 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 and Title		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
JOSEPH ZARCONI, MD	(i)	301,596.	126,451.	89,843.	47,612.	10,380.	575,882.	36,586.
1 DIRECTOR SF (TERM 06/2012)	(ii)	0	C	0	0	0	(	0
JEFFREY MORRIS, MD	(i)	128,055.	30,046.	13,553.	0	2,308.	173,962.	0
2 CHIEF MEDICAL OFFICER, SBH	(ii)	0	C	0	0	0	(	0
CHARLES ALDERSON	(i)	166,501.	22,482.	39,237.	0	11,720.	239,940.	0
3 CFO, SBH & WRH	(ii)	0	C	0	0	0	(	0
THOMAS DEBORD	(i)	232,757.	61,241.	61,339.	24,132.	14,254.	393,723.	2,114.
4 PRESIDENT SBH & WRH	(ii)	0	C	0	0	0	(	0
BRYAN FREDERICKS	(i)	236,527.	34,603.	40,165.	0	14,547.	325,842.	0
<b>5</b> COO, SPI	(ii)	0	C	0	0	0	(	0
KATHLEEN JOBE	(i)	158,211.	21,294.	37,718.	0	11,695.	228,918.	0
6 CHIEF NURSING OFFICER, SBH	(ii)	0	C	0	0	0	(	0
STEVE SCHMIDT	(i)	253,298.	67,418.	54,467.	34,797.	4,946.	414,926.	0
<b>7</b> COO, SF	(ii)	0	C	0	0	0	(	0
SHANE SEYMOUR	(i)	126,678.	C	81,881.	0	18,602.	227,161.	0
8 CHIEF DEVEL. OFFICER, SF	(ii)	0	С	0	0	0	(	0
MICHAEL HILLMAN, MD	(i)	305,730.	160,370.	320,314.	0	2,033.	788,447.	0
9 VP, CHIEF MED/QUAL OFFCR	(ii)	0	C	0	0	0	(	0
GREGORY KALL	(i)	260,569.	106,446.	66,812.	42,327.	10,268.	486,422.	28,546.
10 <sup>VP, CIO</sup>	(ii)	0	C	0	0	0	(	0
UNHEE KIM	(i)	332,183.	133,797.	99,985.	49,797.	12,186.	627,948.	34,198.
11 VP, CLINICAL SERVICES	(ii)	0	C	0	0	0	(	0
KYLE KLAWITTER	(i)	239,730.	97,180.	96,115.	38,723.	5,562.	477,310.	25,732.
12 VP, SYSTEM HR	(ii)	0	C	0	0	0	(	0
PATRICE LANGE	(i)	239,086.	98,814.	85,464.	38,835.	5,036.	467,235.	28,012.
13 VP, SYSTEM MARKETING	(ii)	0	C	0	0	0	(	0
CHARLES ROSS, MD	(i)	248,304.	86,468.	96,306.	27,494.	10,228.	468,800.	17,758.
14 CHIEF MEDICAL OFFICER	(ii)	0	C	0	0	0	(	0
JAMES STONKUS	(i)	150,813.	20,513.	34,712.	0	9,960.	215,998.	0
15 VP, BUS. DEVEL SW REGION	(ii)	0		0	0	0	(	0
KEVIN THEISS	(i)	175,577.	60,904.	53,724.	15,900.	14,094.	320,199.	11,084.
16 VP, REVENUE CYCLE	(ii)	0		0	0	0	(	0

Schedule J (Form 990) 2012 Page **2** 

#### 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.

		<b>(B)</b> Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
MARY WARD	(i)	313,291.	122,047.	76,756.	44,944.	5,396.	562,434.	30,136.
1 VP, CHIEF NURSING OFFICER	(ii)	0	(	0	0	0	C	0
JOHN ZOGRAFAKIS, MD	(i)	586,683.	451,996.	1,740.	0	19,974.	1,060,393.	0
2 HIGHEST COMPENSATED	(ii)	0	(	0	0	0	C	0
SCOTT WEINER, MD	(i)	781,508.	193,405.	1,620.	0	20,733.	997,266.	0
3 HIGHEST COMPENSATED	(ii)	0	(	0	0	0	C	0
ADRIAN DAN, MD	(i)	471,564.	314,779.	960.	0	12,874.	800,177.	0
4 HIGHEST COMPENSATED	(ii)	0	(	0	0	0	C	0
RAMAKRISHNA BANDI, MD	(i)	519,205.	229,909.	960.	0	11,162.	761,236.	0
5 HIGHEST COMPENSATED	(ii)	0	(	0	0	0	C	0
ERIC ESPINAL, MD	(i)	453,175.	240,147.	1,380.	0	21,711.	716,413.	0
6 HIGHEST COMPENSATED	(ii)	0	C	0	0	0	C	0
KATHLEEN RICE	(i)	936.	(	147,503.	0	90.	148,529.	0
7 FORMER OFFICER	(ii)	0	C	0	0	0	C	0
STEPHEN KAISER, DO	(i)	114,422.		· 0	0	9,683.	124,105.	0
8 FORMER OFFICER	(ii)	0	(	0	0	0	C	0
JAY WILLIAMSON, MD	(i)	192,738.	55,915.	40,244.	0	536.	289,433.	0
9 FORMER OFFICER	(ii)	0	(	0	0	0	C	0
MARTIN HAUSER	(i)	0	( 	\ +	0	0	( 	0
10 PRESIDENT, SUMMACARE	(ii)	344,302.	140,752.	150,010.	38,723.	5,562.	679,349.	28,732.
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)		<u> </u>	<del> </del>				
14	(ii)							
15	(i) (ii)							
15								
16	(i) (ii)		<del> </del> -	<del> </del>				
10	(" <i>)</i>						C-h	edule .l (Form 990) 2012

Schedule J (Form 990) 2012

#### Part | 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. ONE OFFICER RECEIVED A HOUSING ALLOWANCE REFLECT AS

WAGES IN 2012.

PART I, LINE 4A

IN 2012, KATHLEEN RICE RECEIVED \$148,529 IN SEVERANCE AND BENEFITS.

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. AMOUNTS PAID IN 2012: THOMAS J. STRAUSS \$91,848, ROBERT HARRIGAN \$64,838, MARY WARD \$37,444, KYLE KLAWITTER \$29,120, GREG KALL \$31,749, WILLIAM A. POWEL, III \$42,842, JOSEPH ZARCONI, MD \$36,551, PATRICE LANGE \$28,857, UNHEE KIM \$40,593, THOMAS P. O'NEILL \$35,181, CHARLES ROSS, MD \$20,030, DALE MURPHY, MD

Schedule J (Form 990) 2012

#### Part | 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.

\$28,883, MARTIN HAUSER \$42,084, STEVE SCHMIDT \$27,297, KEVIN THEISS \$14,523 AND THOMAS DEBORD \$14,291.

PART I, LINE 7

SUMMA HEALTH SYSTEM MANAGEMENT INCENTIVE PROGRAM WAS DESIGNED TO REWARD EMPLOYEES FOR MEETING QUALITY PERFORMANCE AND FINANCIAL TARGETS. THESE INCLUDE CLINICAL QUALITY, PATIENT SATISFACTION, EMPLOYEE/PHYSICIAN SATISFACTION, NET OPERATING INCOME, AND STRENGTHENING OF THE BALANCE SHEET. PAYMENT IS BASED ON A FACTOR OF BASE COMPENSATION AND IS SUBJECT TO REVIEW AND APPROVAL BY SUMMA'S COMPENSATION COMMITTEE.

#### SCHEDULE K (Form 990)

# **Supplemental Information on Tax-Exempt Bonds**

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

► Attach to Form 990.

► See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**Employer identification number** 

SUMMA HEALTH SYSTEM GROUP RETURN									9	0-06	4043	2	
Part I Bond Issues													
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issue	ed (e) Is	sue price	<b>(f)</b> Do	escription of pu	rpose	( <b>g</b> ) De	feased	(h) C behal issue	f of	(i) Pooled financing
									Yes	No	Yes	No	Yes N
A AKRON, BATH, COPLEY JT TWP HOSP DIST	34-1448680	009730LT7	06/10/200	04 160	,904,918.	SEE SCHEDULI	E K, PART VI	, RIDER 2		Х		Х	х
<b>B</b> SUMMIT COUNTY PORT AUTHORITY	34-1765940	86605VAE9	10/31/200	06 15	5,405,000.	SEE SCHEDULI	E K, PART VI	, RIDER 6		х		X	х
C OHIO HIGHER EDUCATIONAL FACILITY COMM	34-6849674	67756AY89	05/11/201	180	125 341	SEE SCHEDULI	דון יייסגס אי	משחדם פ		x		Х	x
ONIO RIGHER EDUCATIONAL FACILITY COMM	34-0049074	07730A189	05/11/20.	100	7,123,341.	SEE SCHEDULI	S.K., PARI VI	, KIDEK 0		^		Δ	
D AKRON, BATH, COPLEY JT TWP HOSP DIST	34-1448680		07/01/201	12 32	2,509,635.	SEE SCHEDULI	E K, PART VI	, RIDER 11		х		Х	Х
Part II Proceeds													
					Α		В	С				D	
1 Amount of bonds retired				15,0	)55,000.	. 6	520,000.				2	2,45	4,507
2 Amount of bonds legally defeased													
3 Total proceeds of issue				164,2	278,376.	15,4	105,000.	180,12	25,34	1.	32	2,50	9,635.
4 Gross proceeds in reserve funds				3,1	L07,915.			18,19	90,57	3.	1	.,31	6,021
5 Capitalized interest from proceeds				2,2	238,718.	. 8	367,000.	3,00	04,91	1.			
6 Proceeds in refunding escrows													
7 Issuance costs from proceeds				2,2	285,007.	. 3	308,100.						
8 Credit enhancement from proceeds				3,9	930,806.	. 1	L53,159.	4,92	29,85	7.			
9 Working capital expenditures from proceeds													
10 Capital expenditures from proceeds				89,4	111,463.	14,0	76,741.	132,25	54,84	3.			
11 Other spent proceeds				59,9	931,009.						32	2,50	9,635.
12 Other unspent proceeds								21,74	15,15	7.			
13 Year of substantial completion				200	)6	200	8	2012	2				
·				Yes	No	Yes	No	Yes	No		Yes		No
14 Were the bonds issued as part of a current re	funding issue?			X			Х	Х			Х		
15 Were the bonds issued as part of an advance	refunding issue?			X			Х		Х				Х
16 Has the final allocation of proceeds been made	e?			X		X			Х		Х		
17 Does the organization maintain adequate books and record				X		X		X			Х		
Part III Private Business Use													
					Α		В	С				D	
1 Was the organization a partner in a partnershi				Yes	No	Yes	No	Yes	No		Yes		No
which owned property financed by tax-exemp					X	X			X				
2 Are there any lease arrangements that may result i	in private business use o	f bond-finance	ed property?	X		X		X					

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

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e Was the hedge terminated?......

Schedule K (Form 990) 2012

Pa	rt III Private Business Use (Continued)	DND ISSU	ES								
`			Α		Е	3		С		D	
3a	Are there any management or service contracts that may result in private business	Yes	No		Yes	No	Yes	No	Yes	No	
	use of bond-financed property?	X				X	X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X					X				
С	Are there any research agreements that may result in private business use of bond-financed property?		X			Х		Х			
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	. 18	.3900	%	1.	3400 %	1	.4300 %	)		%
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		.0500	%	2.	8700 %		.3000 %	)		%
6	Total of lines 4 and 5	18	.4400	%	4.	2100 %	1	.7300 %	,		%
7	Does the bond issue meet the private security or payment test?		Х			Х		Х		X	
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		Х			Х		X		Х	
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of			%		%		%	á		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?										
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?				Х		Х		Х		
Pa	rt IV Arbitrage	·	1				I.				
			A		Е	3		С		D	
		Yes	No		Yes	No	Yes	No	Yes	No	
1	Has the issuer filed Form 8038-T?		Х			X		Х		X	
2	If "No" to line 1, did the following apply?		•	_	•		•	•			
	Rebate not due yet?										
	Exception to rebate?				Х						
	No rebate due?						Х		Х		
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate			•							
	computation was performed	X		Т	Х			Х	Х	$\overline{}$	_
4a	Has the organization or the governmental issuer entered into a qualified hedge with										
	respect to the bond issue?		Х	+	X			X	X		
h	Name of provider	1		l or	כ משתדם שש	7	I		CEE DIDED	1 2	

Schedule K (Form 990) 2012

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rt IV Arbitrage (Continued)		Α		В		С		)
	Yes	No	Yes	No	Yes	No	Yes	No
Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			Х	X			Х
Name of provider	SEE RIDER	. 5			SEE RIDER	10		
Term of GIC		3.100				2.200		
Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	Х				X			
Were any gross proceeds invested beyond an available temporary period?		Х		Х		X		
Has the organization established written procedures to monitor the								
requirements of section 148?	X		X		X		X	
rt V Procedures To Undertake Corrective Action					1	<u>'</u>		
		Α		В		С		)
Has the organization established written procedures to ensure that violations of federal	Yes	No	Yes	No	Yes	No	Yes	No
tax requirements are timely identified and corrected through the voluntary closing								
agreement program if self-remediation is not available under applicable regulations?	X		X		x		x	
Supplemental Information. Complete this part to provide additional information.	nauon ior	responses	to questi	30 110 6110	nedule K	(ຈຍຍ ແເຮແນ	cuons).	

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions) (Continued)

RIDER 1 (FOR SERIES 2004 BONDS)

FORM 990, SCHEDULE K, PART I, LINE A, COL.(C)

THE CUSIP NUMBER ASSIGNED TO THE FINAL MATURITY OF THE SERIES 2004A BONDS IS 009730LT7. THE CUSIP NUMBER ASSIGNED TO THE FINAL MATURITY OF THE SERIES 2004B BONDS IS 009730LU4. (NOTE: THE SERIES 2004A BONDS AND THE SERIES 2004B BONDS ARE TREATED AS A SINGLE ISSUE OF BONDS FOR FEDERAL TAX PURPOSES).

RIDER 2 (FOR SERIES 2004 BONDS)

FORM 990, SCHEDULE K, PART I, LINE A, COL.(F)

THE PURPOSES OF THE SERIES 2004A BONDS WERE TO (1) CONSTRUCT AND EQUIP A

FACILITIES, (3) REFUND PRIOR ISSUES WITH THE FOLLOWING ISSUE DATES: (A)

CRITICAL CARE PAVILION, (2) CONSTRUCT AND EQUIP OTHER HOSPITAL

JULY 1, 1999, (B) JULY 28, 2004 AND (C) MARCH 12, 2002, (4) FUND A DEBT

SERVICE RESERVE FOR THE ISSUE, AND (5) PAY ISSUANCE COSTS.

THE PURPOSES OF THE SERIES 2004B BONDS WERE TO (1) CONSTRUCT AND EQUIP A

CRITICAL CARE PAVILION, (2) CONTRUCT AND EQUIP OTHER HOSPITAL FACILITIES,

(3) REFUND PRIOR ISSUES WITH THE FOLLOWING ISSUE DATES: (A) DECEMBER 22,

1992 AND (B) JUNE 10, 1993, (4) PAY THE INITIAL COSTS OF A LIQUIDITY

FACILITY, AND (5) PAY ISSUANCE COSTS.

(NOTE: THE SERIES 2004A BONDS AND THE SERIES 2004B BONDS ARE TREATED AS A

Schedule K (Form 990) 2012

Page 4

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions) (Continued) SINGLE BOND ISSUE FOR FEDERAL TAX PURPOSES).

RIDER 3 (FOR SERIES 2004 BONDS)

FORM 990, SCHEDULE K, PART III, COL. A, LINE 6

THE PRIVATE BUSINESS USE PERCENTAGE ON SCHEDULE K, PART III, COL. A, LINE

6 IS PROJECTED TO BE LESS THAN 5% OVER THE LIFE OF THE BONDS DUE TO THE

EXPECTED TERMINATION OF CERTAIN LEASE ARRANGEMENTS.

RIDER 4 (FOR SERIES 2004 BONDS)

FORM 990, SCHEDULE K, PART IV, COL. A, LINE 2C

SERIES 2004A BONDS

DATE ARBITRAGE REBATE COMPUTATION PERFORMED WAS JUNE 10, 2013.

SERIES 2004B BONDS

DATE ARBITRAGE REBATE COMPUTATION PERFORMED WAS JUNE 10, 2013.

RIDER 5 (FOR SERIES 2004 BONDS)

FORM 990, SCHEDULE K, PART IV, COL. A, LINE 5B

SERIES 2004A BONDS

PROJECT FUND GIC - FINANCIAL SECURITY ASSURANCE

DEBT SERVICE RESERVE FUND GIC - MERRILL LYNCH CAPITAL SERVICES, INC.

Schedule K (Form 990) 2012 Page 4

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions) (Continued)
SERIES 2004B BONDS

AEGON/TRANSAMERICA

RIDER 6 (FOR SERIES 2006 BONDS)

FORM 990, SCHEDULE K, PART I, LINE B, COL.(F)

THE PURPOSES OF THE SERIES 2006 BONDS WERE TO (1) ACQUIRE A PROJECT SITE

FOR AND CONSTRUCT AND EQUIP A WELLNESS INSTITUTE, AND (2) PAY ISSUANCE

COSTS.

RIDER 7 (FOR SERIES 2006 BONDS)

FORM 990, SCHEDULE K, PART IV, COL. B, LINE 4B

HUNTINGTON NATIONAL BANK

RIDER 8 (FOR SERIES 2010 BONDS)

FORM 990, SCHEDULE K, PART I, LINE C, COL.(F)

THE PURPOSES OF THE SERIES 2010 BONDS WERE TO (1) CURRENTLY REFUND A

TAXABLE LOAN TO SUMMA BARBERTON CITIZENS HOSPITAL UNDER A LINE OF CREDIT,

THE PROCEEDS OF WHICH WERE USED TO ACQUIRE HOSPITAL FACILITIES, (2)

CURRENTLY REFUND A TAXABLE LOAN TO SUMMA AKRON CITY AND ST. THOMAS

HOSPITALS, THE PROCEEDS OF WHICH WERE USED FOR CERTAIN CAPITAL

EXPENDITURES, (3) CONSTRUCT AND EQUIP HOSPITAL FACILITIES, (4) ACQUIRE,

CONSTRUCT, AND EQUIP PARKING FACILITIES, NURSING FACILITIES,

JSA

Schedule K (Form 990) 2012

Page **4** 

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions) (Continued)

ADMINISTRATIVE FACILITIES, AMBULATORY CARE FACILITIES, AND MEDICAL

EQUIPMENT, AND (5) PAY ISSUANCE COSTS.

RIDER 9 (FOR SERIES 2010 BONDS)

FORM 990, SCHEDULE K, PART IV, COL. C, LINE 2C

DATE ARBITRAGE REBATE COMPUTATION PERFORMED WAS MAY 11, 2013.

RIDER 10 (FOR SERIES 2010 BONDS)

FORM 990, SCHEDULE K, PART IV, COL. C, LINE 5B

MORGAN STANLEY & COMPANY INCORPORATED

RIDER 11 (FOR SERIES 2012 BONDS)

FORM 990, SCHEDULE K, PART I, LINE D, COL. (F)

THE PURPOSES OF THE SERIES 2012 BONDS WERE TO (1) REFUND THE HOSPITAL

FACILITIES REVENUE BONDS, SERIES 1998A ISSUED IN THE ORIGINAL AMOUNT OF

\$50,000,000, AND (2) TO PAY THE COSTS OF ISSUANCE OF THE BONDS.

RIDER 12 (FOR SERIES 2012 BONDS)

FORM 990, SCHEDULE K, PART IV, COL. D, LINE 2C

DATE ARBITRAGE REBATE COMPUTATION PERFORMED WAS JULY 25, 2013.

Schedule K (Form 990) 2012

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions) (Continued)
RIDER 13 (FOR SERIES 2012 BONDS)

FORM 990, SCHEDULE K, PART IV, COL. D, LINE 4B

RBS CITIZENS BANK

JSA

#### SCHEDULE L (Form 990 or 990-EZ)

#### **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.

OMB No. 1545-0047

2012

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

SUMMA HEALTH SYSTEM GROUP RETURN

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

Employer identification number 90-0640432

	Complete if the organization and	swered Yes on Form 990, Part IV, line 25	a or 25b, or Form 990-EZ, Part V, line 40b.		
1	(a) Name of disqualified person	(b) Relationship between disqualified person	(c) Description of transaction	(d) Co	rrected?
	(a) Name of disqualified person	and organization	(c) Description of transaction	Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2	Enter the amount of tax incurred by	the organization managers or disqualified p	ersons during the year		
	under section 4958		▶ \$		
3	Enter the amount of tax, if any, on lin	ne 2, above, reimbursed by the organization			

#### Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or n the zation?	principal amount   by	nt by board or						by board or ag		(i) W agree	
			То	From			Yes	No	Yes	No	Yes	No			
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
(7)															
(8)															
(9)															
(10)															

#### Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
<u>(10)</u>				

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

Schedule L (Form 990 or 990-EZ) 2012

Schedule L (Form 990 or 990-EZ) 2012 Page 2

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

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	organi	aring of ization's nues?
					Yes	No
(1)	KELLY BIANCO	FAMILY MEMBER	24,146.	SEE PART V		Х
(2)	BRIAN BAUMAN, MD	FAMILY MEMBER	409,030.	SEE PART V		Х
(3)	DENISE ANGERSTIEN	FAMILY MEMBER	30,266.	SEE PART V		Х
(4)	DEANNE KVACH	FAMILY MEMBER	56,143.	SEE PART V		Х
(5)	VINCENT ALLEN	FAMILY MEMBER	23,566.	SEE PART V		Х
(6)	PROFESSIONAL ANESTHESIA SERVICE, INC.	SEE PART V	9,095,153.	SEE PART V		Х
(7)	SUMMA EMERGENCY ASSOCIATES	SEE PART V	1,659,961.	SEE PART V		Х
(8)	INPATIENT MEDICAL SERVICES, INC.	SEE PART V	429,705.	SEE PART V		Х
(9)	PRIMARY CARE PHYSICIANS	SEE PART V	2,383,784.	SEE PART V		Х
(10)	RITZMAN PHARMACIES, INC.	SEE PART V	2,146,400.	SEE PART V		Х

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

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

PAGE 89

Schedule L (Form 990 or 990-EZ) 2012

#### 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	organi	aring of zation's nues?
				Yes	No
(1) paragon health associates, LLC	SEE PART V	938,773.	SEE PART V		Х
(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 INVOLVING INTERESTED PERSONS

KELLY BIANCO IS A FAMILY MEMBER OF MICHAEL BIANCO, M.D., DIRECTOR OF WRH.

KELLY BIANCO WAS PAID REASONABLE COMPENSATION AS AN EMPLOYEE OF WRH.

BRIAN BAUMAN, M.D. IS A FAMILY MEMBER OF WILLIAM BAUMAN, M.D., DIRECTOR OF SUMMA PHYSICIANS INC. BRIAN BAUMAN WAS PAID REASONABLE COMPENSATION AS AN EMPLOYEE OF SUMMA PHYSICIANS INC.

DENISE ANGERSTIEN IS A FAMILY MEMBER OF DENNIS CHACK, DIRECTOR OF SACSTH.

DENISE ANGERSTIEN WAS PAID REASONABLE COMPENSATION AS AN EMPLOYEE OF
SACSTH.

DEANNE KVACH IS A FAMILY MEMBER OF KYLE KLAWITTER, SYSTEM VP OF HUMAN RESOURCES. DEANNE KVACH WAS PAID REASONABLE COMPENSATION AS AN EMPLOYEE OF SACSTH.

VINCENT ALLEN IS A FAMILY MEMBER OF UNHEE KIM, VP OF CLINICAL SERVICES.

VINCENT ALLEN WAS PAID REASONABLE COMPENSATION AS AN EMPLOYEE OF SACSTH.

Schedule L (Form 990 or 990-EZ) 2012

#### 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)					
(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).

JACOB COHEN, M.D., DIRECTOR OF SACSTH, IS AN OFFICER OF PROFESSIONAL

ANESTHESIA SERVICES, INC. COMPENSATION REPRESENTS FEES PAID FOR SERVICES

PERFORMED BY PROFESSIONAL ANESTHESIA SERVICES, INC.

MICHELLE BLANDA, M.D., DIRECTOR OF SACSTH, IS AN OFFICER OF SUMMA

EMERGENCY ASSOCIATES, INC. COMPENSATION REPRESENTS FEES PAID FOR SERVICES

PERFORMED BY SUMMA EMERGENCY SERVICES, INC.

ROBERT SCHAAL, M.D., DIRECTOR OF SACSTH, IS AN OFFICER OF INPATIENT
MEDICAL SERVICES, INC. COMPENSATION REPRESENTS FEES PAID FOR SERVICES
PERFORMED BY INPATIENT MEDICAL SERVICES, INC.

SHARON VANNOSTRAN, D.O., DIRECTOR OF SACSTH, IS AN OFFICER OF PRIMARY

CARE PHYSICIANS. COMPENSATION REPRESENTS FEES PAID FOR SERVICES PERFORMED

BY PRIMARY CARE PHYSICIANS.

ERIC GRAF, DIRECTOR OF WRH, IS PART OWNER OF RITZMAN PHARMACIES, INC.

Schedule L (Form 990 or 990-EZ) 2012

#### 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)					
(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).

THOMAS KNOLL, DIRECTOR OF WRH, IS ON THE BOARD OF RITZMAN PHARMACIES, INC. COMPENSATION REPRESENTS FEES FOR GOODS & SERVICES TO RITZMAN PHARMACIES, INC.

EDWARD FERRIS, M.D., DIRECTOR OF SACSTH, IS PART OWNER OF PARAGON HEALTH ASSOCIATES, LLC. COMPENSATION REPRESENTS FEES PAID FOR SERVICES PERFORMED BY PARAGON HEALTH ASSOCIATES, LLC.

#### SCHEDULE M (Form 990)

#### **Noncash Contributions**

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

OMB No. 1545-0047

2012

Open To Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. Inspection

Employer identification number

SUMMA HEALTH SYSTEM GROUP RETURN 90-0640432 **Types of Property** Part I (c) (a) (b) Noncash contribution Check if Number of contributions or Method of determining amounts reported on Form 990, Part VIII, line 1g applicable noncash contribution amounts items contributed Art - Works of art 1 2 Art - Historical treasures Art - Fractional interests 3 Χ 632. FMV Books and publications 4 5 Clothing and household 1,269. FMV X goods...... 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 13. 372,666. FMV X 9 Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, 11 or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic structures ...... 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 18 Collectibles 19 Food inventory 125,486. Χ 7. 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 2,000. COMPARABLE PRICES 1. 23 Scientific specimens 24 Archeological artifacts 66. 49,865. COMPARABLE PRICES Χ Other ►( EVENTS 25 Χ 3. Other ▶( GIFT CARDS FMV 26 Other ►(\_\_\_\_\_ 27 Other ►( \_\_\_\_\_ 28 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ...... Yes Nο 30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a X **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard Χ contributions? 31 32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? Χ 32a **b** If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, 33

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

Schedule M (Form 990) (2012)

describe in Part II.

Schedule M (Form 990) (2012) Page **2** 

Part II Supple

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

Schedule M (Form 990) (2012)

#### SCHEDULE N (Form 990 or 990-EZ)

## Liquidation, Termination, Dissolution, or Significant Disposition of Assets

► Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.

► Attach certified copies of any articles of dissolution, resolutions, or plans.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**Employer identification number** SUMMA HEALTH SYSTEM GROUP RETURN 90-0640432 Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36.

1	(a) Description of asset(s) distributed or transaction expenses paid	<b>(b)</b> Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	recip tax-exe	C sectio pient(s) empt) or f entity	(if r type
						SUMMA FOUNDATION (FKA SACSTH FOUNDATION)			
SUMMA	FOUNDATION	05/31/2012			34-1219001	525 EAST MARKET STREET AKRON,OH 44309	501(C)(	3)	
								Yes	No
<b>2</b> D	oid or will any officer, director, trustee,	or kev employee of the	e organization:					1.55	
	ecome a director or trustee of a success		•				2a	Х	
<b>b</b> B	ecome an employee of, or independent	contractor for, a suc	cessor or transferee or	panization?			2b		Х

c Become a direct or indirect owner of a successor or transferee organization?

d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?

e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III.

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

Schedule N (Form 990 or 990-EZ) (2012)

Χ Х

Schedule N (Form 990 or 990-EZ) (2012)

Part	Liquidation, Termination, or	<b>Dissolution</b> (co	ontinued)						
	Note. If the organization distributed all	of its assets dur	ing the tax year, the	en Form 990, Part X, colur	nn (B), line 16 (	Total assets), and line 26		Yes	No
	(Total liabilities), should equal -0							163	140
3	Did the organization distribute its assets in	accordance with it	s governing instrument	t(s)? If "No," describe in Part I	II		3	Х	
4 a	4 a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?							Х	
	b If "Yes," did the organization provide such notice?							Х	
5							5	Х	
									X
b	Did the organization discharge or defease	all of its tax-exem	pt bond liabilities durir	ng the tax year in accordance	with the Internal Re	evenue Code and state laws?	6b		
	If "Yes" to line 6b, describe in Part III how						•		
Par	II Sale, Exchange, Disposition	, or Other Tra	ansfer of More T	han 25% of the Orga	nization's Ass	sets. Complete this part if the organi	zation	answ	ered
	"Yes" to Form 990, Part IV, lii	ne 32, or Form	990-EZ, line 36.	Part II can be duplicate	d if additional	space is needed.			
1	(a) Description of asset(s) distributed or transaction expenses paid	distributed or transaction distribution asset(s) distributed or expenses paid determining FMV for amount of transaction asset(s) distributed or		(f) Name and address of recipient	(g) IRC section recipient(s) ( tax-exempt) or t		(if		
			expenses	transaction expenses			OT	entity	
_	5.1 W # # 1							Yes	No
	Did or will any officer, director, trustee, or		-						
a	Become a director or trustee of a successor	or transferee orga	nization?				. 2a		
b	Become an employee of, or independent of	ontractor for, a suc	cessor or transferee or	ganization?			. 2b		
С.	Become a direct or indirect owner of a succ	essor or transfered	e organization?						
						sets?	. 2d		
е	If the organization answered "Yes" to any o	of the questions in	this line, provide the	name of the person involved ar	nd explain in Part III	l. <b>▶</b>			

Schedule N (Form 990 or 990-EZ) (2012)

Schedule N (Form 990 or 990-EZ) 2012

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

FORM 990, SCHEDULE N, PART I, LINE 1, COL. C

SUMMA FOUNDATION HELD NO ASSETS AND INCURRED NO EXPENSES AT THE TIME OF

THE MERGER.

FORM 990, SCHEDULE N, PART I, LINE 2E THE FOLLOWING INDIVIDUALS WERE OFFICERS AND/OR DIRECTORS OF BOTH SUMMA FOUNDATION AND SUMMA AKRON CITY AND ST THOMAS HOSPITALS FOUNDATION AT THE TIME OF THE MERGER, AND REMAINED OFFICERS AND/OR DIRECTORS OF THE SURVIVING SUMMA FOUNDATION: JOHN ADAMS, DIRECTOR; JULIA BIANCHI, DIRECTOR; JAMES BIGGAR, DIRECTOR; JASON BUTTERWORTH, DIRECTOR; THOMAS CLARK, DIRECTOR & CHAIRMAN; GEORGE DAVERIO JR, DIRECTOR; BRIAN DERRICK, ASST TREASURER; VINCE DIGIROLAMO, DIRECTOR & TREASURER; C. GORDON EWERS, DIRECTOR; SAMIR GIBARA, DIRECTOR; MARK GOLDFARB, DIRECTOR; ROBERT HEMPHILL MD, DIRECTOR; SCOTT HONNOLD, DIRECTOR; MARY ANN JACKSON, DIRECTOR; TRACY JENSEN, DIRECTOR; PHILIP KAUFMANN, DIRECTOR; RANDY MYEROFF, DIRECTOR; VIVIAN CELESTE NEAL, DIRECTOR; JONATHAN PAVLOFF, DIRECTOR; WILLAM POWEL III, ASST SECRETARY; ERNEST PRESTON III, DIRECTOR; MARGARET RALSTON PAYNE, DIRECTOR; KATHLEEN RAYNOR, DIRECTOR; MONA SARKAR, DIRECTOR; SHANE SEYMOUR, CHIEF DEVELOPMENT OFFICER; MARTIN SPECTOR, DIRECTOR; THOMAS STRAUSS, DIRECTOR & PRESIDENT; PAUL TESTA, DIRECTOR;

STEPHEN WILT, DIRECTOR & VICE CHAIR.

## SCHEDULE O

(Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Open to Public

Inspection

Department of the Treasury Internal Revenue Service 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.

Name of the organization

SUMMA HEALTH SYSTEM GROUP RETURN

90-0640432

FORM 990, PAGE 1, PART I, LINES 3 & 4 FORM 990, PAGE 6, PART VI, LINES 1A & 1B ENTITY NAME NUMBER OF VOTING NUMBER OF INDEPENDENT DIRECTORS VOTING DIRECTORS SUMMA AKRON CITY & ST. THOMAS 7 19 HOSPITALS (SACSTH) SUMMA FOUNDATION (SF) 26 24 SUMMA PHYSICIANS, INC. (SPI) 7 0 7 SUMMA BARBERTON CITIZENS HOSPITAL (SBH) 9 THE WADSWORTH-RITTMAN AREA 13 HOSPITAL ASSN (WRH) CUYAHOGA FALLS GENERAL 13 11 HOSPITAL (CFGH) FORM 990, PAGE 2, PART III, LINE 4D

OTHER PROGRAMS SERVICES INCLUDED:

- (A) PROGRAM-RELATED INVESTMENTS IN THE FOLLOWING JOINT VENTURE HOSPITALS: SUMMA WESTERN RESERVE HOSPITAL, LLC, CRYSTAL CLINIC ORTHOPAEDIC CENTER, LLC, AND SUMMA REHAB HOSPITAL, LLC.
- (B) PAYMENTS RECEIVED UNDER THE AMERICAN REINVESTMENT AND RECOVERY ACT FOR "MEANINGFUL USE" DUE TO SUCCESSFUL IMPLEMENTATION OF ELECTRONIC MEDICAL RECORDS.
- (C) PHYSICIAN HOUSE CALLS PROGRAM, WHICH HELPS MEET THE NEEDS OF THOSE

  PATIENTS IN OUR COMMUNITY WHO HAVE DIFFICULTY GOING TO THEIR PHYSICIAN'S

  OFFICE FOR THE CARE OF THEIR ACUTE AND CHRONIC HEALTH PROBLEMS.

  OFFICE FOR THE CARE OF THEIR ACUTE AND CHRONIC HEALTH PROBLEMS.

  PROGRAM IS DESIGNED TO PROVIDE ONGOING ACCESS TO CARE IN THE PATIENT'S

  HOME AND IS ONE MORE STEP IN SUMMA HEALTH SYSTEM'S MISSION TO PROVIDE THE

  HIGHEST QUALITY CARE TO OUR PATIENTS AND MEMBERS AND CONTRIBUTE TO A

  HEALTHIER COMMUNITY.

FORM 990, PAGE 6, PART VI, LINE 1A
SUMMA AKRON CITY AND ST. THOMAS HOSPITALS: N/A

SUMMA FOUNDATION F/K/A SUMMA AKRON CITY AND ST. THOMAS HOSPITALS FOUNDATION:

SUMMA FOUNDATION HAS AN EXECUTIVE COMMITTEE COMPRISED OF THE CHAIR, VICE CHAIR, SECRETARY, TREASURER, AND ONE ADDITIONAL DIRECTOR OF THE SUMMA FOUNDATION. ALL MEMBERS OF THE EXECUTIVE COMMITTEE ARE DIRECTORS OF

SUMMA FOUNDATION.

THE EXECUTIVE COMMITTEE IS AUTHORIZED TO EXERCISE THE POWERS OF THE BOARD AT SUCH TIME AS THE BOARD IS NOT IN SESSION, SUBJECT TO RESTRICTIONS

IMPOSED BY PREVIOUS DECISIONS OF THE BOARD AND TO THE PROVISIONS OF THE SUMMA FOUNDATION CODE OF REGULATIONS. ALL INTERIM ACTIONS BY THE EXECUTIVE COMMITTEE ARE REPORTED AT THE BOARD'S NEXT MEETING SUCCEEDING SUCH ACTION. THE EXECUTIVE COMMITTEE PREPARES AND MAKES SUCH RECOMMENDATIONS TO THE BOARD AS ARE PERTINENT TO THE WELFARE OF THE SUMMA FOUNDATION.

SUMMA FOUNDATION (DISSOLVED THROUGH MERGER JUNE 1, 2012):

SUMMA FOUNDATION HAD AN EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE WAS APPOINTED BY THE BOARD OF DIRECTORS AND MAY HAVE INCLUDED UP TO ELEVEN (11) DIRECTORS INCLUDING THE CHAIR, PRESIDENT, SECRETARY, TREASURER, AND THE SPECIAL VOTING DIRECTORS. THE SPECIAL VOTING DIRECTORS WERE (I) CHAIR, SUMMA HEALTH SYSTEM BOARD OF DIRECTORS; (II) PRESIDENT & CEO, SUMMA HEALTH SYSTEM; (III) SYSTEM VICE PRESIDENT, MEDICAL EDUCATION & RESEARCH, (IV) SYSTEM DIRECTOR, RESEARCH; AND (V) PRESIDENT, SUMMA FOUNDATION. ALL MEMBERS OF THE EXECUTIVE COMMITTEE WERE DIRECTORS OF SUMMA FOUNDATION.

THE EXECUTIVE COMMITTEE WAS AUTHORIZED TO EXERCISE THE POWERS OF THE BOARD AT SUCH TIME AS THE BOARD WAS NOT IN SESSION, SUBJECT TO

RESTRICTIONS IMPOSED BY PREVIOUS DECISIONS OF THE BOARD AND TO THE PROVISIONS OF THE SUMMA FOUNDATION CODE OF REGULATIONS. ALL INTERIM ACTIONS BY THE EXECUTIVE COMMITTEE WERE REPORTED AT THE BOARD'S NEXT MEETING SUCCEEDING SUCH ACTION. THE EXECUTIVE COMMITTEE PREPARED AND MADE SUCH RECOMMENDATIONS TO THE BOARD AS ARE PERTINENT TO THE WELFARE OF THE SUMMA FOUNDATION.

SUMMA PHYSICIANS, INC.:

THE CODE OF REGULATIONS PROVIDES FOR AN EXECUTIVE COMMITTEE TO BE COMPRISED OF THREE (3) DIRECTORS. THE EXECUTIVE COMMITTEE MAY MAKE GOVERNANCE DECISIONS BETWEEN BOARD MEETINGS.

SUMMA BARBERTON CITIZENS HOSPITAL: N/A

THE WADSWORTH-RITTMAN AREA HOSPITAL ASSOCIATION:

THE WADSWORTH-RITTMAN AREA HOSPITAL ASSN HAS AN EXECUTIVE COMMITTEE

COMPRISED OF THE BOARD CHAIR, PRESIDENT, VICE CHAIR, TREASURER,

SECRETARY, AND OTHERS AS ELECTED BY THE BOARD OF DIRECTORS. ALL MEMBERS

OF THE EXECUTIVE COMMITTEE ARE MEMBERS OF THE BOARD OF DIRECTORS.

THE EXECUTIVE COMMITTEE IS AUTHORIZED TO EXERCISE THE POWERS OF THE BOARD

AT SUCH TIME AS THE BOARD IS NOT IN SESSION, SUBJECT TO RESTRICTIONS

IMPOSED BY PREVIOUS DECISIONS OF THE BOARD AND TO THE PROVISIONS OF THE

WADSWORTH-RITTMAN AREA HOSPITAL ASSN CODE OF REGULATIONS. ALL INTERIM ACTIONS BY THE EXECUTIVE COMMITTEE ARE REPORTED AT THE BOARD'S NEXT MEETING SUCCEEDING SUCH ACTION. THE EXECUTIVE COMMITTEE PREPARES AND MAKES SUCH RECOMMENDATIONS TO THE BOARD AS ARE PERTINENT TO THE WELFARE OF THE WADSWORTH-RITTMAN AREA HOSPITAL ASSN.

CUYAHOGA FALLS GENERAL HOSPITAL:

CUYAHOGA FALLS GENERAL HOSPITAL HAS AN EXECUTIVE COMMITTEE COMPRISED OF THREE (3) PHYSICIAN DIRECTORS, THREE (3) COMMUNITY DIRECTORS, AND (1) DIRECTOR SELECTED BY SUMMA HEALTH SYSTEM, THE SOLE MEMBER OF CUYAHOGA FALLS GENERAL HOSPITAL. ALL MEMBERS OF THE EXECUTIVE COMMITTEE ARE DIRECTORS OF CUYAHOGA FALLS GENERAL HOSPITAL.

THE EXECUTIVE COMMITTEE NOMINATES THE COMMUNITY DIRECTORS TO THE BOARD OF DIRECTORS AND SERVES AN ADVISORY FUNCTION TO BRING ISSUES OF IMPORTANCE TO THE BOARD OF DIRECTORS OF THE MEMBER, SUMMA HEALTH SYSTEM.

ADDITIONALLY, THE EXECUTIVE COMMITTEE HAS THE POWER TO TRANSACT ALL REGULAR BUSINESS OF CUYAHOGA FALLS GENERAL HOSPITAL BETWEEN MEETINGS OF THE BOARD OF DIRECTORS, SUBJECT ONLY TO PRIOR LIMITATIONS ESTABLISHED BY THE BOARD OF DIRECTORS AND THE MEMBER'S RESERVED POWERS.

FORM 990, PAGE 6, PART VI, LINE 2
SUMMA AKRON CITY AND ST. THOMAS HOSPITALS:

DENNIS CHACK AND ANTHONY LOCKHART HAVE A BUSINESS RELATIONSHIP THROUGH

FIRST ENERGY: DENNIS CHACK IS EMPLOYED AS AN OFFICER OF FIRST ENERGY AND ANTHONY LOCKHART IS A RETIRED OFFICER OF FIRST ENERGY.

THOMAS STRAUSS AND WILLIAM A. POWEL, III HAVE A BUSINESS RELATIONSHIP
THROUGH SUMMA WESTERN RESERVE HOSPITAL: BOTH ARE DIRECTORS OF SUMMA
WESTERN RESERVE HOSPITAL.

THOMAS O'NEILL, AND UNHEE KIM HAVE A BUSINESS RELATIONSHIP THROUGH ARIS
TELERADIOLOGY HOLDINGS, INC. AND THROUGH ARIS TELERADIOLOGY PROFESSIONAL
CORPORATION: EACH IS A DIRECTOR OF BOTH ENTITIES.

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

ROBERT HARRIGAN AND THOMAS STRAUSS HAVE A BUSINESS RELATIONSHIP THROUGH
SUMMA ACCOUNTABLE CARE ORGANIZATION: BOTH ARE DIRECTORS OF SUMMA
ACCOUNTABLE CARE ORGANIZATION

SUMMA FOUNDATION F/K/A SUMMA AKRON CITY AND ST. THOMAS HOSPITALS FOUNDATION:

THOMAS CLARK, ANTHONY LOCKHART AND RICHARD MARSH HAVE A BUSINESS RELATIONSHIP THROUGH FIRST ENERGY: ALL ARE RETIRED OFFICERS OF FIRST

Name of the organization

SUMMA HEALTH SYSTEM GROUP RETURN

Employer identification number

90-0640432

ENERGY.

SAMIR GIBARA AND SCOTT HONNOLD HAVE A BUSINESS RELATIONSHIP THROUGH
GOODYEAR TIRE AND RUBBER COMPANY: SAMIR GIBARA IS A RETIRED OFFICER OF
GOODYEAR AND SCOTT HONNOLD IS A CURRENT OFFICER OF GOODYEAR.

GEORGE DAVERIO, JR. AND C. GORDON EWERS HAVE A BUSINESS RELATIONSHIP

THROUGH MERRILL LYNCH: GEORGE DAVERIO, JR. IS RETIRED FROM MERRILL LYNCH

AND C. GORDON EWERS IS AN OFFICER AT MERRILL LYNCH.

SUMMA FOUNDATION (DISSOLVED THROUGH MERGER JUNE 1, 2012):

SAMIR GIBARA AND SCOTT HONNOLD HAVE A BUSINESS RELATIONSHIP THROUGH
GOODYEAR TIRE AND RUBBER COMPANY: SAMIR GIBARA IS A RETIRED OFFICER OF
GOODYEAR AND SCOTT HONNOLD IS A CURRENT OFFICER OF GOODYEAR.

GEORGE DAVERIO, JR. AND C. GORDON EWERS HAVE A BUSINESS RELATIONSHIP

THROUGH MERRILL LYNCH: GEORGE DAVERIO, JR. IS RETIRED FROM MERRILL LYNCH

AND C. GORDON EWERS IS AN OFFICER AT MERRILL LYNCH.

SUMMA PHYSICIANS, INC.:

BRIAN DERRICK, DALE MURPHY, M.D., WILLIAM A. POWEL, III, AND THOMAS STRAUSS HAVE A BUSINESS RELATIONSHIP THROUGH MIDDLEBURY ASSURANCE

Name of the organization

SUMMA HEALTH SYSTEM GROUP RETURN

Employer identification number

90-0640432

CORPORATION: ALL ARE DIRECTORS OF MIDDLEBURY ASSURANCE CORPORATION

SUMMA BARBERTON CITIZENS HOSPITAL: N/A

THE WADSWORTH-RITTMAN AREA HOSPITAL ASSN:

ERIC GRAF AND THOMAS KNOLL HAVE A BUSINESS RELATIONSHIP THROUGH RITZMAN PHARMACIES: ERIC GRAF IS THE CEO OF RITZMAN PHARMACIES AND THOMAS KNOLL IS A DIRECTOR OF RITZMAN PHARMACIES.

CUYAHOGA FALLS GENERAL HOSPITAL:

STEPHEN HAILER, THOMAS STRAUSS, JOSEPH NIENALTOWKSI, D.O., AND WILLIAM A.

POWEL, III HAVE A BUSINESS RELATIONSHIP THROUGH SUMMA WESTERN RESERVE

HOSPITAL: STEPHEN HAILER, THOMAS STRAUSS, AND WILLIAM A. POWEL, III ARE

DIRECTORS OF SUMMA WESTERN RESERVE HOSPITAL AND JOSEPH NIENALTOWSKI, D.O.

IS DIRECTOR, PATIENT EXPERIENCE AT SUMMA WESTERN RESERVE HOSPITAL, LLC.

DOUGLAS CHONKO, D.O. AND RONALD RUSS, D.O. HAVE A BUSINESS RELATIONSHIP THROUGH KENT MANAGEMENT GROUP: EACH IS EMPLOYED BY KENT MANAGEMENT GROUP.

FORM 990, PAGE 6, PART VI, LINE 4
SUMMA FOUNDATION (DISSOLVED THROUGH MERGER JUNE 1, 2012):

SUMMA FOUNDATION MERGED WITH SUMMA AKRON CITY AND ST. THOMAS HOSPITALS

FOUNDATION EFFECTIVE JUNE 1, 2012. SUMMA AKRON CITY AND ST. THOMAS HOSPITALS FOUNDATION WAS THE SURVIVING CORPORATION AND EFFECTIVE ON THE MERGER DATE, THE SURVIVING CORPORATION CHANGED ITS NAME TO SUMMA FOUNDATION.

SUMMA FOUNDATION F/K/A SUMMA AKRON CITY AND ST. THOMAS HOSPITALS FOUNDATION:

SUMMA AKRON CITY AND ST. THOMAS HOSPITALS FOUNDATION MERGED WITH SUMMA FOUNDATION EFFECTIVE JUNE 1, 2012. SUMMA AKRON CITY AND ST. THOMAS HOSPITALS FOUNDATION WAS THE SURVIVING CORPORATION AND EFFECTIVE ON THE MERGER DATE, THE SURVIVING CORPORATION CHANGED ITS NAME TO SUMMA FOUNDATION.

THE FOLLOWING CHANGES WERE MADE TO THE CODE OF REGULATIONS DURING THE 2012 TAX YEAR:

- (I) CHANGED THE NAME OF THE CORPORATION FROM "SUMMA AKRON CITY AND ST.

  THOMAS HOSPITALS FOUNDATION" TO "SUMMA FOUNDATION"
- (II) CHANGED THE MEMBER FROM SUMMA AKRON CITY AND ST. THOMAS HOSPITALS TO SUMMA HEALTH SYSTEM
- (III) CHANGED THE VOTING REQUIREMENTS FOR THE SOLE MEMBER TO REJECT AN ELECTED DIRECTOR FROM 60% OF MEMBER'S BOARD OF DIRECTORS TO A SIMPLE MAJORITY
- (IV) CHANGED THE MAXIMUM NUMBER OF DIRECTORS FROM 49 TO 30 WITH NOT LESS

#### THAN 25

- (V) CHANGED THE QUORUM DEFINITION FROM 40% TO 50%
- (VII) ADDED A REQUIREMENT THAT A MAJORITY OF THE DIRECTORS BE INDEPENDENT

  (VII) REDUCED THE NUMBER OF SPECIAL VOTING DIRECTORS FROM 5 TO 1; ONLY

  THE PRESIDENT & CEO OF SUMMA HEALTH SYSTEM WILL BE A SPECIAL VOTING

  DIRECTOR. THE FOLLOWING SPECIAL VOTING DIRECTORS WERE DELETED: (1)

  CHAIR, SUMMA AKRON CITY AND ST. THOMAS HOSPITALS; (2) CHAIR, SUMMA HEALTH

  SYSTEM; (3) PRESIDENT, MEDICAL STAFF, SUMMA AKRON CITY AND ST. THOMAS

  HOSPITALS; AND (4) SYSTEM VICE PRESIDENT, MEDICAL EDUCATION AND RESEARCH

  (VIII) REDUCED THE SIZE OF THE EXECUTIVE COMMITTEE FROM UP TO 11 TO 5

  (IX) SPECIFIED THAT THE EXECUTIVE COMMITTEE IS TO BE APPOINTED AT THE

  ANNUAL MEETING; MEMBERS WILL CONSIST OF THE CHAIR, VICE CHAIR, SECRETARY,

  TREASURER AND ONE DIRECTOR NAMED BY THE CHAIR
- (X) SPECIFIED THAT THE EXECUTIVE AND FINANCE COMMITTEES SHALL BE THE STANDING COMMITTEES; THE DEVELOPMENT COMMITTEE WAS DELETED AS A STANDING COMMITTEE
- (XI) ADDED A VICE CHAIR AND A CHIEF DEVELOPMENT OFFICER TO THE LIST OF OFFICERS
- (XII) CHANGED THE SINGLE PRESIDENT & COO POSITION TO TWO INDIVIDUAL POSITIONS

FORM 990, PAGE 6, PART VI, LINE 6

SUMMA AKRON CITY AND ST. THOMAS HOSPITALS: SUMMA HEALTH SYSTEM IS THE SOLE MEMBER OF SUMMA AKRON CITY AND ST. THOMAS HOSPITALS.

SUMMA FOUNDATION F/K/A SUMMA AKRON CITY AND ST. THOMAS HOSPITALS

FOUNDATION: SUMMA AKRON CITY AND ST. THOMAS HOSPITALS IS THE SOLE MEMBER OF SUMMA FOUNDATION F/K/A SUMMA AKRON CITY AND ST. THOMAS HOSPITALS FOUNDATION.

SUMMA FOUNDATION (DISSOLVED THROUGH MERGER JUNE 1, 2012): SUMMA HEALTH SYSTEM WAS THE SOLE MEMBER OF SUMMA FOUNDATION.

SUMMA BARBERTON CITIZENS HOSPITAL: THE SOLE MEMBER OF SUMMA BARBERTON
CITIZENS HOSPITAL IS SUMMA BARBERTON WADWORTH-RITTMAN HOSPITALS, LLC, AN
OHIO NON-PROFIT LIMITED LIABILITY COMPANY WHOSE SOLE MEMBER IS SUMMA
HEALTH SYSTEM.

THE WADSWORTH-RITTMAN AREA HOSPITAL ASSN: THE SOLE MEMBER OF THE
WADSWORTH-RITTMAN AREA HOSPITAL ASSN IS SUMMA BARBERTON WADSWORTH-RITTMAN
HOSPITALS, LLC, AN OHIO NON-PROFIT LIMITED LIABILITY COMPANY WHOSE SOLE
MEMBER IS SUMMA HEALTH SYSTEM.

SUMMA PHYSICIANS, INC.: SUMMA PHYSICIANS, INC. HAS STOCKHOLDERS; THE STOCK IS HELD IN TRUST FOR THE BENEFIT OF SUMMA HEALTH SYSTEM.

CUYAHOGA FALLS GENERAL HOSPITAL: SUMMA HEALTH SYSTEM IS THE SOLE MEMBER OF CUYAHOGA FALLS GENERAL HOSPITAL.

FORM 990, PAGE 6, PART VI, LINE 7A
SUMMA AKRON CITY AND ST. THOMAS HOSPITALS:

Name of the organization

SUMMA HEALTH SYSTEM GROUP RETURN

Employer identification number

90-0640432

- (I) THE MEDICAL STAFF OF SUMMA AKRON CITY AND ST. THOMAS HOSPITALS ELECTS
  TWO (2) DIRECTORS: THE PRESIDENT OF THE MEDICAL STAFF AND THE
  PRESIDENT-ELECT OF THE MEDICAL STAFF.
- (II) THE CHAIRS OF THE MEDICAL STAFF DEPARTMENTS ELECT TWO (2) DEPARTMENT CHAIRS TO BE DIRECTORS
- (III) THE FOLLOWING INDIVIDUALS ARE DIRECTORS BY DESIGNATION:
- (A) PRESIDENT & CEO OF SUMMA HEALTH SYSTEM;
- (B) PRESIDENT & COO OF SUMMA AKRON CITY AND ST. THOMAS HOSPITALS;
- (C) CHAIR OF SUMMA AKRON CITY AND ST. THOMAS HOSPITALS FOUNDATION; AND
- (D) THE PRESIDENTS OF THE WOMEN'S BOARD OF ST. THOMAS HOSPITAL AND THE WOMEN'S BOARD OF SUMMA HEALTH SYSTEM SHALL ROTATE ANNUALLY TO PROVIDE A SINGLE REPRESENTATIVE.
- (IV) OTHER THAN AS SET FORTH ABOVE, SUMMA HEALTH SYSTEM IS THE SOLE

  MEMBER OF SUMMA AKRON CITY AND ST. THOMAS HOSPITALS AND HAS THE RIGHT TO

  ELECT THE BOARD OF DIRECTORS OF SUMMA AKRON CITY AND ST. THOMAS

  HOSPITALS.

SUMMA FOUNDATION F/K/A SUMMA AKRON CITY AND ST. THOMAS HOSPITALS FOUNDATION:

IN ADDITION TO DIRECTORS ELECTED BY THE SUMMA HEALTH SYSTEM BOARD AS THE SOLE MEMBER OF SUMMA FOUNDATION, THE PRESIDENT AND CEO OF SUMMA HEALTH

Name of the organization

SUMMA HEALTH SYSTEM GROUP RETURN

Employer identification number

90-0640432

SYSTEM SERVES AS A DIRECTOR OF SUMMA FOUNDATION.

SUMMA FOUNDATION (DISSOLVED THROUGH MERGER JUNE 1, 2012):

IN ADDITION TO DIRECTORS ELECTED BY THE SUMMA HEALTH SYSTEM BOARD AS THE SOLE MEMBER OF SUMMA FOUNDATION, THE INDIVIDUALS HOLDING THE FOLLOWING OFFICES SERVE AS DIRECTORS OF SUMMA FOUNDATION FOR SO LONG AS THEY SERVE IN THEIR RESPECTIVE CAPACITIES: (I) CHAIR, SUMMA HEALTH SYSTEM BOARD OF DIRECTORS; (II) PRESIDENT & CEO, SUMMA HEALTH SYSTEM; (III) SYSTEM VICE PRESIDENT, MEDICAL EDUCATION & RESEARCH, (IV) SYSTEM DIRECTOR, RESEARCH; AND (V) PRESIDENT, SUMMA FOUNDATION.

SUMMA PHYSICIANS, INC.:

SUMMA PHYSICIANS, INC. IS AFFILIATED WITH SUMMA AKRON CITY AND ST. THOMAS HOSPITALS AND ONLY PERSONS APPROVED BY SUMMA AKRON CITY AND ST. THOMAS HOSPITALS OR EMPLOYED BY SUMMA AKRON CITY AND ST. THOMAS HOSPITALS OR AN AFFILIATED ENTITY MAY SERVE AS A DIRECTOR OF SUMMA PHYSICIANS, INC.

SUMMA BARBERTON CITIZENS HOSPITAL:

THE SOLE MEMBER OF SUMMA BARBERTON CITIZENS HOSPITAL IS SUMMA BARBERTON
WADSWORTH-RITTMAN HOSPITALS, LLC, AN OHIO NON-PROFIT LIMITED LIABILITY
COMPANY WHOSE SOLE MEMBER IS SUMMA HEALTH SYSTEM. THE SOLE MEMBER ELECTS
THE BOARD OF DIRECTORS OF SUMMA BARBERTON CITIZENS HOSPITAL SUBJECT TO

Name of the organization

SUMMA HEALTH SYSTEM GROUP RETURN

Employer identification number

90-0640432

THE APPROVAL OF SUMMA HEALTH SYSTEM.

THE WADSWORTH-RITTMAN AREA HOSPITAL ASSN:

THE SOLE MEMBER OF THE WADSWORTH-RITTMAN AREA HOSPITAL ASSN IS SUMMA BARBERTON WADSWORTH-RITTMAN HOSPITALS, LLC, AN OHIO NON-PROFIT LIMITED LIABILITY COMPANY WHOSE SOLE MEMBER IS SUMMA HEALTH SYSTEM. THE SOLE MEMBER ELECTS THE BOARD OF DIRECTORS OF THE WADSWORTH-RITTMAN AREA HOSPITAL ASSN SUBJECT TO THE APPROVAL OF SUMMA HEALTH SYSTEM.

CUYAHOGA FALLS GENERAL HOSPITAL:

SUMMA HEALTH SYSTEM IS THE SOLE MEMBER OF CUYAHOGA FALLS GENERAL HOSPITAL AND HAS THE RIGHT TO ELECT THE BOARD OF DIRECTORS OF CUYAHOGA FALLS GENERAL HOSPITAL.

FORM 990, PAGE 6, PART VI, LINE 7B SUMMA AKRON CITY AND ST. THOMAS HOSPITALS:

SUMMA HEALTH SYSTEM IS THE SOLE MEMBER OF SUMMA AKRON CITY AND ST. THOMAS HOSPITALS. AS THE SOLE MEMBER, SUMMA HEALTH SYSTEM HAS THE POWER AND AUTHORITY TO APPROVE OR DISAPPROVE OF EACH OF THE FOLLOWING ON BEHALF OF SUMMA AKRON CITY AND ST. THOMAS HOSPITALS:

(I) ANY MODIFICATION OF THE ESSENTIAL NATURE, PURPOSE, MISSION OR OPERATIONS OF SUMMA AKRON CITY AND ST. THOMAS HOSPITALS;

- (II) APPROVAL OF THE CODES OF REGULATIONS, BYLAWS OR OTHER CONSTITUTIVE

  DOCUMENT OF SUMMA AKRON CITY AND ST. THOMAS HOSPITALS AND ANY CORPORATION

  OR ENTITY CONTROLLED BY, RELATED TO OR AFFILIATED WITH SUMMA AKRON CITY

  AND ST. THOMAS HOSPITALS (AN "AFFILIATED CORPORATION") AND ANY AND ALL

  AMENDMENTS THERETO;
- (III) THE ADOPTION OF ANY AMENDMENTS TO THE ARTICLES OF INCORPORATION OR SIMILAR CHARTER OR ORGANIZATIONAL DOCUMENT OR AGREEMENT AND/OR ANY OTHER CHANGE IN THE CORPORATE STRUCTURE OR GOVERNANCE OF SUMMA AKRON CITY AND ST. THOMAS HOSPITALS OR ANY AFFILIATED CORPORATION;
- (IV) THE ESTABLISHMENT OF QUALIFICATIONS FOR THE SELECTION OF DIRECTORS, DIRECTORS OR MANAGERS OF SUMMA AKRON CITY AND ST. THOMAS HOSPITALS;
- (V) THE APPOINTMENT OR ELECTION AND REMOVAL OF MEMBERS OF THE GOVERNING BODY OF SUMMA AKRON CITY AND ST. THOMAS HOSPITALS;
- (VI) THE APPOINTMENT OR ELECTION AND REMOVAL OF THE PRESIDENT AND/OR CHIEF EXECUTIVE OFFICER OR SIMILAR OFFICER OF SUMMA AKRON CITY AND ST. THOMAS HOSPITALS;
- (VII) THE ADOPTION OF ANNUAL OPERATING AND CAPITAL BUDGETS OF SUMMA AKRON CITY AND ST. THOMAS HOSPITALS;
- (VIII) THE ADOPTION OF THE LONG RANGE PLANS OF SUMMA AKRON CITY AND ST. THOMAS HOSPITALS;
- (IX) DETERMINATIONS AS TO THE USE AND OCCUPANCY OF ANY BUILDING OWNED OR LEASED BY SUMMA AKRON CITY AND ST. THOMAS HOSPITALS;
- (X) THE SALE, ENCUMBRANCE, LEASE OR DISPOSITION OF REAL PROPERTY OF SUMMA AKRON CITY AND ST. THOMAS HOSPITALS OTHER THAN IN THE ORDINARY COURSE OF THE OPERATIONS OF SUMMA AKRON CITY AND ST. THOMAS HOSPITALS; AND

(XI) THE MERGER, REORGANIZATION, DISSOLUTION OR OTHER CORPORATE ACTION OF
A SIMILAR NATURE, INCLUDING PARTICIPATION IN A JOINT VENTURE, UNDERTAKEN
BY SUMMA AKRON CITY AND ST. THOMAS HOSPITALS.

SUMMA FOUNDATION F/K/A SUMMA AKRON CITY AND ST. THOMAS HOSPITALS FOUNDATION:

SUMMA HEALTH SYSTEM IS THE SOLE MEMBER ("MEMBER") OF SUMMA FOUNDATION.

THE FOLLOWING ARE THE MATTERS ("RESERVED POWERS") WHICH MUST BE SUBMITTED

TO, AND RECEIVE THE APPROVAL OF BOTH THE BOARD OF DIRECTORS OF SUMMA

FOUNDATION AND THE MEMBER:

- (I) ADOPTION OF THE FOUNDATION'S ANNUAL OPERATING AND CAPITAL BUDGETS;
- (II) EXPENDITURES FOR (A) NON BUDGETED ITEMS IN EXCESS OF CERTAIN DOLLAR LIMITS SET FROM TIME TO TIME BY THE MEMBER AND (B) ITEMS WHICH ARE INCLUDED IN THE FOUNDATION'S ANNUAL BUDGETS BUT WHICH EXCEED THE BUDGETED AMOUNT BY AN AMOUNT IN EXCESS OF CERTAIN DOLLAR LIMITS SET FROM TIME TO TIME BY THE MEMBER;
- (III) INCURRENCE, ASSUMPTION OR GUARANTEE OF ANY INDEBTEDNESS IF

  FOLLOWING THE INCURRENCE, ASSUMPTION, OR GUARANTEE OF SUCH INDEBTEDNESS

  THE AGGREGATE AMOUNT OF ALL OUTSTANDING INDEBTEDNESS INCURRED, ASSUMED OR

  GUARANTEED BY THE FOUNDATION WHICH HAS NOT BEEN PREVIOUSLY APPROVED BY

  THE MEMBER EXCEEDS CERTAIN DOLLAR LIMITS SET FROM TIME TO TIME BY THE

  MEMBER;
- (IV) SUBMISSION OF ANY CERTIFICATE OF NEED APPLICATION WITH ANY STATE OR

#### FEDERAL REGULATORY AGENCY;

- (V) EXECUTION OF ANY CONTRACT THAT CALLS FOR THE FOUNDATION TO EXPAND A SUM IN EXCESS OF CERTAIN DOLLAR LIMITS SET FROM TIME TO TIME BY THE MEMBER OR TO PROVIDE SERVICES WITH A VALUE IN EXCESS OF CERTAIN DOLLAR LIMITS SET FROM TIME TO TIME BY THE MEMBER;
- (VI) ELECTION OF SUCH OFFICERS AS ARE REQUIRED TO BE ELECTED UNDER THIS CODE OF REGULATIONS;
- (VII) APPOINTMENT OF THE FOUNDATION'S AUDITORS AND/OR ACCOUNTANTS;

  (VIII) ADOPTION OF THE FOUNDATION'S LONG RANGE PLANS AND MANAGEMENT

  OBJECTIVE, INCLUDING THE EXECUTION OF ANY AGREEMENT WITH CONSORTIUMS,

  ALLIANCES, ETC;
- (IX) SALE, LEASE OR OTHER DISPOSITION OF ANY REAL OR PERSONAL PROPERTY OF THE FOUNDATION WITH A VALUE IN EXCESS OF CERTAIN DOLLAR LIMITS TO BE SET FROM TIME TO TIME BY THE MEMBER;
- (X) SALE, RELEASE, DISSOLUTION, TRANSFER, EXCHANGE, OR OTHER DISPOSITION

  OF ANY ORGANIZATION (OR OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF SUCH

  ORGANIZATION) CONTROLLED BY THE FOUNDATION IF AFTER SUCH SALE, RELEASE,

  DISSOLUTION, TRANSFER, EXCHANGE OR OTHER DISPOSITION, SUCH ORGANIZATION

  (OR ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF SUCH ORGANIZATION) WOULD NO

  LONGER BE CONTROLLED BY THE FOUNDATION;
- (XI) ADOPTION OR AMENDMENT OF THE FOUNDATION'S CODE OF REGULATIONS OR ARTICLES OF INCORPORATION;
- (XII) ANY OTHER MATTER WHICH MAY BE SPECIFIED BY THE MEMBER OR BY THE BOARD OR REQUIRED BY LAW.

FORM 990, PAGE 6, PART VI, LINE 7B CONT.

SUMMA FOUNDATION (DISSOLVED THROUGH MERGER JUNE 1, 2012):

SUMMA HEALTH SYSTEM IS THE SOLE MEMBER ("MEMBER") OF SUMMA FOUNDATION.

THE FOLLOWING ARE THE MATTERS ("RESERVED POWERS") WHICH MUST BE SUBMITTED

TO, AND RECEIVE THE APPROVAL OF BOTH THE BOARD OF DIRECTORS OF SUMMA AND

THE MEMBER:

- (I) ANY MODIFICATION OF THE ESSENTIAL NATURE, PURPOSE, MISSION OR OPERATIONS OF THE CORPORATION;
- (II) ADOPTION OF A CODE OF REGULATIONS OR OTHER CONSTITUTIVE DOCUMENT OF THE CORPORATION AND ANY AND ALL AMENDMENTS THERETO;
- (III) ADOPTION OF ANY AMENDMENTS TO THE ARTICLES OF INCORPORATION OR SIMILAR CHARTER OR ORGANIZATIONAL DOCUMENT OR AGREEMENT AND/OR ANY OTHER CHANGE IN THE CORPORATE STRUCTURE OR GOVERNANCE OF THE CORPORATION;
- (IV) ESTABLISHMENT OF QUALIFICATIONS FOR THE SELECTION OF DIRECTORS OF THE CORPORATION;
- (V) APPOINTMENT OR ELECTION AND REMOVAL OF MEMBERS OF THE GOVERNING BODY OF THE CORPORATION;
- (VI) APPOINTMENT OR ELECTION AND REMOVAL OF THE PRESIDENT AND CHIEF OPERATING OFFICER ("PRESIDENT & COO") OR SIMILAR OFFICER(S) OF THE CORPORATION;
- (VII) ADOPTION OF ANNUAL OPERATING AND CAPITAL BUDGETS OF THE CORPORATION;
- (VIII) EXPENDITURES FOR (A) NON BUDGETED ITEMS IN EXCESS OF CERTAIN

  DOLLAR LIMITS SET FROM TIME TO TIME BY THE MEMBER AND (B) ITEMS WHICH

ARE INCLUDED IN THE CORPORATION'S ANNUAL BUDGETS BUT WHICH EXCEED THE BUDGETED AMOUNT BY AN AMOUNT IN EXCESS OF CERTAIN DOLLAR LIMITS SET FROM TIME TO TIME BY THE MEMBER;

- (IX) INCURRENCE, ASSUMPTION OR GUARANTEE OF ANY INDEBTEDNESS IF,

  FOLLOWING THE INCURRENCE, ASSUMPTION, OR GUARANTEE OF SUCH INDEBTEDNESS,

  THE AGGREGATE AMOUNT OF ALL OUTSTANDING INDEBTEDNESS INCURRED, ASSUMED OR

  GUARANTEED BY THE CORPORATION WHICH HAS NOT BEEN PREVIOUSLY APPROVED BY

  THE MEMBER EXCEEDS CERTAIN DOLLAR LIMITS SET FROM TIME TO TIME BY THE

  MEMBER;
- (X) EXECUTION OF ANY CONTRACT THAT CALLS FOR THE CORPORATION TO EXPEND A SUM IN EXCESS OF CERTAIN DOLLAR LIMITS SET FROM TIME TO TIME BY THE MEMBER OR TO PROVIDE SERVICES WITH A VALUE IN EXCESS OF CERTAIN DOLLAR LIMITS SET FROM TIME TO TIME BY THE MEMBER;
- (XI) ADOPTION OF THE LONG RANGE PLANS OF THE CORPORATION;
- (XII) DETERMINATIONS AS TO THE USE AND OCCUPANCY OF ANY BUILDING OWNED OR LEASED BY THE CORPORATION;
- (XIII) THE PURCHASE, SALE, ENCUMBRANCE, LEASE OR DISPOSITION OF REAL PROPERTY OF THE CORPORATION OTHER THAN IN THE ORDINARY COURSE OF THE OPERATIONS OF THE CORPORATION; AND
- (XIV) THE MERGER, REORGANIZATION, DISSOLUTION OR OTHER CORPORATE ACTION OF A SIMILAR NATURE PROPOSED BY THE CORPORATION.

SUMMA PHYSICIANS, INC.: N/A

SUMMA BARBERTON CITIZENS HOSPITAL:

SUMMA HEALTH SYSTEM IS THE SOLE MEMBER OF SUMMA BARBERTON

WADSWORTH-RITTMAN HOSPITALS, LLC WHICH, IN TURN, IS THE SOLE MEMBER OF

SUMMA BARBERTON CITIZENS HOSPITAL. SUMMA HEALTH SYSTEM HAS THE POWER AND

AUTHORITY TO APPROVE OR DISAPPROVE OF EACH OF THE FOLLOWING ON BEHALF OF

SUMMA BARBERTON CITIZENS HOSPITAL:

- (I) ANY MODIFICATION OF THE ESSENTIAL NATURE, PURPOSE, MISSION OR OPERATIONS OF SUMMA BARBERTON CITIZENS HOSPITAL;
- (II) APPROVAL OF THE CODES OF REGULATIONS, BYLAWS OR OTHER CONSTITUTIVE DOCUMENT OF SUMMA BARBERTON CITIZENS HOSPITAL AND ANY CORPORATION OR ENTITY CONTROLLED BY, RELATED TO OR AFFILIATED WITH SUMMA BARBERTON CITIZENS HOSPITAL (AN "AFFILIATED CORPORATION") AND ANY AND ALL AMENDMENTS THERETO;
- (III) THE ADOPTION OF ANY AMENDMENTS TO THE ARTICLES OF INCORPORATION OR SIMILAR CHARTER OR ORGANIZATIONAL DOCUMENT OR AGREEMENT AND/OR ANY OTHER CHANGE IN THE CORPORATE STRUCTURE OR GOVERNANCE OF SUMMA BARBERTON CITIZENS HOSPITAL OR ANY AFFILIATED CORPORATION;
- (IV) THE ESTABLISHMENT OF QUALIFICATIONS FOR THE SELECTION OF DIRECTORS,
  DIRECTORS OR MANAGERS OF SUMMA BARBERTON CITIZENS HOSPITAL;
- (V) THE APPOINTMENT OR ELECTION AND REMOVAL OF MEMBERS OF THE GOVERNING BODY OF SUMMA BARBERTON CITIZENS HOSPITAL;
- (VI) THE APPOINTMENT OR ELECTION AND REMOVAL OF THE PRESIDENT AND/OR

CHIEF EXECUTIVE OFFICER OR SIMILAR OFFICER OF SUMMA BARBERTON CITIZENS HOSPITAL;

- (VII) THE ADOPTION OF ANNUAL OPERATING AND CAPITAL BUDGETS OF SUMMA BARBERTON CITIZENS HOSPITAL;
- (VIII) THE ADOPTION OF THE LONG RANGE PLANS OF SUMMA BARBERTON CITIZENS HOSPITAL;
- (IX) DETERMINATIONS AS TO THE USE AND OCCUPANCY OF ANY BUILDING OWNED OR LEASED BY SUMMA BARBERTON CITIZENS HOSPITAL;
- (X) THE SALE, ENCUMBRANCE, LEASE OR DISPOSITION OF REAL PROPERTY OF SUMMA BARBERTON CITIZENS HOSPITAL OTHER THAN IN THE ORDINARY COURSE OF THE

  OPERATIONS OF SUMMA BARBERTON CITIZENS HOSPITAL; AND
- (XI) THE MERGER, REORGANIZATION, DISSOLUTION OR OTHER CORPORATE ACTION OF A SIMILAR NATURE UNDERTAKEN BY SUMMA BARBERTON CITIZENS HOSPITAL.

THE WADSWORTH-RITTMAN AREA HOSPITAL ASSN:

SUMMA HEALTH SYSTEM IS THE SOLE MEMBER OF SUMMA BARBERTON

WADSWORTH-RITTMAN HOSPITALS, LLC WHICH, IN TURN, IS THE SOLE MEMBER OF

THE WADSWORTH-RITTMAN AREA HOSPITAL ASSN. SUMMA HEALTH SYSTEM HAS THE

POWER AND AUTHORITY TO APPROVE OR DISAPPROVE OF EACH OF THE FOLLOWING ON

BEHALF OF THE WADSWORTH-RITTMAN AREA HOSPITAL ASSN:

- (I) ANY MODIFICATION OF THE ESSENTIAL NATURE, PURPOSE, MISSION OR OPERATIONS OF THE WADSWORTH-RITTMAN AREA HOSPITAL ASSN;
- (II) APPROVAL OF THE CODES OF REGULATIONS, BYLAWS OR OTHER CONSTITUTIVE

DOCUMENT OF THE WADSWORTH-RITTMAN AREA HOSPITAL ASSN AND ANY CORPORATION

OR ENTITY CONTROLLED BY, RELATED TO OR AFFILIATED WITH THE

WADSWORTH-RITTMAN AREA HOSPITAL ASSN (AN "AFFILIATED CORPORATION") AND

ANY AND ALL AMENDMENTS THERETO;

- (III) THE ADOPTION OF ANY AMENDMENTS TO THE ARTICLES OF INCORPORATION OR SIMILAR CHARTER OR ORGANIZATIONAL DOCUMENT OR AGREEMENT AND/OR ANY OTHER CHANGE IN THE CORPORATE STRUCTURE OR GOVERNANCE OF THE WADSWORTH-RITTMAN AREA HOSPITAL ASSN OR ANY AFFILIATED CORPORATION;
- (IV) THE ESTABLISHMENT OF QUALIFICATIONS FOR THE SELECTION OF DIRECTORS,
  DIRECTORS OR MANAGERS OF THE WADSWORTH-RITTMAN AREA HOSPITAL ASSN;
- (V) THE APPOINTMENT OR ELECTION AND REMOVAL OF MEMBERS OF THE GOVERNING BODY OF THE WADSWORTH-RITTMAN AREA HOSPITAL ASSN;
- (VI) THE APPOINTMENT OR ELECTION AND REMOVAL OF THE PRESIDENT AND/OR

  CHIEF EXECUTIVE OFFICER OR SIMILAR OFFICER OF THE WADSWORTH-RITTMAN AREA

  HOSPITAL ASSN;
- (VII) THE ADOPTION OF ANNUAL OPERATING AND CAPITAL BUDGETS OF THE WADSWORTH-RITTMAN AREA HOSPITAL ASSN;
- (VIII) THE ADOPTION OF THE LONG RANGE PLANS OF THE WADSWORTH-RITTMAN AREA HOSPITAL ASSN;
- (IX) DETERMINATIONS AS TO THE USE AND OCCUPANCY OF ANY BUILDING OWNED OR LEASED BY THE WADSWORTH-RITTMAN AREA HOSPITAL ASSN;
- (X) THE SALE, ENCUMBRANCE, LEASE OR DISPOSITION OF REAL PROPERTY OF THE WADSWORTH-RITTMAN AREA HOSPITAL ASSN OTHER THAN IN THE ORDINARY COURSE OF THE OPERATIONS OF THE WADSWORTH-RITTMAN AREA HOSPITAL ASSN; AND
- (XI) THE MERGER, REORGANIZATION, DISSOLUTION OR OTHER CORPORATE ACTION OF

A SIMILAR NATURE UNDERTAKEN BY THE WADSWORTH-RITTMAN AREA HOSPITAL ASSN.

CUYAHOGA FALLS GENERAL HOSPITAL:

SUMMA HEALTH SYSTEM IS THE SOLE MEMBER OF CUYAHOGA FALLS GENERAL
HOSPITAL. AS THE SOLE MEMBER, SUMMA HEALTH SYSTEM HAS THE POWER AND
AUTHORITY TO APPROVE OR DISAPPROVE OF EACH OF THE FOLLOWING ON BEHALF OF
CUYAHOGA FALLS GENERAL HOSPITAL:

- (I) ANY MODIFICATION OF THE ESSENTIAL NATURE, PURPOSE, MISSION OR OPERATIONS OF CUYAHOGA FALLS GENERAL HOSPITAL;
- (II) APPROVAL OF THE CODES OF REGULATIONS, BYLAWS OR OTHER CONSTITUTIVE

  DOCUMENT OF CUYAHOGA FALLS GENERAL HOSPITAL AND ANY CORPORATION OR ENTITY

  CONTROLLED BY, RELATED TO OR AFFILIATED WITH CUYAHOGA FALLS GENERAL

  HOSPITAL (AN "AFFILIATED CORPORATION") AND ANY AND ALL AMENDMENTS

  THERETO;
- (III) THE ADOPTION OF ANY AMENDMENTS TO THE ARTICLES OF INCORPORATION OR SIMILAR CHARTER OR ORGANIZATIONAL DOCUMENT OR AGREEMENT AND/OR ANY OTHER CHANGE IN THE CORPORATE STRUCTURE OR GOVERNANCE OF CUYAHOGA FALLS GENERAL HOSPITAL OR ANY AFFILIATED CORPORATION;
- (IV) THE ESTABLISHMENT OF QUALIFICATIONS FOR THE SELECTION OF DIRECTORS, DIRECTORS OR MANAGERS OF CUYAHOGA FALLS GENERAL HOSPITAL;
- (V) THE APPOINTMENT OR ELECTION AND REMOVAL OF MEMBERS OF THE GOVERNING BODY OF CUYAHOGA FALLS GENERAL HOSPITAL;

Employer identification number

- (VI) THE APPOINTMENT OR ELECTION AND REMOVAL OF THE PRESIDENT AND/OR CHIEF EXECUTIVE OFFICER OR SIMILAR OFFICER OF CUYAHOGA FALLS GENERAL HOSPITAL;
- (VII) THE ADOPTION OF ANNUAL OPERATING AND CAPITAL BUDGETS OF CUYAHOGA FALLS GENERAL HOSPITAL;
- (VIII) THE ADOPTION OF THE LONG RANGE PLANS OF CUYAHOGA FALLS GENERAL HOSPITAL;
- (IX) DETERMINATIONS AS TO THE USE AND OCCUPANCY OF ANY BUILDING OWNED OR LEASED BY CUYAHOGA FALLS GENERAL HOSPITAL;
- (X) THE SALE, ENCUMBRANCE, LEASE OR DISPOSITION OF REAL PROPERTY OF CUYAHOGA FALLS GENERAL HOSPITAL OTHER THAN IN THE ORDINARY COURSE OF THE OPERATIONS OF CUYAHOGA FALLS GENERAL HOSPITAL; AND
- (XI) THE MERGER, REORGANIZATION, DISSOLUTION OR OTHER CORPORATE ACTION OF A SIMILAR NATURE UNDERTAKEN BY CUYAHOGA FALLS GENERAL HOSPITAL.

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 AND CFO AND THE SYSTEM VICE PRESIDENT, LEGAL SERVICES AND GENERAL COUNSEL. THIS DETAILED REVIEW OCCURRED IN EARLY OCTOBER 2013. FOLLOWING THIS REVIEW AND INCORPORATION OF CHANGES RECOMMENDED BY THIS COMMITTEE, THE RETURN WAS PROVIDED TO THE SUMMA HEALTH SYSTEM COMMITTEE ON GOVERNANCE PRIOR TO ITS MID-OCTOBER 2013 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. SCHEDULE H OF THE RETURN WAS ALSO REVIEWED BY THE SUMMA HEALTH SYSTEM COMMUNITY BENEFITS COMMITTEE. AFTER THESE REVIEWS BY THE COMMITTEE ON GOVERNANCE AND THE COMMUNITY BENEFITS COMMITTEE, AND PRIOR TO FILING WITH THE IRS, AN EMAIL WAS SENT TO EACH VOTING MEMBER OF THE BOARDS OF DIRECTORS. THIS EMAIL INCLUDED INSTRUCTIONS AND A LINK TO A PASSWORD-PROTECTED WEB SITE ON WHICH THE ENTIRE FORM 990 WAS AVAILABLE FOR VIEWING.

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. TN ADDITION TO THE ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE, THE CONFLICT OF INTEREST POLICY IMPOSES A DUTY TO DISCLOSE CONFLICTING INTERESTS ON AN

Employer identification number

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.

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

Name of the organization
SUMMA HEALTH SYSTEM GROUP RETURN

Employer identification number 90-0640432

MARKET DATA, ADVICE AND COUNSEL TO THE COMPENSATION COMMITTEE. FOR THE PAST THREE YEARS, THE COMPENSATION COMMITTEE HAS USED THE 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 (D) ONGOING SUPPORT AND INDEPENDENT ADVICE TO THE PROGRAM; AND 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 VICES PRESIDENT, QUALITY & MEDICAL AFFAIRS; SUMMA AKRON CITY AND ST. THOMAS HOSPITALS: PRESIDENT & COO SUMMA FOUNDATION: PRESIDENT SUMMA BARBERTON CITIZENS HOSPITAL & THE WADSWORTH-RITTMAN AREA HOSPITAL ASSN: PRESIDENT & COO SUMMA PHYSICIANS, INC: PRESIDENT SUMMACARE: PRESIDENT CUYAHOGA FALLS GENERAL HOSPITAL: NOTE: CUYAHOGA FALLS GENERAL HOSPITAL DID NOT EMPLOY A PRESIDENT & COO

DURING 2012

FORM 990, PAGE 6, PART VI, LINE 18

THE FORMS 990 ARE AVAILABLE ON SUMMA HEALTH SYSTEM'S WEBSITE:

WWW.SUMMAHEALTH.ORG. THE FORMS 990-T AND GROUP EXEMPTION APPLICATION ARE AVAILABLE UPON REQUEST.

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). SUMMA HEALTH SYSTEM MAKES ITS FINANCIAL STATEMENTS AVAILABLE ON ITS WEBSITE (WWW.SUMMAHEALTH.ORG). THE FINANCIAL STATEMENTS ARE ALSO AVAILABLE THROUGH THE ELECTRONIC MUNICIPAL MARKET ACCESS (WWW.EMMA.MSRB.ORG).

FORM 990, PAGE 12, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES:

FASB 106 POST RETIREMENT (174,000)

NET ASSETS RELEASED FROM RESTRICTION 1,816,333

MINIMUM PENSION LIABILITY (8,236,570)

TRANSFERS BETWEEN AFFILIATED ORGANIZATIONS 960,964

CHANGE IN TRUST VALUE 479,148

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TOTAL CHANGES IN NET ASSETS (5,154,125)

FORM 990, PAGE 2, PART III PROGRAM SERVICE ACCOMPLISHMENTS

SUMMA HEALTH SYSTEM IS AN INTEGRATED HEALTHCARE DELIVERY SYSTEM THAT

PROVIDES COORDINATED, VALUE-BASED CARE ACROSS THE CONTINUUM FOR THE

PEOPLE AND POPULATIONS WE SERVE. WE HOLD OURSELVES CLINICALLY AND

FINANCIALLY ACCOUNTABLE FOR HEALTH OUTCOMES IN OUR COMMUNITIES.

SUMMA HEALTH SYSTEM SERVES MORE THAN ONE MILLION PATIENTS EACH YEAR IN COMPREHENSIVE EMERGENCY, ACUTE, CRITICAL, OUTPATIENT AND LONG-TERM/HOMECARE SETTINGS AND REPRESENTS MORE THAN 2,000 REGISTERED, INPATIENT BEDS ON THE CAMPUSES OF SUMMA AKRON CITY AND ST. THOMAS HOSPITALS, SUMMA BARBERTON CITIZEN'S HOSPITAL, THE WADSWORTH-RITTMAN AREA HOSPITAL ASSOCIATION, SUMMA REHAB HOSPITAL\*, SUMMA WESTERN RESERVE HOSPITAL\*, CRYSTAL CLINIC ORTHOPAEDIC CENTER\*, AND ROBINSON MEMORIAL HOSPITAL, AN AFFILIATE OF SUMMA HEALTH SYSTEM.\*\* IN ADDITION, OUTPATIENT CARE IS PROVIDED IN MORE THAN 16 COMMUNITY HEALTH CENTERS AND EMERGENCY DEPARTMENTS (EDS), SOME INTEGRATED IN THE HEALTHCARE FACILITIES, OTHERS FREE-STANDING.

\*SUMMA REHAB HOSPITAL, \*SUMMA WESTERN RESERVE HOSPITAL AND \*CRYSTAL

CLINIC ORTHOPAEDIC CENTER ARE JOINT VENTURES IN WHICH SUMMA HEALTH SYSTEM

HAS AN INTEREST, AND ARE REFERENCED IN THIS DOCUMENT FOR THE PURPOSE OF

INDENTIFYING ALL ENTITIES AFFILIATED WITH SUMMA HEALTH SYSTEM. SUMMA'S

PROPORTIONATE INTEREST OF THESE JOINT VENTURES' CHARITY CARE AND OTHER

COMMUNITY BENEFITS ARE INCLUDED BELOW.

\*\* ROBINSON MEMORIAL HOSPITAL, AN AFFILIATE OF SUMMA HEALTH SYSTEM, IS A

COUNTY HOSPITAL. IT IS REFERENCED IN THIS DOCUMENT ONLY FOR THE PURPOSE OF IDENTIFYING ALL ENTITIES AFFILIATED WITH SUMMA HEALTH SYSTEM.

PROVIDING SUPERIOR, MULTI-SPECIALTY PATIENT CARE, MEDICAL RESEARCH AND CONTINUING MEDICAL EDUCATION, SUMMA HEALTH SYSTEM RANKS AS A HIGHLY RECOGNIZED HEALTHCARE PROVIDER IN SEVERAL DISCIPLINES INCLUDING:

CARDIOVASCULAR, EMERGENCY, ONCOLOGY, STROKE AND NURSING BY PRESTIGIOUS ORGANIZATIONS SUCH AS:

THE SOCIETY OF CHEST PAIN CENTERS

AMERICAN COLLEGE OF SURGEONS

AMERICAN HEART ASSOCIATION

AMERICAN STROKE ASSOCIATION

NATIONAL ACCREDITATION PROGRAM OF BREAST CENTERS

AMERICAN NURSES CREDENTIALING CENTER

PREMIER HEALTHCARE ALLIANCE

THE JOINT COMMISSION

SUMMA HEALTH SYSTEM IS SUMMIT COUNTY'S LARGEST EMPLOYER AND A LEADING ECONOMIC ENGINE FOR THE REGION. SUMMA HEALTH SYSTEM INCLUDES THE FOLLOWING:

SUMMA AKRON CITY AND ST. THOMAS HOSPITALS:

SUMMA AKRON CITY AND ST. THOMAS HOSPITALS IS A SINGLE LEGAL ENTITY THAT INCLUDES TWO HOSPITAL CAMPUSES AND SEVERAL OFF-SITE LOCATIONS. SUMMA AKRON CITY AND ST. THOMAS HOSPITALS OPERATES BOTH HOSPITAL LOCATIONS AS

Name of the organization

SUMMA HEALTH SYSTEM GROUP RETURN

Employer identification number

90-0640432

WELL AS THE HOSPITAL-BASED OFF-SITE LOCATIONS UNDER THE SAME MEDICARE PROVIDER NUMBER.

SUMMA AKRON CITY AND ST. THOMAS HOSPITALS EMPLOYS MORE THAN 5,300

INDIVIDUALS AND HAS A MEDICAL STAFF OF MORE THAN 1,000 PROFESSIONALS.

SUMMA AKRON CITY AND ST. THOMAS HOSPITALS HAS OVER 1,000 REGISTERED BEDS

AND 46 LICENSED BASSINETS. THE BUILDINGS AND FACILITIES ON BOTH CAMPUSES

TOTAL 1.7 MILLION SQUARE FEET.

SUMMA AKRON CITY HOSPITAL OFFERS GENERAL MEDICAL, SURGICAL, OBSTETRICAL,
TRAUMA, AND CRITICAL CARE SERVICES. SUMMA AKRON CITY HOSPITAL PROVIDES
ACUTE CARE SERVICES ON A CAMPUS OF APPROXIMATELY 60 ACRES. THE CAMPUS IS
HOME TO SPECIALTY HEALTH CENTERS OFFERING A WIDE RANGE OF OUTPATIENT
SERVICES. IN 2012, SUMMA AKRON CITY HOSPITAL COMPLETED A \$45 MILLION
RENOVATION AND EXPANSION OF ITS EMERGENCY DEPARTMENT, WHICH NOW INCLUDES
44 PATIENT TREATMENT ROOMS, RADIOLOGY ROOMS, TRIAGE AREA, AN AUDITORIUM
AND OFFICES TO ACCOMMODATE EMS, RESIDENCY TRAINING, RESEARCH, QUALITY,
INFORMATICS AND DISASTER PREPAREDNESS. THE EMERGENCY DEPARTMENT ALSO
OFFERS THE ONLY DEDICATED EMERGENCY DEPARTMENT PROGRAM FOR PATIENTS AGED
65+ IN THE AREA.

SUMMA ST. THOMAS HOSPITAL PROVIDES ACUTE CARE SERVICES ALONG WITH
BEHAVIORAL HEALTH AND SUBSTANCE ABUSE CARE. SUMMA ST. THOMAS HOSPITAL
WAS ONE OF THE FIRST IN THE COUNTRY TO RECOGNIZE THE MEDICAL ASPECTS OF
ALCOHOLISM AS A DISEASE AND IS THE FOUNDING LOCATION OF ALCOHOLICS

ANONYMOUS. THE HOSPITAL OPENED THE NATION'S FIRST ALCOHOLISM TREATMENT WARD AND CONTINUES ITS LONGSTANDING DEDICATION TO THIS PROGRAM TODAY.

SUMMA AKRON CITY AND ST. THOMAS HOSPITALS SERVES AS A MAJOR TEACHING

AFFILIATE FOR NORTHEAST OHIO MEDICAL UNIVERSITY (NEOMED), SPONSORING

AND/OR CO-SPONSORING 17 RESIDENCIES AND FELLOWSHIPS ALONG WITH PROVIDING

EDUCATIONAL ROTATIONS FOR MEDICAL STUDENTS.

SUMMA BARBERTON CITIZEN'S HOSPITAL

SUMMA BARBERTON CITIZEN'S HOSPITAL IS A 500,000 SQUARE FOOT ACUTE CARE
TEACHING HOSPITAL LOCATED ON NEARLY 16 ACRES, LOCATED APPROXIMATELY 10
MILES SOUTHWEST OF AKRON, OHIO. THE HOSPITAL EMPLOYS MORE THAN 1,300
EMPLOYEES AND HAS APPROXIMATELY 400 MEDICAL STAFF. IT HAS 257 REGISTERED
ADULT BEDS AND 14 AVAILABLE BASSINETS. A NEW ACUTE PALLIATIVE CARE UNIT
(APCU) AND AN ACUTE CARE FOR ELDERS (ACE) UNIT OPENED AT SUMMA BARBERTON
CITIZEN'S HOSPITAL IN 2012. ALSO, THE HOSPITAL IMPLEMENTED ELECTRONIC
MEDICAL RECORDS (EMR), WHICH ENABLED IT TO MEET ALL CRITERIA FOR PHASE 1
MEANINGFUL USE DESIGNATION. THE HOSPITAL'S PARKVIEW CENTER ONCOLOGY
PROGRAM RECEIVED REACCREDITATION WITH COMMENDATION IN 2012 FROM THE
COMMISSION ON CANCER, PLACING THE CENTER IN THE TOP 10 PERCENT OF CANCER
PROGRAMS NATIONALLY.

THE WADSWORTH-RITTMAN AREA HOSPITAL ASSOCIATION

THE WADSWORTH-RITTMAN AREA HOSPITAL ASSOCIATION IS A 200,000 SQUARE FOOT

ACUTE CARE COMMUNITY HOSPITAL LOCATED ON APPROXIMATELY 38 ACRES. LOCATED

APPROXIMATELY 20 MILES WEST OF AKRON, OHIO, THE WADSWORTH-RITTMAN AREA HOSPITAL ASSOCIATION HAS 99 REGISTERED BEDS, EMPLOYS MORE THAN 450 EMPLOYEES, AND HAS A MEDICAL STAFF OF MORE THAN 320 PROFESSIONALS. THE HOSPITAL WAS RECOGNIZED BY THE JOINT COMMISSION IN 2012 AS A TOP PERFORMER ON KEY QUALITY MEASURES FOR OUTSTANDING QUALITY CARE IN PNEUMONIA AND SURGICAL SERVICES. A NEW OUTPATIENT CENTER FOR SENIOR SERVICES OPENED AT THE HOSPITAL IN 2012. DURING THE YEAR, ELECTRONIC MEDICAL RECORDS (EMR) WERE IMPLEMENTED, ENABLING THE HOSPITAL TO MEET ALL CRITERIA FOR PHASE 1 MEANINGFUL USE DESIGNATION.

#### CHARITY CARE:

IN 2012, SUMMA HEALTH SYSTEM PROVIDED CHARITY CARE AT AN ESTIMATED NET COST OF MORE THAN \$13.3 MILLION. THIS AMOUNT REPRESENTED THE NET COST ASSOCIATED WITH PROVIDING THE CARE AND DOES NOT INCLUDE BAD DEBT.

PATIENTS WITH INCOMES UP TO 200% OF THE FEDERAL POVERTY INCOME GUIDELINES OR WHO HAVE A HOSPITAL BILL THAT EXCEEDS 25% OF THEIR GROSS ANNUAL FAMILY INCOME ARE ELIGIBLE TO APPLY FOR CHARITY CARE ASSISTANCE.

IN ADDITION, THERE IS A SLIDING SCALE DISCOUNT PROGRAM FOR THOSE WITH INCOMES BETWEEN 200% AND 400% OF THE FEDERAL POVERTY INCOME GUIDELINES.

IN 2012, THE CHARITY CARE PROGRAM (INCLUDING HOSPITAL CARE ASSURANCE PROGRAM) BENEFITTED APPROXIMATELY 61,000 PATIENT ENCOUNTERS.

## MEDICAID SHORTFALL

HISTORICALLY, OHIO MEDICAID REIMBURSEMENTS HAVE NOT COVERED THE COST OF

PROVIDING THE CARE TO PROGRAM BENEFICIARIES, CREATING A BUDGETARY

SHORTFALL. AS ONE OF NORTHEAST OHIO'S TOP PROVIDERS OF HOSPITAL CARE FOR

MEDICAID PATIENTS, SUMMA HEALTH SYSTEM'S UNPAID COSTS FOR MEDICAID

TOTALED MORE THAN \$22.7 MILLION.

#### BAD DEBT

SUMMA HEALTH SYSTEM IS COMMITTED TO PROVIDING QUALITY AND ACCESSIBLE HEALTHCARE. THIS INCLUDES COVERING THE EXPENSES OF PAYMENTS THAT WERE EXPECTED BUT NOT RECEIVED. WHILE SUMMA HEALTH SYSTEM RECOGNIZES BAD DEBT IS PART OF THE COST OF DOING BUSINESS, IT AGREES WITH THE OHIO HOSPITAL ASSOCIATION THAT IT IS IMPORTANT TO REPORT THESE COSTS TO SHOW THE TOTAL PICTURE OF CARE SUMMA HEALTH SYSTEM PROVIDES TO THE COMMUNITY WITHOUT FULL REIMBURSEMENT. IN 2012, THE COST FOR PROVIDING CARE WRITTEN OFF AS BAD DEBT WAS APPROXIMATELY \$25.8 MILLION.

## COMMUNITY HEALTH IMPROVEMENT SERVICES

AN IMPORTANT PART OF SUMMA HEALTH SYSTEM'S MISSION IS OFFERING A

PREVENTION AND WELLNESS PROGRAM TO BUILD A HEALTHIER COMMUNITY. IN 2012,

SUMMA HEALTH SYSTEM PROVIDED APPROXIMATELY \$1.4 MILLION TO HELP FUND

HEALTH IMPROVEMENT ACTIVITIES SUCH AS FREE AND LOW-COST HEALTH

SCREENINGS, HEALTH EDUCATION SERVICES AND WELLNESS PROGRAMMING.

## SUBSIDIZED HEALTH SERVICES

SUMMA HEALTH SYSTEM IS COMMITTED TO PROVIDING SUBSIDIZED HEALTH SERVICES
- CLINICAL SERVICES THAT MEET AN IDENTIFIED COMMUNITY NEED AND ARE

PROVIDED DESPITE FINANCIAL LOSS. VITAL SERVICES SUCH AS THE CENTER FOR SENIOR HEALTH, CARE CENTER FOR PATIENTS WITH HIV OR AIDS, DEVELOPING OPTIONS FOR VIOLENT EMERGENCIES (DOVE) PROGRAM FOR CRISIS SERVICES AND DIABETES EDUCATION ARE OFFERED, EVEN THOUGH THEY ARE NOT PROFITABLE.

INCOME FROM OTHER SERVICES IS USED TO COVER THESE COSTS. IN 2012, THE COST FOR SUBSIDIZED SERVICES WAS APPROXIMATELY \$28.1 MILLION.

FORM 990, PAGE 2, PART III, CONTINUED

FINANCIAL AND IN-KIND DONATIONS

ANNUALLY, SUMMA HEALTH SYSTEM CONTRIBUTES FINANCIAL ASSISTANCE AND IN-KIND SERVICES TO SUPPORT COMMUNITY ORGANIZATIONS THAT PROMOTE HEALTH, WELLNESS, AND AN IMPROVED QUALITY OF LIFE. FROM THE LOCAL CHAPTERS OF NATIONAL GROUPS SUCH AS UNITED WAY, THE AMERICAN HEART ASSOCIATION AND THE AMERICAN CANCER SOCIETY, TO AKRON COMMUNITY HEALTH RESOURCES (AKRON'S ONLY FEDERALLY-FUNDED HEALTH CENTER) SUMMA HEALTH SYSTEM PARTICIPATES IN NUMEROUS COMMUNITY PROGRAMS AND HELPS OTHER NONPROFITS FULFILL THEIR MISSIONS. IN 2012, THESE CONTRIBUTIONS EXCEEDED \$2.1 MILLION.

## RESEARCH

SUMMA HEALTH SYSTEM'S QUALITY MEDICAL CARE IS DERIVED IN PART FROM ITS

ABILITY TO TRANSLATE RESULTS FROM CAREFULLY PLANNED AND EXECUTED RESEARCH

INTO EFFECTIVE PATIENT CARE STRATEGIES. RESEARCH AND INNOVATION IS AN

INTEGRAL FOCUS OF THE ACADEMIC AND CLINICAL ENVIRONMENT AT SUMMA HEALTH

SYSTEM AND HELPS SET THE HIGHEST STANDARDS FOR MEDICAL CARE IN THE

COMMUNITY. SUMMA HEALTH SYSTEM'S REPUTATION FOR EXCELLENCE IN SUCH

CRITICAL SPECIALTIES AS CARDIOLOGY, DIABETES, EMERGENCY SERVICES,

ORTHOPAEDICS, ONCOLOGY, SENIOR HEALTH, SURGERY, AND WOMEN'S HEALTH
CONTINUES TO GROW THROUGH RESEARCH AND INNOVATION. SUMMA HEALTH SYSTEM
INVESTED MORE THAN \$4.7 MILLION IN RESEARCH IN 2012. IN ADDITION TO
SUPPORT FROM SUMMA FOUNDATION, MAJOR RESEARCH PROGRAMS ARE SUPPORTED BY
GRANTS FROM THE NATIONAL INSTITUTES OF HEALTH, THE DEPARTMENT OF DEFENSE
AND INDUSTRY SPONSORS.

### EDUCATION

SUMMA HEALTH SYSTEM SUPPORTS THE EDUCATION OF PHYSICIANS AND OTHER
HEALTHCARE PROFESSIONALS. SUMMA AKRON CITY AND ST. THOMAS HOSPITALS IS
THE LARGEST OF THE MAJOR TEACHING AFFILIATES OF THE NORTHEAST OHIO
MEDICAL UNIVERSITY (NEOMED), A CONSORTIUM OF THE UNIVERSITY OF AKRON,
KENT STATE UNIVERSITY AND YOUNGSTOWN STATE UNIVERSITY, AND OFFERS
EDUCATION TO NEOMED'S COLLEGES OF MEDICINE AND PHARMACY STUDENTS, AS WELL
AS TO MEDICAL STUDENTS FROM SCHOOLS AROUND THE COUNTRY. IN ADDITION,
SUMMA OFFERS 17 ACCREDITED RESIDENCY TRAINING PROGRAMS IN NUMEROUS
SPECIALTIES, TRAINING THE NEXT GENERATION OF PRIMARY CARE AND SPECIALTY
PHYSICIANS FOR THE REGION AND BEYOND. NURSING EDUCATION ALSO IS OFFERED
IN COLLABORATION WITH OUR LOCAL UNIVERSITY PARTNERS. IN 2012, 246
RESIDENTS AND FELLOWS TRAINED AT SUMMA'S THREE MAIN HOSPITALS. ON
AVERAGE, MORE THAN 40% OF THESE RESIDENTS REMAIN IN OUR LOCAL AND
SURROUNDING COMMUNITIES. SUMMA'S 2012 INVESTMENT IN HEALTH PROFESSIONS
EDUCATION TOTALED NEARLY \$22.3 MILLION.

THE WORK OF SUMMA'S INTERNAL MEDICINE RESIDENCY PROGRAM, DIRECTED AT

IMPROVING THE QUALITY AND SAFETY OF PATIENT CARE AS PART OF THE ACGME'S EDUCATIONAL INNOVATION PROJECT, WAS PRESENTED AT TWO NATIONAL MEETINGS AND PUBLISHED IN THE JOURNAL OF GRADUATE MEDICAL EDUCATION. IN ADDITION, SUMMA HAS EXPANDED THE SIZE AND SCOPE OF THE MEDICAL SIMULATION CENTER IN SUPPORT OF SUMMA'S COMMITMENT TO QUALITY AND SAFETY, AND APPROVED THE DEVELOPMENT OF TWO NEW FELLOWSHIP TRAINING PROGRAMS, ONE IN MEDICAL SIMULATION AND ONE IN EMERGENCY MEDICAL SERVICES.

SUMMA HEALTH SYSTEM IS ONE OF FIVE FOUNDING MEDICAL AND EDUCATIONAL INSTITUTIONS RESPONSIBLE FOR THE CREATION OF THE AUSTEN BIOINNOVATION INSTITUTE IN AKRON (ABIA), A UNIQUE COLLABORATION THAT EXPANDS UPON THE REGION'S RICH LEGACY IN INDUSTRIAL AND MATERIALS SCIENCE TO PIONEER THE NEXT GENERATION OF LIFE ENHANCING AND LIFE SAVING INNOVATIONS.

## SUMMA HEALTH SYSTEM SERVICES:

FOLLOWING IS A DESCRIPTION OF SUMMA HEALTH SYSTEM'S NOTABLE ACCOMPLISHMENTS BY PRIMARY SERVICE LINES IN 2012:

BEHAVIORAL HEALTH - SUMMA AKRON CITY AND ST. THOMAS HOSPITALS TOGETHER WITH COLEMAN PROFESSIONAL SERVICES RECEIVED A \$400,000 GRANT FROM THE MARGARET CLARK MORGAN FOUNDATION TO DEVELOP INTEGRATED BEHAVIORAL HEALTH SERVICES IN THE INTERNAL MEDICINE AND FAMILY PRACTICE CENTERS. THE PURPOSE OF THE GRANT IS TO DEMONSTRATE IMPROVED HEALTH OUTCOMES WHEN BEHAVIORAL HEALTH SERVICES ARE PROVIDED ALONG WITH MEDICAL CARE.

CARDIOVASCULAR - COMPLETED A \$2 MILLION UPGRADE TO THE HEART RHYTHM

SERVICES (HRS) LAB ON THE CAMPUS OF SUMMA AKRON CITY HOSPITAL. THE

CARDIOVASCULAR INSTITUTE RECEIVED THE AMERICAN HEART ASSOCIATION MISSION

LIFELINE ACCREDITATION AND SILVER LEVEL AWARD.

EMERGENCY/TRAUMA SERVICES - IN ADDITION TO COMPLETING THE RENOVATION AND EXPANSION OF THE EMERGENCY DEPARTMENT AT SUMMA AKRON CITY HOSPITAL, THE FREE-STANDING EMERGENCY DEPARTMENT IN GREEN WAS SUCCESSFULLY COMPLETED AND OPENED IN JULY, 2012. THE EMERGENCY DEPARTMENTS AT SUMMA AKRON CITY AND ST. THOMAS HOSPITALS AND SUMMA HEALTH CENTER AT LAKE MEDINA DEMONSTRATED CONTINUED EXCELLENCE IN PATIENT SATISFACTION, RATING IN THE 75TH PERCENTILE.

NEUROSCIENCE - COMPLETED CONSTRUCTION OF SECOND BI-PLANE SUITE TO PERFORM COMPLEX NEURO-INTERVENTIONAL PROCEDURES. ATTAINED 45% GROWTH IN NEURO-SURGICAL PROCEDURES COMPARED TO 2011.

ONCOLOGY - SUMMA HEALTH SYSTEM SUCCESSFULLY ATTAINED THREE-YEAR AMERICAN RADIOLOGY RADIATION ONCOLOGY ACCREDITATION.

RESPIRATORY - IMPLEMENTED THE FOLLOWING PROGRAMS IN 2012: LOW-DOSE CT SCREENING FOR EARLY IDENTIFICATION OF LUNG CANCER, AND AN INPATIENT SMOKING CESSATION PROGRAM. OBTAINED A COMPUTERIZED LUNG SIMULATOR FOR USE IN TRAINING, RESEARCH AND SIMULATION, AND TRAINED AND CERTIFIED MORE THAN 15 TOBACCO CESSATION SPECIALISTS TO PROVIDE COMMUNITY-BASED TOBACCO

CESSATION PROGRAMS.

SENIORS, POST ACUTE AND TRANSITIONAL CARE - IN ADDITION TO EXPANDED

SERVICES AT SUMMA BARBERTON CITIZENS HOSPITAL AND SUMMA WADSWORTH-RITTMAN

HOSPITAL NOTED ABOVE, SUMMA'S BRIDGE-TO-HOME TRANSITIONAL CARE PROGRAM

EXPANDED TO INCLUDE BEHAVIORAL HEALTH SUPPORT. THE PALLIATIVE CARE

FELLOWSHIP PROGRAM RECEIVED A FIVE-YEAR ACCREDITATION FROM ACGME, AND THE

GERIATRIC FELLOWSHIP PROGRAM RECEIVED APPROVAL TO ADD TWO SPOTS FOR THE

2014-15 YEAR.

SURGICAL SERVICES - SUMMA AKRON CITY HOSPITAL DEVELOPED AND IMPLEMENTED A

SURGICAL SERVICES OPTIMIZATION PLAN LED BY NURSING, PHYSICIAN AND

ANESTHESIA LEADERSHIP TEAMS TO IMPROVE EFFICIENCY AND ENHANCE ACCESS

THROUGHOUT THE PERI-OPERATIVE ENVIRONMENT.

## ${\tt SUMMARY}$

ALTHOUGH REIMBURSEMENT FOR SERVICES RENDERED IS CRITICAL TO THE

OPERATIONS AND STABILITY OF SUMMA HEALTH SYSTEM, NOT ALL INDIVIDUALS

POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL SERVICES. SUMMA HEALTH

SYSTEM PROVIDED SERVICES TO ALL PATIENTS ON A NON-DISCRIMINATORY BASIS

AND WITHOUT REGARD TO ANY PATIENT'S ABILITY TO PAY FOR SUCH SERVICES OR

THE INDIVIDUAL'S PARTICIPATION IN A GOVERNMENT-SPONSORED OR SUBSIDIZED

HEALTHCARE PROGRAM.

PATIENTS WERE ENCOURAGED TO APPLY FOR UNCOMPENSATED CARE AND, DEPENDING

ON THEIR LEVEL OF INCOME AND NUMBER OF DEPENDENTS, ALL (OR A PORTION) OF THEIR BILL WAS REDUCED. GROSS ANNUAL FAMILY INCOME WAS COMPARED USING A SLIDING SCALE BASED ON THE FEDERAL POVERTY INCOME GUIDELINES TO DETERMINE THE CHARITY DISCOUNT FOR WHICH THE PATIENT MAY BE ELIGIBLE.

IN 2012, SUMMA HEALTH SYSTEM PROVIDED CHARITY CARE TO THE INDIGENT (INCLUDING UNREIMBURSED MEDICAID) AT THE NET COST OF NEARLY \$36 MILLION. THIS AMOUNT DOES NOT INCLUDE SERVICES PROVIDED AND WRITTEN OFF AS BAD DEBT.

IN ADDITION TO UNCOMPENSATED MEDICAL CARE, SUMMA HEALTH SYSTEM PROVIDED WELLNESS PROGRAMS, COMMUNITY EDUCATION PROGRAMS AND SPECIAL PROGRAMS FOR THE ELDERLY, HANDICAPPED, AND MEDICALLY UNDERSERVED. SUMMA HEALTH SYSTEM ALSO OPERATED A VARIETY OF BROAD COMMUNITY SUPPORT ACTIVITIES. MANY OF THESE PROGRAMS WERE OFFERED AT A REDUCED PRICE OR PROVIDED TO THE COMMUNITY FREE OF CHARGE.

SUMMA HEALTH SYSTEM OPERATES ITS FACILITIES IN A MANNER CONSISTENT WITH THE COMMUNITY BENEFIT REQUIREMENTS OF REV. RULE 69-545 AND SUBSEQUENT CASE LAW AND IRS GUIDELINES. SUMMA HEALTH SYSTEM'S HOSPITALS PROVIDE EMERGENCY SERVICES WHICH ARE OPEN AND AVAILABLE TO ALL PERSONS OF THE COMMUNITY, REGARDLESS OF THEIR ABILITY TO PAY. THE BOARD OF DIRECTORS CONSISTED OF PERSONS WHO ARE BROADLY REPRESENTATIVE OF THE COMMUNITY AND MEDICAL STAFF.

FORM 990, PAGE 2, PART III CONTINUED

SUMMA PHYSICIANS INC. (SPI) - PROGRAM SERVICE ACCOMPLISHMENTS:

SUMMA PHYSICIANS INC. (SPI) IS A SUMMA HEALTH SYSTEM ENTITY COMPRISED OF MULTI-SPECIALTY PHYSICIANS AND PRACTICES. IN 2012, SPI ADDED 28

PHYSICIANS IN VARIOUS SPECIALTIES INCLUDING CARDIOLOGY AND ONCOLOGY. IN TOTAL, SPI EMPLOYS MORE THAN 275 PHYSICIANS AND 730 SUPPORT STAFF IN MORE THAN 30 SPECIALTIES AND SUB-SPECIALTIES. SPI PROMOTES STRONG AFFILIATION AND EMPLOYMENT OF PHYSICIANS TO ENSURE COMMUNITY AND HOSPITAL NEEDS FOR PHYSICIAN SERVICES ARE MET. IN 2012, SPI DEVELOPED STANDARDIZED CONTRACTS FOR PROVIDERS TO ACHIEVE EFFICIENCY AND SAVINGS.

SUMMA FOUNDATION - PROGRAM SERVICE ACCOMPLISHMENTS:

THROUGH PHILANTHROPY, SUMMA FOUNDATION SUPPORTS MEDICAL EDUCATION,
RESEARCH, TECHNOLOGY, AND CLINICAL INNOVATION. ENCOMPASSING FUNDRAISING,
RESOURCE DEVELOPMENT, COMMUNITY BENEFIT, DIVERSITY AND GOVERNMENT
RELATIONS, SUMMA FOUNDATION WORKS TO DEVELOP NEW, DIVERSIFIED AND
INCREASED RESOURCES AND BUILD RELATIONSHIPS THAT INFLUENCE HEALTH POLICY
TO ADVANCE THE REGIONAL PRIORITIES OF SUMMA HEALTH SYSTEM.

### DEVELOPMENT

THE FOUNDATION'S DEVELOPMENT DEPARTMENT OFFERS A SPECTRUM OF

PHILANTHROPIC OPTIONS FOR DONORS DESIGNED TO CREATE A POSITIVE IMPACT ON

SUMMA HEALTH SYSTEM'S OPERATIONS, PROGRAMS, PROJECTS AND PERCEPTIONS AND

TO AFFECT POSITIVE CHANGE IN THE COMMUNITIES SUMMA HEALTH SYSTEM SERVES.

DEVELOPMENT HOUSES THE GRANT AND PROPOSAL DEVELOPMENT OFFICES CREATED TO IDENTIFY THE RESOURCES AND EXPERTISE OF EXTERNAL AND INTERNAL PARTNERS TO GENERATE FUNDING FOR RESEARCH, EDUCATION AND CLINICAL AND SYSTEM PROJECTS. CONTRIBUTIONS TO THE SUMMA FOUNDATION IN 2012 EXCEEDED \$4.1 MILLION, INCLUDING PRIVATE AND PUBLIC SECTOR SUPPORT AND THE VALUE OF PARTNERSHIPS AND COLLABORATIVE EFFORTS.

#### COMMUNITY BENEFIT AND DIVERSITY

THIS DEPARTMENT LEADS EFFORTS TO ADDRESS HEALTH DISPARITIES AND OTHER

IMPORTANT COMMUNITY NEEDS AND RAISE AWARENESS OF HEALTH AND HEALTHCARE

ISSUES AFFECTING THE COMMUNITIES SERVED BY SUMMA HEALTH SYSTEM.

COMMUNITY BENEFIT AND DIVERSITY PROVIDE WELLNESS AND EDUCATIONAL TOOLS,

FACILITATE ECONOMIC DEVELOPMENT PROGRAMS, DEVELOP COMMUNITY PARTNERSHIPS,

COMMUNICATE SUMMA HEALTH SYSTEM'S BENEFIT TO THE COMMUNITY AND ENGAGE THE

COMMUNITY AND ITS WORKFORCE WITHIN THE SYSTEM AND THROUGHOUT THE REGION.

#### GOVERNMENT RELATIONS

THIS DEPARTMENT IS DEDICATED TO ELEVATING SUMMA HEALTH SYSTEM AS A

CREDIBLE LEADER AND PARTNER IN THE HEALTH POLICY PLANNING PROCESS. THIS

DEPARTMENT COLLABORATES WITH THE SYSTEM DEVELOPMENT TEAM TO BEST POSITION

SUMMA EDUCATION, RESEARCH AND CLINICAL INNOVATION PRIORITIES WITH PUBLIC

SECTOR FUNDING OPPORTUNITIES.

Name of the organization

SUMMA HEALTH SYSTEM GROUP RETURN

90-0640432

ATTACHMENT 1

990, P	PART VII-	COMPENSATION	OF	$_{ m THE}$	${ t FIVE}$	HIGHEST	PAID	IND.	CONTRACTORS
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NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
HAMMOND CONSTRUCTION, INC 1278 PARK AVENUE CANTON, OH 44706	CONSTRUCTION	10,098,545.
PROFESSIONAL ANESTHESIA SERVICES 190 NORTH UNION STREET AKRON, OH 44304	MEDICAL SERVICES	9,095,152.
SIEMENS MEDICAL SOLUTIONS 51 VALLEY STREAM PARKWAY MALVERN, PA 19355	CONTRACT SERVICES	4,597,200.
SODEXO, INC & AFFILIATES 10 EARHART DRIVE WILLIAMSVILLE, NY 14221	CATERING SERVICES	4,237,094.
ALLSCRIPTS HEALTHCARE, LLC THREE RAVINIA DRIVE ATLANTA, GA 30346	IT & EMR SERVICES	3,927,714.

# ATTACHMENT 2

# FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
PURCHASED MEDICAL SERVICES	34,054,620.	34,054,620.	0	0
PHYSICIAN SERVICES-AFFILIATE	50,891,728.	50,891,728.	0	0
PHYSICIAN PRACTICE SUPPORT	26,416,847.	26,416,847.	0	0
COLLECTION SERVICES	6,877,063.	4,306,086.	2,570,977.	0
NON-MEDICAL PURCHASED SERVICES	38,607,366.	25,519,233.	12,965,026.	123,107.
PERFUSION/BLOOD PROCESSING	4,281,939.	4,281,939.	0	0
AMBULANCE SERVICE	532,613.	532,613.	0	0
HOSPICE SERVICES	3,772,130.	3,772,130.	0	0
REPAIR & MAINTENANCE	12,618,735.	10,944,985.	1,667,567.	6,183.

Name of the organization			Employer identific	ation number
SUMMA HEALTH SYSTEM GROUP RETURN			90-0640	132
		_	ATTACHMENT 2	2 (CONT'D)
FORM 990, PART IX - OTHER FEES		_		
	(A) TOTAL	(B) PROGRAM	(C) MANAGEMENT	(D) FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES

<u>178,053,041.</u> <u>160,720,181.</u> <u>17,203,570.</u>

TOTALS

129,290.

## **SCHEDULE R** (Form 990)

# **Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

**Employer identification number** 90-0640432

SUMMA HEALTH SYSTEM GROUP RETURN

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Part I (c) Legal domicile (state End-of-year assets Name, address, and EIN (if applicable) of disregarded entity Primary activity Total income Direct controlling or foreign country) entity (1) SUMMA ENTERPRISE GROUP, LLC 03-0507853 525 EAST MARKET STREET AKRON, OH 44304 CONSULTING OH 2,405,075. 12,548,583. SACSTH (2) SUMMA ENTERPRISE GROUP PROPERTIES, LLC 55-0837372 525 EAST MARKET STREET AKRON, OH 44304 REAL ESTATE OH 445,782. 122,495. SEG (3) AKRON ENDOSCOPY ASC, LLC 62-1865245 525 EAST MARKET STREET AKRON, OH 44309 PROF.MED.SVCS OH 0 20,000. SACSTH

**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.) Part II

(a) Name, address, and EIN of related organization	<b>(b)</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	Section 5	g) 512(b)(13) rolled tity?
						Yes	No
(1) ST THOMAS MEDICAL CENTER WOMEN'S BOARD 34-6576575							
444 NORTH MAIN STREET AKRON, OH 44310	SUPPORT	OH	3	11-I	SACSTH		X
_(2)							
_(3)							
_(4)							
_(5)							
<u></u>							
_(7)							

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

Schedule R (Form 990) 2012

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Schedule R (Form 990) 2012

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)	partner?		(k) Percentage ownership
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,			Yes	No		Yes	No	
(1) OHIO SLEEP DISORDERS CENTER 34												
130 WEST EXCHANGE STREET	OFFICE PHYSIC	OH	SACSTH & SBH	RELATED	0	0		Х	0	Х		66.6700
(2) SUMMA REHAB HOSPITAL, LLC 27-1												
4550 LENA DRIVE	REHAB HOSPITA	OH	SACSTH	RELATED	7,915,911.	2,999,783.		Х	0	Х		52.0000
_(3)	_											
(4)												
(5)												
<u>(6)</u>												
<u>(7)</u>												

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percen- tage ownership	512( cont	(i) ction b)(13) rolled tity?
									Yes	No
(1) OHIO HEALTH CHOICE, INC.	34-1895396									i
525 EAST MARKET STREET AKRON, OH 44304-1619		PPO	OH	N/A	C CORP	2,466,445.	1,726,637.	80.0000	Х	<u> </u>
(2) SUMMA INSURANCE COMPANY, INC.	34-1809108									i
10 NORTH MAIN STREET AKRON, OH 44308		PROP/CAS. INS	OH	N/A	C CORP	203,193,552.	100,602,102.	99.0000	Х	<u> </u>
(3) SUMMA HEALTH SYSTEM CORP	34-1515252									i
525 EAST MARKET STREET AKRON, OH 44304-1619		MGMT SERVICES	OH	N/A	C CORP	1,793,000.	6,299,558.	100.0000	Х	<u> </u>
(4) WADSWORTH-RITTMAN PROF SERVICES CORP	01-0842997									
195 WADSWORTH ROAD WADSWORTH, OH 44281-9504		PROF. MED. SV	ОН	N/A	C CORP	0	14,319.	100.0000	Х	<u> </u>
(5) MIDDLEBURY ASSURANCE COMPANY	98-0405096									
PO BOX 1051 KY1-1102 GRAND CAYMAN, CAYMAN ISLANDS	CJ	SELF INSURANC	CJ	N/A	FOREIGN CORP	13,520,911.	63,349,154.	100.0000	Х	<u> </u>
(6) SUMMACARE, INC.	34-1726655									
525 EAST MARKET STREET AKRON, OH 44309		INSURANCE	OH	N/A	C CORP	283,292,947.	95,086,721.	100.0000	Х	<u>i</u>
(7) HEALTH CARE CENTER PHYSICIANS, INC	34-1692767									
525 EAST MARKET STREET AKRON, OH 44304-1619		INACTIVE	ОН	N/A	C CORP	0	0	100.0000	X	

Schedule R (Form 990) 2012

Schedule R (Form 990) 2012

Part III	Identification of Relate						nswered "Yes"	to Form	990, Part IV, li	ne 34
	because it had one or r	more related orga	nizations	s treated as a pa	artnership during the	tax year.)				
	(a)	(b)	(c)	(d)	(e)	(f)	(a)	(h)	(i)	(i)

(a) Name, address, and EIN of related organization	<b>(b)</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	
<u>(1)</u>												
<u>(2)</u>												
<u>(3)</u>												
<u>(4)</u>												
(5)												
<u>(6)</u>												
<u>(7)</u>												

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>(b)</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) Percen- tage ownership	512(b	i) etion b)(13) rolled ity?
									Yes	No
(1) SUMMA ACCOUNTABLE CARE ORGANIZATION	27-3857055									
525 EAST MARKET STREET AKRON, OH 44304		CONTRACTING	OH	N/A	C CORP	1,571,851.	809,665.	100.0000	Х	
(2) ARIS TELERADIOLOGY HOLDINGS, INC	45-3697866									
5655 HUDSON DRIVE HUDSON, OH 44236		RADIOLOGY SVC	DE	SACSTH	C CORP	7,839,849.	5,172,689.	57.9000		Х
(3) SUMMA MANAGEMENT SERVICES ORGANIZATION	46-1145832									
10 NORTH MAIN STREET AKRON, OH 44308		MGMT SERVICES	OH	SHS CORP	C CORP	0	0	100.0000	Х	
(4) SUMMA INTEGRATED SERVICES ORGANIZATION	46-1159251									
10 NORTH MAIN STREET AKRON, OH 44308		MGMT SERVICES	OH	SHS CORP	C CORP	4,174,077.	11,688,806.	100.0000	Х	
<u>(5)</u>										
<u>(6)</u>										_
(7)										

Schedule R (Form 990) 2012

Schedule R (Form 990) 2012

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

				Т
No	te. 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?			
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	X	
b	Gift, grant, or capital contribution to related organization(s)	1b		
С		1c	X	
d	Loans or loan guarantees to or for related organization(s)	1d		X
е	Loans or loan guarantees by related organization(s)	1e		X
£	Dividends from related erganization(s)	1f		X
١ ~	Dividends from related organization(s)	11		y x
g	Sale of assets to related organization(s)	19		V
h		1h		X
ı	Exchange of assets with related organization(s)			
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	Х	_
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	X	
m		1m	X	
n		1n		Х
0		10		Х
р	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		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 thres	sholds	s.	

	(a)  Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<u>(1)</u>	SUMMA REHAB HOSPITAL, LLC	A	1,950,772.	FMV
<u>(2)</u>	SUMMA AKRON CITY AND ST THOMAS HOSPITAL	В	166,654.	FMV
<u>(3)</u>	SUMMA FOUNDATION	В	2,043,958.	FMV
<u>(4)</u>	SUMMA FOUNDATION	В	137,500.	FMV
<u>(5)</u>	SUMMA FOUNDATION	С	166,654.	FMV
<u>(6)</u>	SUMMA AKRON CITY AND ST THOMAS HOSPITAL	С	2,043,958.	FMV

Schedule R (Form 990) 2012

Page 3

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

Not	e. 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?			
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		
		1b		
С		1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
е		1e		
f	Dividends from related organization(s)	1f		
g		1g		
h		1h		
i	Exchange of assets with related organization(s)	1i		
j		1j		
l,	Lagra of facilities, aguinment, or other access from related arganization(s)	1k		
ĸ	· · · · · · · · · · · · · · · · · · ·	1K 1I		
ı 	\/ \	_		
'n	· · · · · · · · · · · · · · · · · · ·	lm 1n		
n		10		
U	Sharing of paid employees with related diganization(s)			
р	Reimbursement paid to related organization(s) for expenses	1 p		
q		1q		
r	Other transfer of cash or property to related organization(s)	1r		
s		1s		

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

	(a)  Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	SUMMA BARBERTON CITIZENS HOSPITAL	С	137,500.	FMV
(2)	SUMMA PHYSICIANS, INC	J	2,943,261.	FMV
<u>(3)</u>	SUMMA PHYSICIANS, INC	J	219,754.	FMV
<u>(4)</u>	SUMMA PHYSICIANS, INC	J	135,241.	FMV
<u>(5)</u>	SUMMA AKRON CITY AND ST THOMAS HOSPITAL	К	2,943,261.	FMV
<u>(6)</u>	SUMMA BARBERTON CITIZENS HOSPITAL	K	219,754.	FMV

Schedule R (Form 990) 2012

ochedule It (i o	311 330) 2012
Part V	Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

No	te. 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?			
а	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		
С	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
е		1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
0	Sharing of paid employees with related organization(s)	10		
р		1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		_
s	Other transfer of cash or property from related organization(s)	<b>_1s</b>		
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 thres	holdsء	3.	

2	If the answer to any of the above is "Yes,	' see the instructions for information	on who must com	plete th	is line, including	covered relationship	os and transac	tion thresholds.

	(a)  Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	THE WADSWORTH-RITTMAN AREA HOSPITAL ASSN	K	135,241.	FMV
(2)	SUMMA AKRON CITY AND ST THOMAS HOSPITAL	L	43,255,651.	FMV
(3)	SUMMA BARBERTON CITIZENS HOSPITAL	L	6,984,824.	FMV
(4)	THE WADSWORTH-RITTMAN AREA HOSPITAL ASSN	L	1,556,716.	FMV
<u>(5)</u>	SUMMA INSURANCE COMPANY, INC	L	69,394,174.	FMV
<u>(6)</u>	SUMMA INSURANCE COMPANY, INC	L	10,655,542.	FMV

Schedule R (Form 990) 2012

Page 3

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

Not	e. 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?			
а	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		
С	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
е	Loans or loan guarantees by related organization(s)	1e		
		1f		
ı ~	Dividends from related organization(s)  Sale of accepts to related organization(s)			+
g h	Sale of assets to related organization(s)  Purchase of assets from related organization(s)	1g 1h		+
;	Purchase of assets from related organization(s)  Evaluation of assets with related organization(s)	1i		$\vdash$
'	Exchange of assets with related organization(s)  Lease of facilities, equipment, or other assets to related organization(s)	1i		$\vdash$
J	Lease of facilities, equipment, of other assets to related organization(s)	',		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
Ī	Performance of services or membership or fundraising solicitations for related organization(s)	11		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
0	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		$\perp$
s	Other transfer of cash or property from related organization(s)	1s		

2	If the answer to any of the above is "Y	Yes," see	the instructions for	information on who	must complete t	this line, includ	ing covere	ed relationships and transa	ection threshold	S.

2 If the answer to any of the above is Tes, see the instructions for information of who must complete this line, including covered relationships and transaction threshold								
	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved				
<u>(1)</u>	SUMMA INSURANCE COMPANY, INC	L	11,767,675.	FMV				
<u>(2)</u>	SUMMA INSURANCE COMPANY, INC	L	4,017,147.	FMV				
<u>(3)</u>	SUMMA HEALTH SYSTEM	M	532,644.	FMV				
<u>(4)</u>	SUMMA HEALTH SYSTEM	M	103,992.	FMV				
<u>(5)</u>	SUMMA HEALTH SYSTEM	M	83,211.	FMV				
<u>(6)</u>	SUMMA HEALTH SYSTEM	М	1,078,230.	FMV				

Schedule R (Form 990) 2012

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

Not	te. 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?			
а	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		
С	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
е	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		<u></u>
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		<u></u>
i	Exchange of assets with related organization(s)	1i		<u></u>
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		<u> </u>
k	\/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1k		<u> </u>
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		<u> </u>
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		<u> </u>
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
0	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	1р		<u></u>
q		1q		
r	(//////////////////////////////////////	1r		<u> </u>
s	Other transfer of cash or property from related organization(s)	1s		<u></u>

2	If the answer to any of the above is "Y	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-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	SUMMA PHYSICIANS, INC	М	43,255,651.	FMV
(2)	SUMMA PHYSICIANS, INC	М	6,984,824.	FMV
(3)	SUMMA PHYSICIANS, INC	М	1,556,716.	FMV
(4)	MIDDLEBURY ASSURANCE COMPANY	М	7,614,552.	FMV
<u>(5)</u>	MIDDLEBURY ASSURANCE COMPANY	М	1,900,318.	FMV
<u>(6)</u>	MIDDLEBURY ASSURANCE COMPANY	М	1,117,119.	FMV

Schedule R (Form 990) 2012

1	Transactions With Polated Organizations (Complete if the organization anguered "Voc" to Form 000, Part IV line 24, 25h, or 26 \	Dorf V
.)	<b>AVAINTAGE FOR THE PROPERTY OF A SECOND PROPERTY OF</b>	Faitv
)	Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)	Part V

No	te. 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?			
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		
b		1b		
С		1c		
d		1d		
е		1e		
f	Dividends from related organization(s)	1f	'	
g	Sale of assets to related organization(s)	1g		
h		1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	!	
I	Performance of services or membership or fundraising solicitations for related organization(s)	11		
m		1m		
n		1n		
0	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	1р	!	
q		1q		
r	Other transfer of cash or property to related organization(s)	1r	L '	
s	Other transfer of cash or property from related organization(s)	1s		
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 thres	shold	s.	

2	If the answer to any of the above is "Yes,	' see the instructions for information	on who must com	plete th	is line, including	covered relationship	os and transac	tion thresholds.

	(a)  Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	MIDDLEBURY ASSURANCE COMPANY	М	304,495.	FMV
(2)	SUMMA INSURANCE COMPANY, INC	М	1,236,026.	FMV
<u>(3)</u>	SUMMA INSURANCE COMPANY, INC	М	255,912.	FMV
(4)	SUMMA INSURANCE COMPANY, INC	М	125,877.	FMV
<u>(5)</u>	SUMMACARE, INC	М	1,826,492.	FMV
<u>(6)</u>	SUMMA AKRON CITY AND ST THOMAS HOSPITAL	Р	6,765,955.	FMV

Schedule R (Form 990) 2012

Sched	ule R (Form 990) 2012					Page 3
Pa	rt V Transactions With Related Organizations (Complete if the organization answered "You	es" to Form 990, Pa	rt IV, line 34, 35b, or 36.)			
Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Y	es No
1	During the tax year, did the organization engage in any of the following transactions with one or more re-					
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			Ľ	1a	
b	Gift, grant, or capital contribution to related organization(s)			7	1 b	
С	Gift, grant, or capital contribution from related organization(s)				1 c	
d	Loans or loan guarantees to or for related organization(s)				1 d	
е	Loans or loan guarantees by related organization(s)				1 e	
f	Dividends from related organization(s)			7	1f	
q	Sale of assets to related organization(s)				1 g	
h	Purchase of assets from related organization(s)				1h	
i	Exchange of assets with related organization(s)				1i	
i	Lease of facilities, equipment, or other assets to related organization(s)				1j	
,	25000 0. 10000, 040					
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	
ı	Performance of services or membership or fundraising solicitations for related organization(s)			· · · · ·	11	+
m.	Performance of services or membership or fundraising solicitations by related organization(s)				m	+
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			· · · · · ·   ;	1n	_
- "	Sharing of naid employees with related organization(s)			· · · · · ·  -;	10	+
U	Sharing of paid employees with related organization(s)				10	
	Deimburgement paid to related argenization(s) for expenses				1 p	
þ	Reimbursement paid to related organization(s) for expenses  Reimbursement paid by related organization(s) for expenses					+
q	Reimbursement paid by related organization(s) for expenses				1q	
_	Other transfer of each or property to related argonization(a)				4	
r	Other transfer of cash or property to related organization(s)			· · · · · -	1r	+
<u>s</u>	Other transfer of cash or property from related organization(s)				1s	
2	(a)	(b)			oias. d)	
	Name of other organization	Transaction	(c) Amount involved	Method of		nining
		type (a-s)		amount	involve	ed
(1)	SUMMA FOUNDATION	Q	6,765,955.	FMV		
(1)	DOTALI I GOLDIII ON	<u> </u>	0,703,733.	1111		
(2)						
<u>(2)</u>						
(2)						
<u>(3)</u>						
(4)						
<u>(4)</u>						
<b>(5)</b>						
(5)						

(6) JSA

Schedule R (Form 990) 2012

## 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.

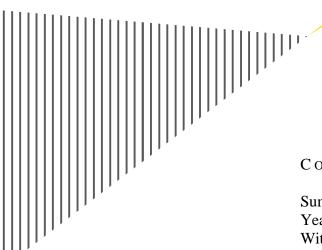
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec 501	(e) (f) I partners cction Share of total income izations?		(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging ner?	(k) Percentage ownership
			section 512-514)	Yes	No			Yes	No	(1 01111 1003)	Yes	No	
(1) CRYSTAL CLINIC ORTHOPAEDIC _ 26-1130649 3925 EMBASSY PA AKRON, OH 44333	ORTHO HOSPITAL	ОН	RELATED		Х	54,657,515.	21,004,751.		Х	0		х	.496500
(2) SUMMA WESTERN RESERVE HOSP 26-3536780 1900 23RD STREE CUYAHOGA FALLS, OH 44223	HOSPITAL	ОН	RELATED		Х	46,889,200.	9,742,292.		Х	0		х	.400000
(3)													
<u>(4)</u>													
(5)													
<u>(6)</u>													
(7)													
(8)													
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(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													
•	1	1	1								·		n 000\ 2012

Schedule R (Form 990) 2012

Schedule R (Form 990) 2012 Page **5** 

## Part VII Supplemental Information

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



CONSOLIDATED FINANCIAL STATEMENTS

Summa Health System and Subsidiaries Years Ended December 31, 2012 and 2011 With Report of Independent Auditors

Ernst & Young LLP



## Consolidated Financial Statements

Years Ended December 31, 2012 and 2011

## **Contents**

Report of Independent Auditors	1
Audited Consolidated Financial Statements	
Consolidated Statements of Financial Position.	2
Consolidated Statements of Operations and Changes in Net Assets	4
Consolidated Statements of Cash Flows	
Notes to Consolidated Financial Statements	7



Ernst & Young LLP

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## Report of Independent Auditors

The Board of Directors Summa Health System

We have audited the accompanying consolidated financial statements of Summa Health System and Subsidiaries, which comprise the consolidated statements of financial position as of December 31, 2012 and 2011, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

#### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

#### **Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

## **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Summa Health System and Subsidiaries at December 31, 2012 and 2011, and the consolidated results of their operations and their cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

Ernst + Young LLP

April 23, 2013

# Consolidated Statements of Financial Position (In Thousands)

	December 31			
		2012		2011
Assets				
Current assets:				
Cash and cash equivalents	\$	242,075	\$	201,093
Assets whose use is limited		5,109		4,675
Investments		11,099		13,290
Patient accounts receivable, net of allowance for doubtful				
accounts of \$41,515 in 2012 and \$38,103 in 2011		135,476		130,172
Premiums receivable		1,060		1,014
Other receivables		39,285		35,646
Inventories		13,679		12,032
Prepaid expenses and other		13,997		13,445
Total current assets		461,780		411,367
Assets whose use is limited: Board designated:				
Foundation investments		38,850		31,738
Under bond indenture and other agreements		52,623		86,397
Under self-insurance funding requirements		65,630		61,484
Restricted by donors		30,965		30,384
Total assets whose use is limited		188,068		210,003
Less assets whose use is limited – required for				
current liabilities		(5,109)		(4,675)
Noncurrent assets whose use is limited		182,959		205,328
Contributions receivable, net		5,665		6,034
Property and equipment, net		475,352		456,338
Investments		161,499		156,000
Other assets		55,530		57,024
		698,046		675,396
Total assets	\$	1,342,785	\$	1,292,091

2 1301-1016312

	December 31				
		2012		2011	
Liabilities and net assets					
Current liabilities:					
Current portion of long-term debt	\$	6,615	\$	6,561	
Current portion of capital lease obligation		4,321		3,729	
Borrowings under line of credit		545		_	
Accounts payable		53,930		51,854	
Accrued salaries, wages, and benefits		58,361		54,266	
Medical claims payable		30,325		25,440	
Unearned premium revenue		9,402		9,421	
Current portion of malpractice liability		8,626		8,679	
Due to third-party payors		3,492		2,593	
Other current liabilities		22,113		26,020	
Total current liabilities		197,730		188,563	
Noncurrent liabilities:					
Accrued pension		53,781		49,808	
Estimated malpractice liability		32,080		31,483	
Long-term debt, net of current portion		376,257		384,920	
Capital lease obligation, net of current portion		58,327		43,828	
Accrued postretirement benefits		1,378		1,480	
Other noncurrent liabilities		28,224		53,198	
Total liabilities		747,777		753,280	
Net assets:					
Unrestricted		553,859		499,584	
Noncontrolling ownership interest in subsidiaries		1,677		1,828	
Temporarily restricted		22,365		21,142	
Permanently restricted		17,107		16,257	
Total net assets		595,008		538,811	
Total liabilities and net assets	\$	1,342,785	\$	1,292,091	

See accompanying notes.

# Consolidated Statements of Operations and Changes in Net Assets (In Thousands)

	Year Ended I 2012			December 31 2011		
Unrestricted revenues, gains, and other support:						
Net patient service revenue	\$	886,062	\$	866,675		
Provision for doubtful accounts		(97,693)		(82,780)		
Net patient service revenue less provision for						
doubtful accounts		788,369		783,895		
Premiums earned		458,310		433,478		
Other operating revenue		112,467		73,869		
Total unrestricted revenues, gains, and other support	-	1,359,146		1,291,242		
Expenses:						
Salaries and wages		445,783		427,961		
Employee benefits		88,710		78,571		
Health care claims		298,667		273,297		
Materials and supplies		229,303		208,172		
Contracts and professional fees		204,957		204,109		
Depreciation and amortization		53,839		46,447		
Interest		20,366		21,246		
Total expenses		1,341,625		1,259,803		
Operating income		17,521		31,439		
Other income (expense):						
Investment income		21,263		13,255		
Unrealized gain (loss) on trading securities		13,409		(5,390)		
Derivative instrument losses		(1,108)		(9,188)		
Provision for income tax		(1,152)		(2,435)		
Loss on extinguishment of debt		(889)		_		
Venture income		7,153		12,773		
Total other income		38,676		9,015		
Excess of revenues over expenses		56,197		40,454		

# Consolidated Statements of Operations and Changes in Net Assets (continued) (In Thousands)

	<b>Year Ended December 31</b>					
		2012	2011			
Unrestricted net assets:			_			
Excess of revenues over expenses	\$	<b>56,197</b> \$	40,454			
Change in net unrealized gain on other than						
trading investments		(337)	1,853			
Pension adjustment		(8,499)	(17,941)			
Postretirement benefit adjustment		<b>(174)</b>	(131)			
Net assets released from restrictions for capital		2,144	248			
Other		4,944	(2,152)			
Increase in unrestricted net assets		54,275	22,331			
Noncontrolling interest in subsidiaries:						
(Decrease) increase in interest in subsidiaries		(151)	156			
Temporarily restricted net assets:						
Income (loss) on investments		1,813	(334)			
Contributions and other, net		5,324	4,735			
Change in donor designation		_	11			
Net assets released from restrictions for						
operations and capital		(5,914)	(3,063)			
Increase in temporarily restricted net assets		1,223	1,349			
Permanently restricted net assets:						
Contributions and other, net		371	65			
Change in trust value		479	153			
Increase in permanently restricted net assets		850	218			
Increase in net assets		56,197	24,054			
Net assets at beginning of year	_	538,811	514,757			
Net assets at end of year	\$	595,008 \$	538,811			

See accompanying notes.

# Consolidated Statements of Cash Flows (In Thousands)

		Year Ended December 31			
		2012		2011	
Operating activities					
Increase in net assets	\$	56,197	\$	24,054	
Adjustments to reconcile increase in net assets to net cash					
provided by operating activities:					
Change in noncontrolling interest in subsidiaries		151		(156)	
Net unrealized loss (gain) on investments		(14,203)		4,430	
Net (gain) loss on disposal of fixed assets		(254)		_	
Undistributed equity earnings from unconsolidated affiliates		(1,676)		(10,668)	
Depreciation and amortization		53,839		46,447	
Provision for doubtful accounts		97,693		82,780	
Pension adjustment		8,499		17,941	
Postretirement benefit adjustment		174		131	
Loss on extinguishment of debt		889			
Change in value of derivative instruments		(979)		7,454	
Restricted contributions and other		(6,166)		(4,964)	
Changes in operating assets and liabilities:					
Patient accounts receivable		(102,997)		(95,697)	
Premiums receivable		(46)		194	
Other receivables		(3,639)		(7,566)	
Prepaid and other assets		1,431		3,302	
Accounts payable		6,171		6,328	
Medical claims payable		4,885		(1,929)	
Due to (from) third-party payors		899		5,735	
Unearned premium revenue		(19)		1,314	
Other current liabilities		(3,960)		(2,308)	
Other long-term liabilities		(11,270)		(11,076)	
Net cash provided by operating activities		85,619		65,746	
Investing activities					
Expenditures for property and equipment		(70,193)		(72,497)	
Proceeds from sale of investments		248,238		145,376	
Purchase of investments		(215,408)		(129,645)	
Net cash used in investing activities		(37,363)		(56,766)	
Financing activities					
Proceeds from line of credit borrowings		13,325		_	
Repayments of line of credit borrowings		(12,780)		(12,914)	
Proceeds from long-term debt issuance		32,510		_	
Repayments of short and long-term debt and capital lease obligations		(46,191)		(10,947)	
Debt issuance cost		(304)		_	
Restricted investment income		6,166		4,964	
Net cash used in financing activities		(7,274)		(18,897)	
Net increase (decrease) in cash and cash equivalents		40,982		(9,917)	
Cash and cash equivalents at beginning of year	Φ.	201,093	Φ.	211,010	
Cash and cash equivalents at end of year		242,075	\$	201,093	
Supplemental cash flow information					
Cash paid for interest, net of \$1,323 and \$1,857 capitalized in	d	21 100	¢	20 101	
2012 and 2011, respectively	\$	21,108	\$	20,191	
Cash paid for income taxes	\$	1,035	\$	6,865	
Noncash capital transactions	<u> </u>	1,965	\$		

See accompanying notes.

Notes to Consolidated Financial Statements (In Thousands of Dollars)

December 31, 2012 and 2011

#### 1. Organization and Basis of Presentation

Summa Health System and Subsidiaries (the System), located in Akron, Ohio, is a nonprofit integrated health care delivery system and is a provider of health services and health insurance to communities in Northeast Ohio. Summa Health System (SHS) serves as the parent of Summa Akron City and St. Thomas Hospitals (SAC/STH), Summa Insurance Company, Inc. and Subsidiaries (SIC), Summa Health Network (SHN), Summa Physicians, Inc. (SPI), Summa Cuyahoga Falls General Hospital and affiliates (SCFGH), Summa Barberton Hospital (SBH), Summa Wadsworth Rittman Hospital (SWH), Middlebury Assurance Company (MAC), Summa Enterprise Group (SEG), Summa Foundation (SF), and Summa Health System Corporation and subsidiaries (SHSC). SHSC is the parent of an affiliated group of for-profit corporations, including SIC. SHS has a wholly owned, nonprofit, federally taxable subsidiary, Summa Accountable Care Organization (d/b/a NewHealth Collaborative (NHC)), which began operations in 2011. NHC integrates and aligns health care providers to simultaneously improve quality, satisfaction, and efficiency and reduce the total cost of care.

SHS has an 80% ownership interest in Ohio Health Choice, Inc. (OHC). SHS has a 52% controlling interest in a for-profit rehabilitation hospital, Summa Rehab Hospital, LLC (SRH). The System controls OHC and SRH, and thus these entities are included on a consolidated basis, with noncontrolling interests considered.

#### **Basis of Presentation**

The consolidated financial statements include the accounts of the System as described above. All significant intercompany balances and transactions have been eliminated in consolidation.

Notes to Consolidated Financial Statements (continued)
(In Thousands of Dollars)

### 2. Accounting Policies

### **Recent Accounting Pronouncement**

In May 2011, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2011-04 to amend the requirement for measuring and disclosing information about fair value that results in common principles between U.S. generally accepted accounting principles and International Financial Reporting Standards. The new amendments clarify the Board's intent about the application of existing fair value measurement and disclosure requirements and change particular principles and requirements for measuring or disclosing information about fair value. Principles changed include measuring fair value of financial instruments that are managed within a portfolio, application of premiums and discounts in the fair value measurement, and additional disclosures about fair value measurements. The standard became effective for the System for annual reporting periods beginning after December 15, 2011. The System adopted the provisions of this standard on January 1, 2012. The adoption had no impact on previously reported excess of revenues over expenses or net assets.

#### **Income Taxes**

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. SIC, together with affiliates of SHSC, file a consolidated federal income tax return in accordance with a tax-sharing agreement dated January 1, 2010. The entities utilize a consolidated approach to the allocation of federal income taxes, whereas SHSC's tax-sharing agreement with its subsidiaries allows it to make certain code elections in its consolidated federal tax return. In the event such code elections are made, any benefit or liability is the responsibility of SHSC and is accrued and paid by the participating subsidiaries. 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 on deferred tax assets and liabilities of a change in tax rates is recognized in income in the period that includes the enactment date.

Notes to Consolidated Financial Statements (continued) (In Thousands of Dollars)

### 2. Accounting Policies (continued)

The System recognizes interest income, interest expense, and penalties related to uncertain tax positions within the provision for income tax.

#### **Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the amounts reported in the consolidated financial statements. Actual results could differ from those estimates.

### **Cash and Cash Equivalents**

The System considers all highly liquid investments purchased with original maturities of three months or less, excluding amounts limited as to use by donor or board designation or other arrangements under various trust agreements, to be cash and cash equivalents.

#### **Investments and Investment Income**

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the accompanying consolidated statements of financial position.

Investment income, including interest, dividends, and unrealized and realized gains and losses on investments classified as trading, as well as alternative investments, are reported as other income (expense) in the accompanying consolidated statements of operations and changes in net assets, unless designated by donor restrictions in which case the amounts are classified as increases in temporarily restricted net assets. Realized gains and losses are determined by comparison of the actual cost to the proceeds at the time of disposition. Realized gains and losses are recognized using the average cost method. Unrealized gains and losses on available-for-sale investments are excluded from the determination of excess of revenues over expenses unless the unrealized losses are considered other-than-temporary. Earnings on permanently restricted investments are recorded as investment income in temporarily restricted net assets and subsequently used in accordance with the donor's designation.

Notes to Consolidated Financial Statements (continued)
(In Thousands of Dollars)

### 2. Accounting Policies (continued)

Management regularly reviews its investment portfolio to evaluate the necessity of recording other-than-temporary impairments for declines in the fair value of other-than-trading investments. A number of criteria are considered during this process, including, but not limited to, the current fair value as compared to amortized cost or cost, as appropriate, of the investment, the length of time the investment's fair value has been below amortized cost or cost, as appropriate, and by how much, specific credit issues related to the issuer, current economic conditions and management's ability and intent to hold the securities until maturity or recovery. Impairments are included in realized gains and losses in investment income. Based on management's evaluation and the System's ability and intent to hold these investments for a reasonable period of time sufficient for a recovery of fair value, there were no other-than-temporary impairment losses recorded in 2012 and 2011.

#### **Alternative Investments**

Alternative investments include traditional hedge and private equity funds that invest in fund of funds and real estate. The System's alternative investments are reported using the equity method of accounting based on net asset value provided by the respective partnership. Generally, the equity method investment balance of the System's holding in alternative investments reflects net contributions to the partnerships and the System's share of the realized and unrealized investment income and expenses. The equity value of the System's alternative investments are not readily determinable and may include short sales on securities and trading in future contracts, options, foreign currency contracts, other derivative instruments and private equity investments. The recorded value is based on valuations provided by the general partner and are based on historical cost, appraisals or other valuation estimates that require varying degrees of judgment. Alternative investments can be divested only at specified times in accordance with the terms of the partnership agreements. Because these investments are not readily marketable, their estimated value is subject to uncertainty and, therefore, may differ from the value that would have been used had a ready market for such investments existed. The System's risk is limited to its carrying value.

## Notes to Consolidated Financial Statements (continued) (In Thousands of Dollars)

### 2. Accounting Policies (continued)

#### **Fair Value Measurements**

Fair value measurements are defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date and establishes a framework for measuring fair value. Authoritative guidance establishes a three-level hierarchy for fair value measurements based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date.

The framework for measuring fair value is comprised of a three-level hierarchy for disclosure of fair value measurements. The valuation hierarchy is based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date. The three levels are defined as follows:

- Level 1 inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets.
- Level 2 inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.
- Level 3 inputs to the valuation methodology are unobservable and significant to the fair value measurement.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

#### **Inventories**

Inventories consist principally of pharmaceuticals and operating supplies. Operating supplies are stated at the lower of cost (determined by the first-in, first-out method) or market. Pharmaceuticals are stated at average cost.

## Notes to Consolidated Financial Statements (continued) (In Thousands of Dollars)

### 2. Accounting Policies (continued)

#### **Assets Whose Use Is Limited**

Assets whose use is limited includes assets designated for the Foundation, bond indenture and other agreements, self-insurance and assets temporarily and permanently restricted by donors. Amounts required to meet current liabilities of the System have been classified as current assets in the accompanying consolidated statements of financial position.

## **Property and Equipment**

Property and equipment are reported at cost if purchased or fair value at date received if donated. Maintenance and repairs are charged to expense as incurred. Renewals and betterments, which extend the useful lives of assets, are capitalized. At the time property and equipment are retired or otherwise disposed of, the cost thereof and the accumulated depreciation are adjusted, and any profit or loss on disposition is credited or charged to operations.

Depreciation, including amortization of capital leased assets, of property and equipment is provided on the straight-line basis. Depreciation is based on the estimated useful lives of the assets. Building and improvements are depreciated over estimated useful lives ranging generally from 5 to 40 years. Estimated useful lives of equipment vary generally from 3 to 15 years.

Amortization of equipment capitalized under lease obligations is based on the term of the lease or estimated useful life of the asset, whichever is shorter.

Interest cost incurred on borrowed funds during the period of construction of a long-lived asset is capitalized as a component of the cost of constructing or acquiring those assets. The System recorded \$1,323 and \$1,857 of capitalized interest during 2012 and 2011, respectively.

#### **Impairment of Long-Lived Assets**

The System evaluates the recoverability of long-lived assets and the related estimated remaining lives at each consolidated statement of financial position date. The System records an impairment charge whenever events or changes in circumstances indicate that the amount may not be recoverable or the useful life has changed. In 2012, the System recorded an impairment charge of \$4,916 as a component of depreciation and amortization expense in the consolidated statements of operations and changes in net assets related to a change in the scope of a capital project.

## Notes to Consolidated Financial Statements (continued) (In Thousands of Dollars)

### 2. Accounting Policies (continued)

### **Asset Retirement Obligations**

The fair value of legal obligations to perform asset retirement obligations are estimated and recorded. The System recognizes a liability for the fair value of a conditional asset retirement obligation if the fair value can be reasonably estimated.

#### **Bond Issuance Costs**

Financing and issuance costs related to long-term debt are capitalized in long-term other assets in the accompanying consolidated statements of financial position and amortized over the period during which the debt is outstanding using the straight-line method. Unamortized bond issuance costs at December 31, 2012 and 2011 are \$6,443 and \$6,498, respectively.

## **Malpractice Costs**

The System manages its professional and general liability insurance program through a captive insurance arrangement.

In the ordinary course of business, professional and general liability claims have been asserted against the System by various claimants. These claims are in various stages of processing or, in certain instances, are in litigation. In addition, there are known incidents, and there also may be unknown incidents, which may result in the assertion of additional claims. The System has accrued its best undiscounted estimate of both asserted and unasserted claims based on actuarially determined amounts. These estimates are subject to the effects of trends in loss severity and frequency and the ultimate settlement of professional and general liability claims may vary significantly from the estimated amounts.

The System owns MAC, a wholly owned captive insurance subsidiary, to cover the majority of its professional and general liability. The System also maintains a malpractice trust fund totaling \$12,878 and \$11,791 at December 31, 2012 and 2011, respectively. MAC was incorporated as an exempted company under the Companies Law of the Cayman Islands on February 26, 2003 and holds an Unrestricted Class 'B' Insurer's license under Section 4(2) of the Cayman Islands Insurance Law. This license allows MAC to transact insurance business other than domestic business from within the Cayman Islands.

Notes to Consolidated Financial Statements (continued)
(In Thousands of Dollars)

### 2. Accounting Policies (continued)

The System purchases excess professional and general liability insurance coverage from a third-party insurer for \$50,000 over the self-insurance amount of \$8,000 per occurrence and \$24,000 in aggregate. Prior to June 1, 2012, the professional and general liability insurance coverage limit was \$50,000 over the self-insurance amount of \$7,500 per occurrence and \$24,000 in aggregate.

The excess coverage does not provide coverage for claims for punitive damages; therefore, the System remains fully liable for such potential losses. Annual costs associated with estimated malpractice costs are charged to operations based upon actual and estimated claims. The portion estimated to be paid during the next year is included in current liabilities. The estimate for incurred but not reported self-insured claims is based on actuarial projections of costs using historical claims paid data. Estimates are continually monitored and reviewed and, as settlements are made or estimates adjusted, differences are reflected in current operations. Given the inherent variability of such estimates, the actual liability could differ significantly from the amounts provided. While the ultimate payments for self-insured claims are dependent on future developments, management is of the opinion that the reserve for self-insured risks is adequate.

#### **Net Patient Service Revenue and Patient Accounts Receivable**

The System grants equal access for health services to all members of the community regardless of financial status. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, public programs, or others. It is the System's policy to bill for, and pursue collection of, all services rendered. An estimated provision for doubtful accounts is recorded that results in net patient service revenue being reported at the net amount expected to be received. The System has determined, based on an assessment at the consolidated level, that patient service revenue is primarily recorded prior to assessing the patient's ability to pay and as such, the entire provision for doubtful accounts related to patient revenue is recorded as a deduction from patient service revenue in the accompanying consolidated statements of operations and changes in net assets. At the point in time that a charge is believed to be uncollectible, the related receivable is written off as a doubtful account.

Notes to Consolidated Financial Statements (continued)
(In Thousands of Dollars)

### 2. Accounting Policies (continued)

The System maintains an allowance for doubtful accounts based on the expected collectibility of patient accounts receivable. The provision for doubtful accounts is based upon management's assessment of historical and expected net collections considering historical business and economic conditions, trends in health care coverages, and other collection indicators. Periodically through the year, management assesses the adequacy of the allowance for doubtful accounts based upon historical write-off experience by payor category. The results of this review are then used to make modifications to the provision for doubtful accounts to establish an appropriate allowance for the uncollectible receivables. After satisfaction of amounts due from insurance, the System follows established guidelines for placing certain past due patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by the System.

Estimates of retroactive adjustments under reimbursement agreements with third-party payors are accrued in the period the related services are rendered and adjusted in future periods as adjustments become known or as years are no longer subject to audits, reviews, and investigations.

#### **Charity Care**

The System provides care to all patients, regardless of their ability to pay, which includes patients who qualify for charity services under the System's charity care policy. Charity services are defined as those for which patients have the obligation and willingness to pay but do not have the ability to do so. The cost of charity care provided in 2012 and 2011 was \$38,262 and \$38,500, respectively. The System estimated these costs by calculating a ratio of gross charges associated with charity patients to gross charges to all patients then applying that ratio to net costs of providing care.

The System participates in the Hospital Care Assurance Program (HCAP). Ohio created HCAP to financially support those hospitals that service a disproportionate share of low-income patients unable to pay for care. HCAP assists in funding medically necessary hospital services for patients whose family income is at or below the federal poverty level, which includes Medicaid patients and patients without health insurance. The System recorded HCAP revenues of \$9,795 and \$10,057 for the years ended December 31, 2012 and 2011, respectively, which is included in net patient service revenue in the accompanying consolidated statements of operations and changes in net assets.

Notes to Consolidated Financial Statements (continued)
(In Thousands of Dollars)

## 2. Accounting Policies (continued)

### **Electronic Health Record Incentive Program**

The Centers for Medicare & Medicaid Services (CMS) have implemented provisions of the American Recovery and Reinvestment Act of 2009 that provide incentive payments for the meaningful use of certified electronic health record (EHR) technology. CMS has defined meaningful use as meeting certain objectives and reporting clinical quality measures based on current and updated technology capabilities over predetermined reporting periods as established by CMS. The Medicare EHR incentive program provides annual incentive payments to eligible professionals, acute care hospitals, and critical access hospitals, as defined, that are "meaningful users" of EHR technology. The Medicaid EHR incentive program provides annual incentive payments to eligible professionals and hospitals for efforts to adopt, implement, and use meaningfully use certified EHR technology. The System utilizes a grant accounting model to recognize EHR incentive revenues. The System records EHR revenue ratably throughout the incentive reporting period when it is reasonably assured that it will meet the meaningful use objectives for the required reporting period and that the grants will be received. The EHR reporting period for hospitals is based on the federal fiscal year, which runs from October 1 through September 30. In 2012 and 2011, the System recorded EHR incentive revenues of \$10,421 and \$6,144, comprised of \$8,742 and \$4,987 of Medicare revenues and \$1,679 and \$1,157 of Medicaid revenues, respectively. EHR incentive revenues are included in other operating revenue in the accompanying consolidated statements of operations and changes in net assets. EHR incentive receivables from Medicare, which are included in other current assets on the consolidated statement of financial position, were \$741 and \$670 at December 31, 2012 and 2011, respectively.

#### **Premium Revenue and Receivables**

Premiums earned include premiums from employer groups, individuals, and Medicare. Medicare revenue includes premiums based on predetermined prepaid rates under Medicare risk contracts. Premiums are recognized in the month in which the members are entitled to health care services. Premiums collected in advance are deferred and recorded as unearned premium revenue. Premium deficiency losses are recognized when it is probable that expected future claim expenses will exceed future premiums on existing health and other insurance contracts. For purposes of premium deficiency losses, contracts are grouped in a manner consistent with the System's method of acquiring, servicing, and measuring the profitability of such contracts. The System evaluated the need for a premium deficiency reserve and recorded a reserve of \$1,100 at December 31, 2012. No reserve was required at December 31, 2011.

Notes to Consolidated Financial Statements (continued)
(In Thousands of Dollars)

## 2. Accounting Policies (continued)

Premiums receivable represent amounts due from members but currently uncollected by the System, including employer groups, individuals, and the Medicare programs.

### **Health Care Claims Expense and Services Cost Recognition**

The cost of health care services is recognized in the period in which services are provided. Health care expenses also include an estimate of the cost of services provided to SIC members by third-party providers, which have been incurred but not reported to SIC. The estimate for incurred but not reported claims is based on actuarial projections of costs using historical paid claims data. Estimates are continually monitored and reviewed and, as settlements are made or estimates adjusted, differences are reflected in current operations. Such estimates are subject to the impact of changes in the regulatory environment and economic conditions. Given the inherent variability of such estimates, the actual liability could differ significantly from the amounts provided. While the ultimate amount of claims paid is dependent on future developments, management is of the opinion that the reserves for claims are a reasonable provision to cover such claims.

Health care costs representing medical services performed by other System entities are eliminated in consolidation.

## Notes to Consolidated Financial Statements (continued) (In Thousands of Dollars)

## 2. Accounting Policies (continued)

Activity in medical claims payable is summarized as follows:

	<b>Year Ended December 31</b>					
		2012		2011		
Balance at January 1 Provision for claims incurred in:	\$	25,440	\$	27,369		
Current year		300,775		275,204		
Prior years		1,661		(2,455)		
Total incurred		302,436		272,749		
Claims paid related to:						
Current year		270,473		249,769		
Prior years		27,078		24,909		
Total paid		297,551		274,678		
Balance at December 31	\$	30,325	\$	25,440		

#### **Reinsurance (Stop-Loss Insurance)**

Reinsurance premiums are recorded as a reduction in premiums earned. Reinsurance recoveries are recorded as a reduction of health care claims expense.

#### **Beneficial Interest in Perpetual Trust**

The System has received gifts of beneficial interests in trusts held by bank trustees. Under the terms of the trusts, the System has the irrevocable right to receive the income earned on the trust assets in perpetuity, but never receives the assets held in trust. Annual distributions from the trusts are reported as investment income and classified as temporarily restricted based upon the donor designation. The beneficial interests in perpetual trusts are reported at the System's pro rata share of the fair value of the assets and are included in other assets in the accompanying consolidated statements of financial position, with the change in fair value reported as an increase or decrease in permanently restricted net assets.

Notes to Consolidated Financial Statements (continued) (In Thousands of Dollars)

### 2. Accounting Policies (continued)

#### **Net Asset Categories**

Unrestricted net assets are those that are free of donor-imposed restriction, and include all revenue, expenses, gains, and losses that do not relate to temporarily or permanently restricted net assets. Temporarily restricted net assets are those whose use has been limited by donors to a specific time period or purpose. Permanently restricted net assets are those restricted by donors to be maintained in perpetuity, the income from which is included in investment income of temporarily restricted net assets until appropriated in accordance with donor intentions.

#### **Excess of Revenues Over Expenses**

The accompanying consolidated statements of operations and changes in net assets include excess of revenues over expenses, which is the System's performance indicator. Changes in unrestricted net assets, which are excluded from excess of revenues over expenses, consistent with industry practice, include unrealized gains and losses on other-than-trading investments (unless the unrealized loss is considered other-than-temporary), contributions of long-lived assets (including assets acquired using contributions, which by donor restriction were to be used for the purposes of acquiring such assets), and pension and postretirement benefit adjustments.

#### **Gifts and Contributions**

Unconditional donor pledges to give cash and other assets are reported at fair value at the date the promise is made. Conditional donor pledges to give and indications of intentions to give are not recognized until the condition is satisfied. Gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are transferred as unrestricted net assets and reported in the accompanying consolidated statements of operations and changes in net assets as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are classified within other operating revenue.

No amounts have been reflected in the consolidated financial statements for donated services. The System pays for most services requiring specific expertise. However, many individuals volunteer their time and perform a variety of tasks that assist the System with various programs.

Notes to Consolidated Financial Statements (continued)
(In Thousands of Dollars)

## 2. Accounting Policies (continued)

Gifts of long-lived assets such as land, buildings, or equipment are reported as an addition to unrestricted net assets unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as contributions and other or as an addition to temporarily restricted net assets in the accompanying consolidated statements of operations and changes in net assets. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

#### **Concentration of Credit Risk**

The System's concentration of credit risk relating to patient accounts receivable is limited by the diversity and number of the System's patients and payors. Patient accounts receivable consist of amounts due from governmental programs, commercial insurance companies, private-pay patients, and other group insurance programs. The composition of net accounts receivable from patients and third-party payors were as follows:

Decem	December 31			
2012	2011			
50%	50%			
14	17			
9	8			
23	21			
4	4			
100%	100%			
	50% 14 9 23 4			

The System invests in highly-rated financial instruments, including time deposits, U.S. treasuries, U.S. government obligations, common and preferred stocks, and income and stock funds. With the exception of U.S. treasuries, there is no significant concentration in one investment or group of similar investments.

Notes to Consolidated Financial Statements (continued)
(In Thousands of Dollars)

### 2. Accounting Policies (continued)

#### **Physician Loans and Guarantees**

Physician loans and income guarantees are made based on an analysis of community need for practice support, recruitment, and educational support. These arrangements vary by physician and include provisions for repayment and for forgiveness based upon the physician meeting certain service or other contractual criteria. The System has recorded physician loans of \$730 and \$772, with an allowance of \$480 and \$531 at December 31, 2012 and 2011, respectively. The System has recorded income guarantees of \$2,778 and \$4,081 at December 31, 2012 and 2011, respectively. Physician loans and guarantees are recorded in long-term other assets in the consolidated statements of financial position.

## **Interest Rate Swaps**

Interest rate swaps are recognized as liabilities in the accompanying consolidated statements of financial position at fair value. Interest rate swaps are not being accounted for as hedge transactions. Therefore, the changes in fair value are recorded as derivative instrument losses in the accompanying consolidated statements of operations and changes in net assets.

Interest rate swap agreements are used as part of the System's program to manage the fixed and floating interest rate mix of the System's total debt portfolio and related overall cost of borrowing. The interest rate swap agreements involve the periodic exchange of payments without the exchange of the notional amount upon which the payments are based. The related amount payable to counterparties is included in other noncurrent liabilities in the accompanying consolidated statements of financial position.

#### Reclassifications

Certain amounts included in the 2011 consolidated financial statements have been reclassified to conform to the 2012 presentation. The reclassifications had no impact on total net assets or the excess of revenues over expenses.

# Notes to Consolidated Financial Statements (continued) (In Thousands of Dollars)

#### 3. Investments and Assets Whose Use Is Limited

Investments and assets whose use is limited by category of securities are as follows:

	December 31					
		2012		2011		
Cash and cash equivalents	\$	4,127	\$	6,417		
Money market funds		47,142		20,381		
Repurchase agreement		_		58,841		
Fixed income securities:						
U.S. treasuries		84,477		80,397		
U.S. government obligations		50,221		52,927		
U.S. corporate		11,241		9,939		
Common and preferred stocks:						
U.S.		9,539		17,660		
Foreign		36,687		30,360		
Fixed income fund		66,408		55,514		
U.S. common stock fund		28,169		26,748		
Real estate investment trust		11,229		6,057		
Commercial paper		4,153		7,350		
Alternative investments:						
Real estate		2,071		2,064		
Hedge fund		-		138		
Private equity		5,202		4,500		
Total investments and assets whose use is limited	\$	360,666	\$	379,293		

The amortized cost and fair value of U.S. treasuries and government obligations classified as available for sale, by stated maturity date, at December 31, 2012 are shown below. Expected maturities will differ from contractual maturities because borrowers may have the right to call or prepay obligations with or without call or prepayment penalties. Gross unrealized gains were \$4,606 and \$5,129 at December 31, 2012 and 2011, respectively.

	A	mortized Cost	Fair Value		
Due in one year or less Due after one year through five years Due after five years through ten years	\$	10,874 53,790 36,757	\$ 11,025 57,020 37,982		
	\$	101,421	\$ 106,027		

## Notes to Consolidated Financial Statements (continued) (In Thousands of Dollars)

#### 3. Investments and Assets Whose Use Is Limited (continued)

The System's investments are exposed to various kinds and levels of risk. Equity investments expose the System to market risk, performance risk, and liquidity risk. Market risk is the risk associated with major movements of the equity markets. Performance risk is that risk associated with a company's operating performance. Fixed income securities expose the System to interest rate risk, credit risk, and liquidity risk. As interest rates change, the value of many fixed income securities is affected, including those with fixed interest rates. Credit risk is the risk that the obligor of the security will not fulfill its obligations. Liquidity risk is affected by the willingness of market participants to buy and sell given securities. Liquidity risk tends to be higher for equities related to small capitalization companies. Due to the volatility of the capital markets, there is a reasonable possibility of changes in fair value, resulting in additional gains and losses in the near term.

The remaining capital contribution commitment on alternative investments at December 31, 2012 is \$8,924. Funds from the real estate fund can be withdrawn after a one-year period with 90 days notice. The hedge and private equity funds do not have withdrawal restrictions.

The total return on the investment portfolios related to short-term and long-term investments, assets whose use is limited, and other note receivables was comprised of the following:

Year Ended December 31				
	2012		2011	
			_	
\$	17,410	\$	9,996	
	3,853		3,259	
	13,409		(5,390)	
	34,672		7,865	
	1,484		1,519	
\$	36,156	\$	9,384	
		\$ 17,410 3,853 13,409 34,672	\$ 17,410 \$ 3,853 13,409 34,672	

## Notes to Consolidated Financial Statements (continued) (In Thousands of Dollars)

#### 4. Fair Value Measurement

The carrying values of cash and cash equivalents, accounts receivable and accounts payable are reasonable estimates of fair value due to the short-term nature of these financial instruments. Investments, other than alternative investments, are recorded at their fair value. At December 31, 2012 and 2011, the fair value of the System's long-term debt, as estimated by discounted cash flow analyses using current borrowing rates for similar types of borrowing arrangements and adjusted for credit, was \$410,302 and \$363,901, respectively (see carrying value in Note 9). Long-term debt would be classified as Level 2 in the fair value hierarchy.

The following table presents the financial instruments carried at fair value as defined above:

		Level 1		Level 2	]	Level 3	Total
<b>December 31, 2012</b>							
Assets:							
Investments and assets whose use							
is limited:							
Cash and cash equivalents	\$	4,127	\$	_	\$	- \$	4,127
Money market funds		_		47,142		_	47,142
Fixed income securities:							
U.S. treasuries		84,477		_		_	84,477
U.S. government agencies		_		50,221		_	50,221
U.S. corporate		_		11,241		_	11,241
Common and preferred stocks:							
U.S.		9,539		_		_	9,539
Foreign		36,687		_		_	36,687
Fixed income fund		_		66,408		_	66,408
U.S. common stock fund		_		28,169		_	28,169
Real estate investment trust		_		11,229		_	11,229
Commercial paper		4,153		_		_	4,153
		138,983		214,410		_	353,393
Other assets:							
Perpetual trusts		_		_		4,251	4,251
Total assets at fair value	\$	138,983	\$	214,410	\$	4,251 \$	357,644
Liabilities:							
Interest rate swaps	\$		\$	12,413	\$	- \$	12 /12
Total liabilities at fair value	\$		\$		\$ \$		12,413
Total Habilities at fall value	Ф		Ф	12,413	Ф	<u> </u>	12,413

# Notes to Consolidated Financial Statements (continued) (In Thousands of Dollars)

### 4. Fair Value Measurement (continued)

	Level 1	Level 2	Level 3	<b>Total</b>
<b>December 31, 2011</b>				
Assets:				
Investments and assets whose use				
is limited:				
Cash and cash equivalents	\$ 6,417	\$ _	\$ - \$	6,417
Money market funds (1)	_	20,381	_	20,381
Repurchase agreements (1)	_	58,841	_	58,841
Fixed income securities:				
U.S. treasuries (1)	80,397	_	_	80,397
U.S. government agencies	_	52,927	_	52,927
U.S. corporate	_	9,939	_	9,939
Common and preferred stocks:				
U.S.	17,660	_	_	17,660
Foreign	30,360	_	_	30,360
Fixed income fund	_	55,514	_	55,514
U.S. common stock fund	_	26,748	_	26,748
Real estate investment trust	_	6,057	_	6,057
Commercial paper	7,350	_	_	7,350
	142,184	230,407	_	372,591
Other assets:				
Perpetual trusts	_	_	3,772	3,772
Total assets at fair value	\$ 142,184	\$ 230,407	\$ 3,772 \$	376,363
Liabilities:				
Interest rate swaps	\$ _	\$ 13,392	\$ - \$	13,392
Total liabilities at fair value	\$ 	\$ 13,392	\$ - \$	13,392

<sup>(1)</sup> In the 2011 financial statements the fair value of money market funds of \$20,381 and repurchase agreements of \$58,841 were incorrectly classified as Level 1. In addition, U.S. treasuries of \$63,822 were incorrectly classified with U.S. government agencies in Level 2. Total Level 1 securities as previously reported and as corrected were \$157,584 and \$142,184, respectively. Total Level 2 securities as previously reported and as corrected were \$215,007 and \$230,407, respectively.

## Notes to Consolidated Financial Statements (continued) (In Thousands of Dollars)

#### 4. Fair Value Measurement (continued)

Financial instruments are reflected in the accompanying consolidated statements of financial position as follows:

	December 31					
	2012			2011		
Investments and assets whose use is limited measured at fair value	\$	353,393	\$	372,591		
Alternative investments accounted for under the equity method		7,273		6,702		
Total investments and assets whose use is limited	\$	360,666	\$	379,293		
Perpetual trusts measured at fair value	<u>\$</u>	4,251	\$	3,772		

The following is a description of the System's valuation methodologies for assets and liabilities measured at fair value.

Fair value for Level 1 is based upon quoted market prices.

Fair value for Level 2 U.S. government agencies and U.S. corporate securities are valued on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets. Inputs are obtained from various sources including market participants, dealers, and brokers. Fair value for Level 2 money market funds, fixed income fund, U.S. common stock fund, and real estate investment trust are valued at net asset value obtained from the respective fund manager.

## Notes to Consolidated Financial Statements (continued) (In Thousands of Dollars)

#### 4. Fair Value Measurement (continued)

The fair value for perpetual trusts was determined based on the System's beneficial interest in the investments held in the trust which is measured at fair value. Since the System has no right to the investments, the perpetual trusts have been classified as Level 3. The following table presents the changes in investments measured at fair value as of December 31, 2012 within Level 3 of the fair value hierarchy:

	rpetual <u>Frust</u>
Balance as of December 31, 2011 Change in trust value	\$ 3,772 479
Balance as of December 31, 2012	\$ 4,251

The fair value of interest rate swaps was determined based on the present value of expected future cash flows using discount rates appropriate with risks involved and adjusted for credit. The valuations include a credit spread adjustment to market interest rate curves to appropriately reflect nonperformance risk. The credit spread adjustment is derived from other comparably rated entities' bonds recently priced in the market.

The methods described above may produce a fair value that may not be indicative of net realizable value or reflective of future fair values. While the System believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date.

#### **5. Interest Rate Swap Agreements**

The System's objective with respect to management of interest rate risk is managing the risk of rising interest rates on the System's variable-rate debt. Consistent with its interest rate risk management objective, the System has entered into various interest rate swap agreements with a total outstanding notional amount of \$79,995 and \$50,985 at December 31, 2012 and 2011, respectively. During the term of these transactions, the System pays interest at a fixed rate and receives interest at a variable rate based on the London Interbank Offered Rate (LIBOR). The swap agreements are not designated as hedging instruments. Net interest paid or received under the swap agreements is included in derivative instrument losses in the consolidated statements of operations and changes in net assets.

## Notes to Consolidated Financial Statements (continued) (In Thousands of Dollars)

#### **5. Interest Rate Swap Agreements (continued)**

The following table summarizes the System's interest rate swap agreements:

Swap	Expiration	System	ystem System		Notional Decei	
Type	Date	Pays	Receives		2012	2011
Fixed	2034	4.25%	68% of LIBOR	\$	35,490	\$ 36,200
Fixed	2036	3.71%	70% of LIBOR		14,450	14,785
Fixed	2024	2.37%	72% of LIBOR		30,055	_
				\$	79,995	\$ 50,985

The following table summarizes the location and fair value for the System's interest rate swap agreements:

	Derivatives Liability							
	Decembe	r 31	, 2012	Decembe	r 31	r 31, 2011		
	Balance			Balance				
	Sheet		Fair	Sheet		Fair		
	Location		Value	Location		Value		
Derivatives not designated as hedging instruments							_	
Interest rate swap agreements	Other	\$	12,413	Other	\$	13,392		
	noncurrent liabilities			noncurrent liabilities				

The following table summarizes the location and amounts of derivative losses on the System's interest rate swap agreements:

	<b>Location of Loss</b>	Year Ended December 31						
	Recognized		2012		2011			
Derivatives not designated as hedging instruments						_		
Interest rate swap agreements	Derivative instrument losses	\$	(1,108)	\$	(9,188)			

Notes to Consolidated Financial Statements (continued) (In Thousands of Dollars)

#### **5. Interest Rate Swap Agreements (continued)**

The System has used various derivative contracts in connection with certain prior obligations and investments. Although minimum credit ratings are required for counterparties, this does not eliminate the risk that a counterparty may fail to honor its obligations. Derivative contracts are recorded at fair value. A derivative contract may, at any time, have a positive or negative value to the System. In the event that the negative value reaches certain thresholds established in the derivative contracts, the System is required to post collateral, which could adversely affect its liquidity. At December 31, 2012 and 2011, the System was not required to post collateral. If the System were to choose to terminate a derivative contract or if a derivative contract were terminated pursuant to an event of default or a termination event as described in the derivative contract, the System could be required to pay a termination payment to the counterparty. The net amount paid under the swap agreements is included in derivative instrument losses in the consolidated statements of operations and changes in net assets and is \$2,087 and \$1,734 in 2012 and 2011, respectively.

#### 6. Contributions Receivable

Outstanding contributions receivable are as follows:

	 2012	2011
In one year or less	\$ 1,274 \$	2,717
Between one and five years	3,548	2,178
More than five years	 1,675	1,530
	 6,497	6,425
Less allowance for uncollectible contributions	(593)	(149)
Less discount on contributions receivable	(239)	(242)
Net contributions receivable	\$ 5,665 \$	6,034

## Notes to Consolidated Financial Statements (continued) (In Thousands of Dollars)

#### 7. Property and Equipment

The major classes of property and equipment are summarized below:

	December 31					
	2012	2011				
Land and improvements	\$ 69,647	\$ 65,725				
Buildings and service equipment	589,302	592,388				
Equipment	382,172	349,137				
	1,041,121	1,007,250				
Less accumulated depreciation	(667,788)	(625,248)				
	373,333	382,002				
Construction in progress	45,650	32,310				
Buildings and equipment under capital lease						
obligations, net of accumulated amortization	56,369	42,026				
Property and equipment, net	\$ 475,352	\$ 456,338				

Accumulated amortization for buildings and equipment under capital lease obligations was \$31,327 and \$29,688 at December 31, 2012 and 2011, respectively.

At December 31, 2012, the remaining commitment on construction contracts was \$2,065 and will be funded primarily by assets whose use is limited.

The legal obligations to perform asset retirement obligations that are conditional on a future event have been estimated. Legal obligations to perform asset retirement obligations relate primarily to the removal of asbestos containing building materials. The liability for asset retirement obligations recorded in other noncurrent liabilities in the accompanying consolidated statements of financial position is \$2,059 and \$2,218 at December 31, 2012 and 2011, respectively. The System recorded expense of \$133 in 2012 and \$92 in 2011 to accrete the liability. Depreciation expense of \$18 in 2012 and \$20 in 2011 was recorded against the asset in property and equipment.

## Notes to Consolidated Financial Statements (continued) (In Thousands of Dollars)

#### 8. Pension and Postretirement Benefit Plans

The System maintains a noncontributory defined benefit pension plan for the benefit of eligible employees, Summa Health System Retirement Income Plan and Trust Plan (Plan). The benefits are based upon years of service, as defined by the Plan. It is the System's policy to contribute annually to the plan amounts that are actuarially determined to provide the Plan with sufficient assets to meet future benefit payment requirements. Effective June 30, 2011, the System froze the Plan for all nonunion participants under age 60 as of December 31, 2010.

The following table sets forth the underfunded status and accrued pension cost recognized by the System for the Plan, as well as the weighted-average assumptions utilized:

	$\mathbf{Y}$	ear Ended De	cember 31
		2012	2011
Change in benefit obligation			
Projected benefit obligation at beginning of year	\$	195,158 \$	176,279
Service cost		1,700	3,308
Interest cost		9,730	9,690
Actuarial loss		22,247	12,961
Benefits paid		(7,366)	(7,080)
Projected benefit obligation at end of year		221,469	195,158
Change in plan assets			
Fair value of plan assets at beginning of year		145,350	139,881
Actual return on plan assets		19,704	2,549
Employer contributions		10,000	10,000
Benefits paid		(7,366)	(7,080)
Fair value of plan assets at end of year		167,688	145,350
Underfunded status of plan	\$	(53,781) \$	(49,808)
Amount recognized in the statements of financial position:			
Noncurrent liabilities	\$	(53,781) \$	(49,808)

The accumulated benefit obligation for the Plan was \$221,326 and \$195,048 at December 31, 2012 and 2011, respectively.

## Notes to Consolidated Financial Statements (continued) (In Thousands of Dollars)

#### 8. Pension and Postretirement Benefit Plans (continued)

The actuarial loss of \$22,247 is primarily attributed to the change in the discount rate from 5.07% at December 31, 2011 to 4.29% at December 31, 2012.

Amounts included in unrestricted net assets that have not been recognized in net periodic pension cost are as follows:

	December 31					
			2011			
Unrecognized actuarial losses Unrecognized prior service cost	\$	84,606 3	\$	76,106 4		
	\$	84,609	\$	76,110		

Amounts recognized in unrestricted net assets are as follows:

	 2012	2011
Net loss Amortization of net gain	\$ 13,952 \$ (5,452)	21,699 (3,728)
Amortization of prior service cost	(1)	(30)
	\$ <b>8,499</b> \$	17,941

Actuarial gains are amortized as a component of net periodic pension cost, only if the losses exceed 10% of the greater of the projected benefit obligation or the fair value of plan assets. Unrecognized prior service costs are amortized on a straight-line basis over the estimated life of the plan participants. The actuarial losses and prior service costs included in unrestricted net assets and expected to be recognized in net periodic pension cost during the year ending December 31, 2013 are \$6,000.

## Notes to Consolidated Financial Statements (continued) (In Thousands of Dollars)

## 8. Pension and Postretirement Benefit Plans (continued)

The components of net periodic pension cost are as follows:

	Y	ear Ended 2012	Dec	cember 31 2011
Service cost Interest cost Expected return on plan assets Amortization of unrecognized:	\$	1,700 9,730 (11,408)	\$	3,308 9,690 (11,288)
Cumulative net loss Prior service costs		5,452 1		3,728 30
Net periodic pension cost	\$	5,475	\$	5,468
Weighted-average assumptions used to calculate benefit obligations as of December 31: Discount rate Expected return on plan assets Expected increase in future compensation levels		4.29% 7.50 5.00		5.07% 7.75 5.00
Weighted-average assumptions used to calculate pension cost for the year ended December 31: Discount rate Expected return on plan assets Expected increase in future compensation levels		5.07% 7.75 5.00		5.65% 8.00 5.00

Notes to Consolidated Financial Statements (continued)
(In Thousands of Dollars)

#### **8.** Pension and Postretirement Benefit Plans (continued)

The investment policy covering plan assets is established by the Investment Committee of the Board of Directors for the System. This committee meets on a quarterly basis and makes periodic changes to the policy. The written investment policy for the Plan includes a target allocation of 17.5% in U.S. equities, 17.5% in non-U.S. equities, 40% in fixed income investments, 10% in real estate, 5% in master limited partnerships, 5% in alternative investments, and 5% in cash and cash equivalents. The Plan's obligations are long-term in nature, and the investment policy is therefore focused on a long-term horizon. Goals include achieving returns at least equal to relevant indices. Management, outside advisors and the Investment Committee regularly review and discuss investment performance, adherence to the written investment policy and the investment policy itself. In performing these tasks, the Investment Committee approves changes in asset managers and asset allocation.

The investment policy is furthermore utilized as the basis for determining the long-term return assumption for the assets. Historical data, combined with future expected returns of each asset class, are the primary components utilized in developing this assumption. Additional information, such as specific manager performance and risk characteristics, is also included in the assessment of the long-term rate of return assumption.

The System's pension portfolio return assumption of 7.5% at December 31, 2012 and 7.75% at December 31, 2011 is based on the targeted assumed rate of return through a diversified portfolio designed to mitigate short-term return volatility and achieve an efficient trade-off between return and risk. Expected returns and risk for each asset class are formed using a global capital asset pricing model framework in which the expected return is the compensation earned from taking risk. Forward-looking adjustments are made to expected return, volatility and correlation estimates as well. Additionally, constraints such as permissible asset classes, portfolio guidelines and liquidity considerations are included in the model.

## Notes to Consolidated Financial Statements (continued) (In Thousands of Dollars)

#### **8. Pension and Postretirement Benefit Plans (continued)**

The following table presents the financial instruments in the System's defined benefit pension plans as of December 31, 2012 measured at fair value on a recurring basis based on the valuation hierarchy:

	Level 1	Level 2	1	Level 3	Total
Assets					
Investments:					
Cash and cash equivalents	\$ 420	\$ _	\$	_ :	\$ 420
Money market funds	_	7,266		_	7,266
Fixed income securities:					
U.S. treasuries	10,428	_		_	10,428
U.S. corporate	_	30,770		_	30,770
Guaranteed investment contracts	_	9,879		_	9,879
Fixed income fund	_	19,786		_	19,786
U.S. common stock fund	_	30,637		_	30,637
Common and preferred stocks:					
U.S.	5,571	_		_	5,571
Foreign	34,964	_		_	34,964
Alternative investments:					
Private equity	_	_		2,486	2,486
Private real estate	_	_		6,870	6,870
Real estate investment trust		 8,611			8,611
Total assets at fair value	\$ 51,383	\$ 106,949	\$	9,356	\$ 167,688

## Notes to Consolidated Financial Statements (continued) (In Thousands of Dollars)

### 8. Pension and Postretirement Benefit Plans (continued)

The following table presents the financial instruments in the System's defined benefit pension plans as of December 31, 2011 measured at fair value on a recurring basis based on the valuation hierarchy:

	Level 1 Level 2		Level 3		Total	
Assets						
Investments:						
Cash and cash equivalents	\$ 838	\$	_	\$	_	\$ 838
Money market funds	_		4,455		_	4,455
Fixed income securities:						
U.S. treasuries	11,968		_		_	11,968
U.S. corporate	_		25,287		_	25,287
Guaranteed investment contracts	_		10,385		_	10,385
Fixed income fund	_		18,212		_	18,212
U.S. common stock fund	_		26,135		_	26,135
Common and preferred stocks:						
U.S.	4,593		_		_	4,593
Foreign	28,951		_		_	28,951
Alternative investments:						
Hedge funds	_		_		136	136
Private equity	_		_		1,441	1,441
Private real estate	_		_		6,148	6,148
Real estate investment trust	_		6,801		_	6,801
Total assets at fair value	\$ 46,350	\$	91,275	\$	7,725	\$ 145,350

## Notes to Consolidated Financial Statements (continued) (In Thousands of Dollars)

#### 8. Pension and Postretirement Benefit Plans (continued)

The following table presents the changes in investments measured at fair value as of December 31, 2012 within Level 3 of the fair value hierarchy:

Level 3 Rollforward	Hedge Funds	Private Equity	Private al Estate	Total
Fair value as of December 31, 2011	\$ 136	\$ 1,441	\$ 6,148	\$ 7,725
Realized (loss), net	(125)	_	_	(125)
Unrealized gains, net	_	127	4	131
Purchases	45	1,959	1,545	3,549
Sales	(56)	(957)	(827)	(1,840)
Issuances and settlements	_	(84)	_	(84)
Fair value as of December 31, 2012	\$ _	\$ 2,486	\$ 6,870	\$ 9,356

Fair value methodologies for Level 1 and Level 2 are consistent with the inputs described in Note 4. Fair value methodologies for Level 3 utilize as a practical expedient the net asset value of the respective partnership.

Fixed income fund includes debt obligations of the U.S. government and various agencies, U.S. corporations and other fixed income instruments such as mortgage-backed, asset-backed securities, fixed income fund and guaranteed investment contracts. The composition of these securities represents an expected return and risk profile that is commensurate with broadly defined fixed income indexes such as the Barclays Capital U.S. Aggregate Index.

U.S. common stock fund includes investments of publicly traded common stocks of both U.S. and international corporations, the majority of which represent actively traded and liquid securities that are traded on many of the world's major exchanges and include large-, mid-, and small-capitalization securities. The composition of these securities represent a risk profile that is commensurate with broadly defined equity indexes such as the Russell 3000 Index, the Morgan Stanley Capital International (MSCI) World ex-U.S. Investable Market Index (MSCI ex-U.S. IMI), and the MSCI Emerging Markets Investable Markets Index.

## Notes to Consolidated Financial Statements (continued) (In Thousands of Dollars)

#### 8. Pension and Postretirement Benefit Plans (continued)

Alternative investments include hedge funds, private equity and private real estate funds that are meant to provide equity-like returns with fixed-income-like levels of risk. Included in this category are investments that are well diversified across various strategies and may consist of absolute return funds, long/short funds, and other opportunistic/multi strategy funds. The underlying investments in such funds may include publicly traded and privately held equity and debt instruments issued by U.S. and international corporations. Investment strategies in this category may include buyouts, distressed debt, and venture capital.

The remaining commitments on alternative investments at December 31, 2012 are \$15,268. The private equity fund does not have withdrawal restrictions. Funds from the private real estate fund can be withdrawn after a one-year period with 90 days notice.

The System expects to make a discretionary contribution of approximately \$10,000 to the pension plan in 2013.

The projected benefit payments for the next five years and in the aggregate for the five years thereafter are as follows:

	Benefit Payments
2013	\$ 8,253
2014	8,946
2015	9,614
2016	10,248
2017	10,944
2018–2022	63,120
	\$ 111,125

## Notes to Consolidated Financial Statements (continued) (In Thousands of Dollars)

#### 8. Pension and Postretirement Benefit Plans (continued)

The System also sponsors a defined benefit health care plan for substantially all retirees and some employees. The System measures the cost of its obligations based on its best estimate utilizing various actuarial methods and assumptions. The net periodic costs are recognized as employees render the services necessary to earn the postretirement benefits. The medical trend rate assumption does not apply to the System's calculation of postretirement benefit obligation because the employer subsidy of retiree medical coverage is based on a schedule of fixed dollar amounts.

The following table sets forth the funded status and accrued postretirement benefits cost recognized by the System for its postretirement benefit plan, as well as the weighted-average assumptions used:

Change in accumulated postretirement benefit obligation (APBO)  Benefit obligation at beginning of year Service cost Interest cost Actuarial (gain) Benefits paid, net of retiree premiums Benefit obligation at end of year  2012  \$ 1,652 \$ \$ 60  (40)  (40)  1,548	\$ 1,747 12 71
obligation (APBO)Benefit obligation at beginning of year\$ 1,652Service cost7Interest cost60Actuarial (gain)(40)Benefits paid, net of retiree premiums(131)	12
Benefit obligation at beginning of year Service cost Interest cost Actuarial (gain) Benefits paid, net of retiree premiums  1,652  60  (40)  (131)	12
Service cost 7 Interest cost 60 Actuarial (gain) (40) Benefits paid, net of retiree premiums (131)	12
Interest cost 60 Actuarial (gain) (40) Benefits paid, net of retiree premiums (131)	
Actuarial (gain) (40) Benefits paid, net of retiree premiums (131)	71
Benefits paid, net of retiree premiums (131)	/ 1
-	(45)
Renefit obligation at end of year 1.548	(133)
Denotit confution at end of year	1,652
Change in plan assets	
Fair value of plan assets at beginning of year –	_
Employer contributions 131	133
Benefits paid, net of retiree premiums (131)	(133)
Fair value of plan assets at end of year –	_
	\$ (1,652)
Amounts recognized in the consolidated	
statements of financial position:	
<u>*</u>	\$ 172
Noncurrent liabilities 1,378	1,480
Net amount recognized \$ 1,548 \$	

## Notes to Consolidated Financial Statements (continued) (In Thousands of Dollars)

#### **8. Pension and Postretirement Benefit Plans (continued)**

Amounts included in unrestricted net assets that have not been recognized in net periodic postretirement benefit income are as follows:

	December 31		
		2012	2011
		/ ·	
Unrecognized net gain	<u>\$</u>	(2,312)	\$ (2,635)

Amounts recognized in unrestricted net assets are as follows:

	 2012	2011
Net gain	\$ (40) \$	(45)
Amortization of net loss	363	368
	 323	323
Adjustment for premiums paid to SIC	<b>(149)</b>	(192)
	\$ 174 \$	131

The actuarial gains included in unrestricted net assets and expected to be recognized in net periodic postretirement cost during the year ending December 31, 2013 is \$299.

The components of net periodic postretirement cost are as follows:

	Year Ended December 31			
		2012	2011	
Service cost	\$	7 \$	12	
Interest cost		60	71	
Amortization of unrecognized:				
Cumulative net gain		(363)	(368)	
Net periodic postretirement benefit income	\$	(296) \$	(285)	

## Notes to Consolidated Financial Statements (continued) (In Thousands of Dollars)

#### 8. Pension and Postretirement Benefit Plans (continued)

	Year Ended December 31		
	2012	2011	
Weighted-average assumptions used to calculate postretirement benefit obligation as of December 31: Discount rate	3.12%	4.15%	
Weighted-average assumptions used to calculate postretirement pension cost for the year ended December 31:			
Discount rate	4.15%	4.42%	

The System expects to contribute approximately \$170 to the postretirement plan in 2013.

The projected benefit payments for the next five years and in the aggregate for the five years thereafter are as follows:

	Benefit Payments
2013	\$ 170
2014	192
2015	191
2016	177
2017	160
2018–2022	480
	\$ 1,370

The System provides for various defined contribution plans for its employees. The plans provide for employee contributions of up to 15% of eligible salary and employer matching contributions of 50% of each employee's voluntary contribution. The matching contribution is limited to 6% of each employee's pay. The expense under the plans is \$10,516 in 2012 and \$8,620 in 2011.

The System's consolidated statements of financial position include other assets and deferred compensation, included in other noncurrent assets and liabilities, of \$1,107 and \$964 at December 31, 2012 and 2011, respectively, in connection with a deferred compensation benefit provided under a Section 457(f) plan.

## Notes to Consolidated Financial Statements (continued) (In Thousands of Dollars)

## 9. Long-Term Debt

Long-term obligations of the System consist of the following:

	December 31			· 31
		2012		2011
State of Ohio Hospital Facilities				
Revenue Bonds:				
Series 2010, 4.75% to 5.75% interest rate, due				
November 15, 2040 (less original issue discount of				
\$4,634 and \$4,804 at December 31, 2012 and 2011,				
respectively)	\$	179,004	\$	178,841
Summit County Port Authority:	·	,		,
Series 2006, variable interest rate ranging from				
0.05% to 0.26% during 2012, due November 1, 2036				
(less original issue discount of \$324 and \$338 at				
December 31, 2012 and 2011, respectively)		14,126		14,397
Akron, Bath, and Copley Joint Township Hospital				
District Ohio Hospital Facilities Revenue Bonds:				
Series 2004A, 3.3% to 5.5% interest rate, due November 15,				
2034 (less original issue discount of \$2,312 and \$2,532				
at December 31, 2012 and 2011, respectively)		42,508		43,023
Series 2004B, variable interest rate ranging from				
0.05% to 0.26% during 2012, due November 15,				
2034 (less original issue discount of \$831 and \$965		00.404		100 0 10
at December 31, 2012 and 2011, respectively)		98,194		100,040
Series 1998A, 5.0% to 5.375% interest rate, due				
November 15, 2024 (less original issue discount of				
\$0 and \$935 at December 31, 2012 and 2011,				24.650
respectively)		_		34,650
RBS Citizens Bank, variable interest rate ranging from 1.17% to		20.055		
1.25% during 2012, due November 30, 2024		30,055		927
Key Bank note payable, due April 18, 2013		171		837
GE Government Finance, Inc.		18,778		19,623
Other loans		36		70
		382,872		391,481
Less current portion		6,615		6,561
Total	\$	376,257	\$	384,920
				-

## Notes to Consolidated Financial Statements (continued) (In Thousands of Dollars)

#### 9. Long-Term Debt (continued)

The Series 2004B and Series 2006 bonds are secured by a direct pay letter of credit reimbursement agreement which expires on December 15, 2015 and March 16, 2016, respectively. Under the terms of the agreement, in the event of a failed remarketing, the bank will provide liquidity to make payment to the trustee for interest or principal payable to the bond holders. The letter of credit securing the Series 2004B bonds is then immediately payable by the System or converted to a term loan payable in quarterly installments commencing four years from the date of the draw. The letter of credit securing the Series 2006 bonds is then immediately payable by the System or converted to a term loan payable in monthly installments commencing 367 days from the date of the draw.

The approximate annual principal maturities of long-term debt subsequent to December 31, 2012 are as follows:

2013	\$ 6,615
2014	6,750
2015	7,050
2016	7,351
2017	8,122
Thereafter	 355,085
	 390,973
Less amount representing original issue discount	 (8,101)
Total long-term debt	\$ 382,872

In July 2012, the System secured financing with RBS Citizens Bank in the amount of \$32,510. Repayments of principal, which are to be made monthly, began in 2012 with the last payment due November 30, 2024. The System pays interest based on 72% of one-month LIBOR plus 150 basis points. Proceeds from the sale of the 2012 debt offering were used to refund the Series 1998A Ohio Hospital Facilities Revenue Bonds. In connection with this transaction, the System recorded a loss on extinguishment of debt of \$889 primarily related to the write-off of unamortized bond financing costs. The loss on extinguishment of debt is recorded in other income (expense) in the consolidated statements of operations and changes in net assets.

Notes to Consolidated Financial Statements (continued) (In Thousands of Dollars)

#### 9. Long-Term Debt (continued)

The System has a note payable, at a rate of 4.6%, from Key Bank, the balance of which was \$171 and \$837 as of December 31, 2012 and 2011, respectively. Repayments of principal, which are to be made monthly, will occur over a ten-year period, with the last payment due April 18, 2013.

In conjunction with the System's joint venture with SRH, the System secured financing from GE Government Finance, Inc. in the amount of \$20,400. The first \$10,000 has a fixed rate of 7.75% while the second \$10,400 has a fixed rate of 9.00%. Repayments of principal, which are to be made monthly, began in 2011 with the last payment due December 15, 2024.

#### **Obligated Group and Other Requirements**

The System currently has debt outstanding under a Master Trust Indenture (Indenture) dated as of October 15, 1987, with The Huntington National Bank, as trustee, as amended and supplemented thereto, as of July 1, 2012. The amended indenture permits the System to issue obligations to finance certain activities. Obligations issued under the amended indenture are general, unsecured, direct obligations of the System and any future members of the Obligated Group. As a result of the amended indenture, SHS, SF, SAC/STH, SBH, SWH, SHN, and SCFGH are members of the Obligated Group. There are several conditions and covenants required by the amended indenture with which the Obligated Group must comply, including covenants that require the Obligated Group to maintain a minimum debt service coverage ratio and a days cash on hand requirement. The Obligated Group was in compliance with these covenants at December 31, 2012.

#### 10. Borrowings Under Line of Credit

The System has a \$20,000 revolving line of credit with a financial institution. The agreement matures on July 31, 2013. There were no borrowings at December 31, 2012 or 2011.

The System has a \$4,000 revolving line of credit maturing April 5, 2015 bearing interest at 5.5%. Borrowings under the agreement at December 31, 2012 were \$545.

## Notes to Consolidated Financial Statements (continued) (In Thousands of Dollars)

#### 11. Capital Leases

The System leases office buildings and equipment that are recorded as capital leases. Assets recorded under these capital leases total \$87,696 and have accumulated depreciation of \$31,327 and are included in property and equipment. Future minimum lease payments at December 31, 2012 are as follows:

2013	\$ 8,236
2014	7,757
2015	7,508
2016	7,215
2017	4,787
Thereafter	 83,791
	119,294
Less current portion	4,321
Less amount representing interest	 56,646
Total long-term capital lease obligation	\$ 58,327

#### 12. Operating Leases

The System leases equipment and space under noncancelable operating leases expiring at various dates from 2012 to 2021.

Future minimum rental payments under all noncancelable operating leases as of December 31, 2012 are as follows:

2013	\$ 8,25	3
2014	6,61	4
2015	5,50	9
2016	4,65	9
2017	4,21	7
Thereafter	11,62	8
	\$ 40,88	0
	· · · · · · · · · · · · · · · · · · ·	

Expense recognized under all operating leases was \$12,913 and \$12,527 in 2012 and 2011, respectively.

Notes to Consolidated Financial Statements (continued) (In Thousands of Dollars)

#### 13. Net Patient Service Revenue

The System recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of contractual rates for the services rendered. For uninsured patients that do not qualify for charity care, the System recognizes revenue on the basis of its standard rates for services provided (or on the basis of discounted rates, if negotiated or provided by policy). On the basis of historical experience, a significant portion of the System's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the System records a provision for doubtful accounts related to uninsured or underinsured patients in the period the services are provided. Net patient service revenue before the provision for doubtful accounts by major payor source are as follows:

		Ye 2012		Dec	cember 31 2011	
Medicare Medicaid Managed care and commercial Self-pay	\$ \$	220,512 77,306 511,148 77,096 886,062	25% 8 58 9	\$	230,406 73,126 502,457 60,686 866,675	27% 8 58 7

For patient receivables associated with self-pay patients, including patients with deductible and copayment balances for which third-party coverage provides for a portion of the services provided, the System records an estimated provision for doubtful accounts in the year of service. The System's allowance for doubtful accounts decreased from 60% of self-pay accounts receivable at December 31, 2011, to 58% of self-pay accounts receivable at December 31, 2012. In addition, the System's self-pay write-offs were \$94,281 and \$83,102 for the years ended December 31, 2012 and 2011, respectively. The increase in write-offs is consistent with the increases in patient charges and services provided to self-pay patients during 2012. The System has not changed its charity care or uninsured discount policies during the years ended December 31, 2012 or 2011. The System does not maintain a material allowance for doubtful accounts from third-party payors, nor did it have significant write-offs from third-party payors.

Notes to Consolidated Financial Statements (continued)
(In Thousands of Dollars)

#### 13. Net Patient Service Revenue (continued)

A significant portion of the System's services is provided to patients under hospitalization or other related health benefit contracts with third-party payors such as Medicare, Medicaid, and other contractors. Differences between amounts reimbursed and normal billing rates are charged to provision for contractual allowances.

The System is paid a prospectively determined rate for the majority of inpatient acute care and outpatient, skilled nursing and rehabilitation services provided (principally Medicare, Medicaid and certain insurers). These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Medicare payments for capital are received on a prospective basis and on a cost reimbursement methodology for Medicaid. Payments are received on a prospective basis for the System's medical education costs, subject to certain limits. The System is paid for cost reimbursable items at a tentative rate, with final settlement determined after submission of annual cost reports by the System and audits thereof by the Medicare fiscal intermediary. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. The 2012 and 2011 net patient service revenue increased approximately \$1,885 and \$2,044, respectively, due to adjustments of allowances previously estimated that are no longer subject to audits, reviews, and investigations.

The System believes that it is in compliance, in all material respects, with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. While no such regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation and could result in repayments of amounts improperly reimbursed, substantial monetary fines, civil and criminal penalties, and exclusion from the Medicare and Medicaid programs. Management is currently unaware of any regulatory or other legal matters that may have a material adverse effect on the System's financial position or results from operations.

Notes to Consolidated Financial Statements (continued) (In Thousands of Dollars)

## 14. Temporarily and Permanently Restricted Net Assets

Temporarily and permanently restricted net assets are available for the following purposes:

	December 31		
	 2012		2011
Temporarily restricted net assets:			
Research	\$ 3,757	\$	3,113
Scholarship and loans	1,204		939
Education	4,681		5,040
Plant replacement and expansion	7,063		6,903
Other	 5,660		5,147
Total temporarily restricted net assets	\$ 22,365	\$	21,142
Permanently restricted net assets, the income from which is expendable for various purposes:			
Research	\$ 135	\$	135
Scholarship and loans	1,527		1,511
Education	10,686		9,911
Financial support	3,482		3,387
Other	 1,277		1,313
Total permanently restricted net assets	\$ 17,107	\$	16,257

## 15. Functional Expenses

The System provides general and tertiary health care services to residents within its geographic location. Expenses related to providing these services are as follows:

	Year	Year Ended December 31		
	2	012	2011	
Health care services General and administrative Fundraising		125,973 \$ 213,709 1.943	1,058,153 200,676 974	
Tundraising	\$ 1,3	<i></i>	1,259,803	

## Notes to Consolidated Financial Statements (continued) (In Thousands of Dollars)

#### 16. Income Taxes

The System is a not-for-profit corporation as described in Section 501(c)(3) of the Code and is exempt from federal income taxes pursuant to Section 501(a) of the Code.

The System recorded federal income tax expense primarily related to SIC as follows:

	Year Ended December 31			
	2012 2011		2011	
Current tax expense Deferred tax expense (benefit)	\$	1,039 113	\$	3,638 (1,203)
Total federal income tax expense	\$	1,152	\$	2,435

The System had deferred tax assets of \$3,199 and \$3,259, at December 31, 2012 and 2011, respectively, which are included in other assets on the consolidated statements of financial position. The System had deferred tax liabilities of \$2,279 and \$2,674, at December 31, 2012 and 2011, respectively, which are included in other noncurrent liabilities on the consolidated statements of financial position.

No valuation allowance was recorded for net deferred tax assets at December 31, 2012 or December 31, 2011. SHSC is subject to income tax and had net operating loss carryforwards for federal income tax purposes as of December 31, 2012 and 2011, totaling \$7,607 and \$9,378, respectively. These net operating loss carryforwards are available to offset future federal taxable income, if any, through 2032 and are offset by a valuation allowance, as management does not believe that it is more likely than not they will utilize the carryforwards within the allowable periods.

#### 17. Commitments and Contingencies

In September 2009, the System entered into a lease agreement with a developer to build an outpatient care facility and a medical office building on land owned by the System. Under this agreement, the System leases a portion of the buildings from the developer for lease terms of 35 and 15 years, respectively. In addition, in conjunction with this agreement, the System entered into a ground lease with the developer and entered into an agreement with a third-party financial institution to guarantee the developer's debt related to the construction of the above buildings. In accordance with lease accounting requirements, the System recorded the related project in the accompanying consolidated statements of financial position as property and equipment and other noncurrent liabilities in the amount of \$21,125 at December 31, 2011.

Notes to Consolidated Financial Statements (continued) (In Thousands of Dollars)

#### 17. Commitments and Contingencies (continued)

During 2012, the System was released of its guarantee to the third-party financial institution and is no longer required to account for this transaction as property and equipment and other noncurrent liabilities on the consolidated statements of financial position. As such, the System's lease of the outpatient care facility is now accounted for as a capital lease and the System's lease of the medical office building is accounted for as an operating lease in the accompanying consolidated statements of financial position and consolidated statements of operations and changes in net assets.

### Lease Agreement - YMCA

The System entered into a ground lease with the YMCA in order for the YMCA to construct a wellness facility (Improvements) on the SAC/STH campus. The System contributed \$5,000 to the Improvements and in exchange entered into a lease agreement for a term of 40 years. The System is not obligated to pay any rental payments in conjunction with the lease agreement. The System has an option to purchase the Improvements after 40 years. As a result, the transaction did not meet the requirements of sale-leaseback accounting and is accounted for as if the System owns the Improvements. As of December 31, 2012 and 2011, \$8,946 and \$9,178, respectively, is recorded in property and equipment, net in the accompanying consolidated statements of financial position.

#### Litigation

The System is involved in various legal proceedings, including professional liability, employment-related litigation, and other claims with respect to their operations. In the opinion of management, based upon current facts and circumstances, the resolution of these matters is not expected to have a material adverse effect on the financial position or results of operations of the System.

#### **Workers' Compensation**

The System is self-insured for the cost of workers' compensation coverage and has estimated reserves for claims incurred but not reported. The estimate of workers' compensation costs is reflected in accrued salaries, wages, and benefits in the amount of \$3,883 and \$3,200 at December 31, 2012 and 2011, respectively.

Notes to Consolidated Financial Statements (continued)
(In Thousands of Dollars)

#### 17. Commitments and Contingencies (continued)

#### **Stop-Loss Insurance**

SIC has contracted with several provider networks to provide health care services to SIC members. SIC maintains reinsurance in order to limit its liability for providing certain health care services to its members. Under the provisions of these policies, SIC cedes premiums based on membership. SIC is reimbursed a percentage of charges in excess of a deductible for inpatient and outpatient hospital and related services provided to individual members. SIC purchases reinsurance for losses in excess of \$225 per year for each enrolled Medicare member and \$300 per year for each commercial member for eligible hospital services. This coverage is subject to certain contracted limits and a lifetime benefit limit of \$2,000 per member. The first \$100 of eligible commercial reimbursement comes from MAC, a wholly owned subsidiary of SHS. Reinsurance premiums ceded of \$3,176 and \$2,705 are included as a reduction in premiums earned for the years ended December 31, 2012 and 2011, respectively. Recoveries of \$2,713 and \$1,993 were received and included as a reduction in claims expense for the years ended December 31, 2012 and 2011, respectively. Reinsurance does not relieve SIC from its obligations to members. Failure of reinsurers to honor their obligations could result in losses to SIC; consequently, allowances are established for amounts when deemed uncollectible. There is no allowance recorded at December 31, 2012 or 2011 for recoverables from reinsurers. SIC evaluates the financial condition of its reinsurers and monitors its concentrations of credit risk.

#### **State Guarantee Fund Deposit**

Current state laws governing HMOs in Ohio require a deposit to be maintained in the name of the Ohio Department of Insurance (ODI). Accordingly, SummaCare, a subsidiary of SIC, purchased a U.S. Treasury Bond in the name of the ODI. The U.S. Treasury Bond, totaling approximately \$469 and \$465 is included in other assets at December 31, 2012 and 2011, respectively.

#### Regulatory

SIC and SummaCare, a subsidiary of SIC, are required to periodically file financial statements with regulatory agencies, including ODI, in accordance with statutory accounting and reporting practices. SIC and SummaCare must comply with the minimum statutory net worth requirements under the regulations of the ODI. The regulatory net worth of SIC and SummaCare exceeded the aggregate minimum requirements.

Notes to Consolidated Financial Statements (continued) (In Thousands of Dollars)

#### 17. Commitments and Contingencies (continued)

#### **Dividend Restriction**

In accordance with the Ohio Revised Code, SIC must receive approval from the ODI to pay a dividend or distribution during 2012 which, when combined with dividends or distributions paid within the preceding 12 months, exceeds the greater of either (a) 10% of SIC's statutory capital and surplus as of December 31, 2011, or (b) SIC's net gain from operations on a statutory basis for 2011. Accordingly, during 2012, prior approval from the ODI is required for any dividend or distribution payment that exceeds \$5,391.

#### 18. Related Parties

Certain members of the System's Board of Directors serve as management of entities that provide services to the System, including certain banking, and supplier relationships. Also, certain members of the System's Board of Directors are physicians who serve as medical directors or provide other services in the System.

#### 19. Venture Activities

### Summa Western Reserve Hospital, LLC

The System formed a joint venture in a for-profit community hospital, Summa Western Reserve Hospital, LLC (SWRH). The System owns 40% of SWRH but does not manage or control the operations. The investment is accounted for under the equity method wherein the System's share of the income (loss) of SWRH is reflected in the System's consolidated statements of operations and changes in net assets and as an increase (decrease) in the carrying value of the investment.

The System renders certain services to SWRH; these services are billed based on a competitive market rate. Total services rendered to SWRH during 2012 and 2011 were \$2,047 and \$1,886, respectively. The total net receivable from SWRH related to these agreements was \$155 at December 31, 2012 and \$259 at December 31, 2011, and is recorded as an other receivables in the accompanying consolidated statements of financial position.

Notes to Consolidated Financial Statements (continued) (In Thousands of Dollars)

#### 19. Venture Activities (continued)

The System has a facility and equipment lease agreement with SWRH that expired on June 30, 2012. Following the initial three-year term that matured in 2012, SWRH has available three one-year renewal options. The option on the facility lease has not been exercised and is currently on a month-by-month basis. Effective March 15, 2013, SWRH signed a purchase agreement to purchase the leased equipment at fair value. The System has recorded rental income of \$4,134 and \$4,504 for 2012 and 2011, respectively, in other operating revenue in the accompanying consolidated statements of operations and changes in net assets related to these lease agreements.

At December 31, 2012 and 2011, the investment in SWRH was approximately \$9,100 and \$9,400, respectively. The System recorded a net gain on its investment of \$662 and \$1,800 in 2012 and 2011, respectively, which is included in venture income in the consolidated statements of operations and changes in net assets.

## Crystal Clinic Orthopaedic Center, LLC

The System has a joint venture in a for-profit orthopaedic hospital, Crystal Clinic Orthopaedic Center, LLC (CCOC). The System owns 49.65% of the CCOC but does not manage or control the operations. The investment is accounted for under the equity method wherein the System's share of the income (loss) of CCOC is reflected in the System's consolidated statements of operations and changes in net assets as an increase (decrease) in the carrying value of the investment.

The System renders certain services to CCOC; these services are billed based on a competitive market rate. Total services rendered to CCOC for 2012 and 2011 were \$6,184 and \$6,360, respectively, and are included in other operating revenue in the accompanying consolidated statements of operations and changes in net assets. The total net receivable from CCOC related to these agreements was \$492 at December 31, 2012 and \$1,926 at December 31, 2011, and is recorded as an other receivable in the accompanying consolidated statements of financial position.

The System has a facility lease agreement with CCOC which expired on December 31, 2012. Following the initial three-year term that matured in 2012, CCOC has available three one-year renewal options. The option has not been exercised and CCOC lease is currently on a month-by-month basis. Annual base rental income is \$2,600. The System has recorded \$2,600 for 2012 and 2011 in other operating revenue in the accompanying consolidated statements of operations and changes in net assets related to this lease agreement.

Notes to Consolidated Financial Statements (continued) (In Thousands of Dollars)

#### 19. Venture Activities (continued)

In 2009, the System received a \$23,000 promissory note from the CCOC for the value of non-trauma orthopaedic service offerings contributed to CCOC in excess of the System's underlying equity in the net assets of the CCOC. The promissory note was not recorded in the consolidated statements of financial position when applying carryover basis accounting. The note was paid in full during 2012, and the System recorded \$23,000 in other operating revenue in the consolidated statements of operations and changes in net assets. Interest recognized on the note in 2012 and 2011 was \$5,856 and \$2,270, respectively, and is included in investment income in the accompanying consolidated statements of operations and changes in net assets.

The System entered into a promissory note dated March 2009 with the CCOC for the advancement of funds related to a capital project. The note receivable at December 31, 2012 and 2011 was \$10,524 and is recorded in noncurrent assets on the consolidated statements of financial position. Effective November 1, 2012, the interest rate was amended from 11% per annum to 7.75%. Principal payments on the note are due in 120 consecutive payments beginning in April 15, 2014. The System did not accrue interest on the note for the period May 2009 through December 2012; the CCOC paid accrued interest on the note related to this period of \$4,306 in December 2012 which is included in investment income in the accompanying consolidated statements of operations and changes in net assets.

The System entered into a promissory note dated May 2009 with the CCOC for the advancement of funds related to working capital and other operational needs. The note receivable is \$5,191 and \$4,797 at December 31, 2012 and 2011, respectively, and is recorded in other noncurrent assets in the consolidated statements of financial position. The note bears interest at 6%. Principal payments on the note are to begin January 1, 2013.

As of December 31, 2012 and 2011, the System's investment in the CCOC was \$0. The System's share (49.65%) of the CCOC's equity balance was approximately \$20,100 and \$18,000 at December 31, 2012 and 2011, respectively. The System received distributions of \$3,598 and \$1,300 in 2012 and 2011, respectively, which is included in venture income in the consolidated statements of operations and changes in net assets.

#### ARIS Teleradiology Holdings, Inc.

Effective October 31, 2011, the System entered into a membership interest purchase agreement with Akron Teleradiology, LLC (ARI) to purchase ARI's 35% ownership interest in Aris Teleradiology, LLC (ARIS). As a result of the purchase, the System owned 100% of ARIS. The System simultaneously contributed the assets and liabilities of ARIS to Aris Teleradiology Company, LLC (the Company), a subsidiary of Aris Teleradiology Holdings, Inc.

Notes to Consolidated Financial Statements (continued) (In Thousands of Dollars)

#### 19. Venture Activities (continued)

(the Corporation) in exchange for 61,400 shares of common stock. On November 1, 2011, the System sold 8,815 shares of common stock to ARI and now owns 52,585 shares of the common stock of the Corporation. In accordance with accounting for consolidations, the fair value of the shares sold to ARI is the basis for determining the investment in the Company. As a result, in 2011, the System recorded a gain on the transaction of \$8.7 million which is included in joint venture income in the consolidated statements of operations and changes in net assets. At December 31, 2012 and 2011, the System's investment in ARIS was approximately \$7,775 and \$8,555, respectively. Total (loss) income recorded from the joint venture with ARIS was \$(780) and \$7,847 (inclusive of the \$8.7 million gain) at December 31, 2012 and 2011, respectively, which is included in venture income in the consolidated statements of operations and changes in net assets.

#### Cornerstone Medical Services - Midwest, LLC

The System has a joint venture in a for-profit home medical equipment and supply company, Cornerstone Medical Services – Midwest, LLC (CSMW). The System owns 50% of CSMW and does not manage or control the operations. The investment is accounted for under the equity method wherein the System's share of the income (loss) of CSMW is reflected in the System's consolidated statements of operations and changes in net assets and as an increase (decrease) in the carrying value of the investment.

At December 31, 2012 and 2011, the System's investment in CSMW was approximately \$6,900. The System recorded a net gain on its investment of \$1,794 and \$1,600 in 2012 and 2011, respectively, which is included in net gain from venture income in the consolidated statements of operations and changes in net assets.

#### 20. Subsequent Events

The System evaluated events and transactions occurring subsequent to December 31, 2012 through April 23, 2013, the date the consolidated financial statements were issued. On February 21, 2013, the System announced that the Board of Directors approved a Letter of Intent with Catholic Health Partners (CHP) to create a strategic partnership, pending final negotiations. The System will retain majority ownership and local control upon finalization of the partnership which is scheduled for completion by mid-year. The System is evaluating the impact to the consolidated financial statements. During this period, there were no other subsequent events requiring disclosure, and there were no subsequent events requiring recognition in the consolidated financial statement.

#### Ernst & Young LLP

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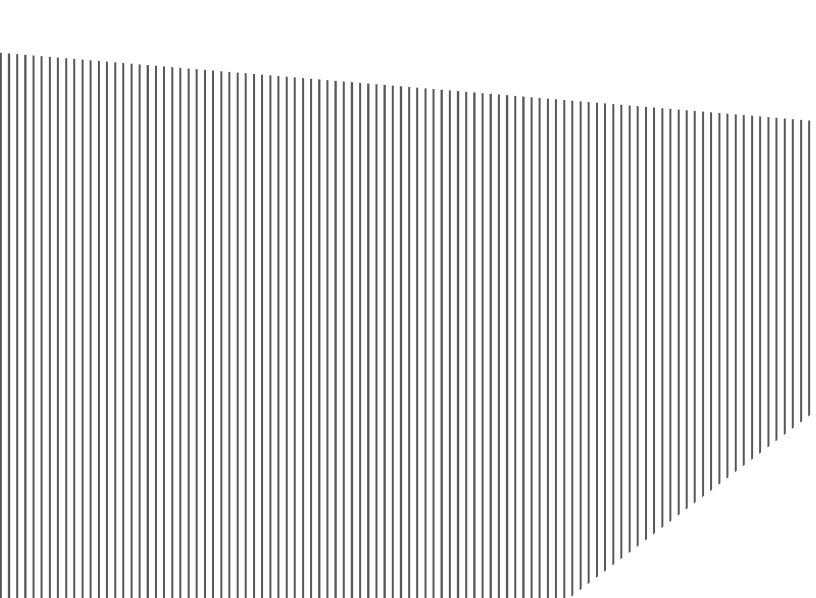
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**BAKER & HOSTETLER LLP** ATTN: SONIA K. LOWE 65 E STATE ST. STE 2100 COLUMBUS, OH 43215

## STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

491293

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

#### SUMMA FOUNDATION

and, that said business records show the filing and recording of:

Document(s)

MERGER/DOMESTIC

Document No(s):

201214600493



United States of America State of Ohio Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 1st day of June, A.D. 2012.

Ohio Secretary of State

#### Receipt

This is not a bill. Please do not remit payment.

**BAKER & HOSTETLER LLP** ATTN: SONIA K. LOWE 65 E STATE ST. STE 2100 COLUMBUS, OH 43215

## STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

#### 1917335

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

#### **SUMMA FOUNDATION**

and, that said business records show the filing and recording of:

Document(s)

MERGED OUT OF EXISTENCE

Document No(s):

201214600493



United States of America State of Ohio Office of the Secretary of State Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 1st day of June, A.D. 2012.

Ohio Secretary of State

Jan Husted



# Form 551 Prescribed by: JON HUSTED Ohio Secretary of State

Central Ohio: (614) 466-3910 Toll Free: (877) SOS-FILE (767-3453)

www.OhioSecretaryofState.gov Busserv@OhioSecretaryofState.gov Makes checks payable to Ohio Secretary of State

Mail this form to one of the following: Regular Filing (non expedite) P.O. Box 1329 Columbus, OH 43216

Expedite Filing (Two-business day processing time requires an additional \$100.00).

P.O. Box 1390 Columbus, OH 43216

## **Certificate of Merger**

Filing Fee: \$125

	(154-WEK)			
associatio	ance with the requirements of Ohio law, the undersigned corporations, banks, sa ons, limited liability companies, partnerships, limited partnerships and/or limited linerger, set forth the following facts	vings banks, savii ability partnership	ngs and l s, desirin	loan ig to
	(Surviving) Entity  Name of Entity Surviving the Merger  Summa Akron City and St. Thomas Ho	ospitals Foundat	ion	
В	B. Name Change: As a result of this merger, the name of the surviving entity has	changed to the col	low <u>in</u>	SEC
	Summa Foundation		7	m,
	(Complete only if name of surviving entity is changing through the merger)  C. The surviving entity is a (Please check the appropriate box and fill in the a	SERV	25	THE REPORT
C	C. The surviving entity is a (Please check the appropriate box and fill in the a	appropriate blank	(s) PH 2:	OF STATE
1	. X Domestic (Ohio entity)	CENTER	20	Land.
2	Jurisdiction of formation  2. Charter/Registration/License Number (If licensed in Ohio as domestic or foreign	n)		
3	For-Profit Corporation			
	X Nonprofit Corporation			
	For-Profit Limited Liability Company			
	Nonprofit Limited Liability Company			
	Partnership			
	Limited Partnership			
	Limited Liability Partnership			

Entity Name	Ohio Charter/License/ Registration Number	Jurisdiction of Formation	Type of Entity
Summa Foundation	1917335	Ohio	Non-Profit Corp.
The name and mailing address of the merger agreement upon written requirements	ne person or entity from whom/which e	eligible persons may	obtain a copy of t
III. MERGER AGREEMENT ON FII The name and mailing address of ti merger agreement upon written req William A. Powel, III Name	ne person or entity from whom/which e	eligible persons may	obtain a copy of t
The name and mailing address of the merger agreement upon written required William A. Powel, III Name  525 East Market Street	ne person or entity from whom/which e	eligible persons may	obtain a copy of t
The name and mailing address of the merger agreement upon written requirement.  William A. Powel, III  Name  525 East Market Street  Mailing Address	ne person or entity from whom/which e		
The name and mailing address of the merger agreement upon written required William A. Powel, III Name  525 East Market Street	ne person or entity from whom/which e	eligible persons may  OH  State	obtain a copy of t  44304  Zip Code
The name and mailing address of the merger agreement upon written required William A. Powel, III Name  525 East Market Street Mailing Address  Akron	ne person or entity from whom/which e	ОН	44304
The name and mailing address of the merger agreement upon written requirement.  William A. Powel, III Name  525 East Market Street Mailing Address  Akron City  IV. EFFECTIVE DATE OF MERGE	ne person or entity from whom/which e	ОН	44304

Each constituent entity has complied with the laws under which it exists and the laws permit the merger. The agreement of merger is authorized on behalf of each constituent entity and each person who signed the certificate on behalf of each entity is authorized to do so.

## VI. STATEMENT OF MERGER

Upon filing this Certificate of Merger, or upon such later date as specified herein, the merging entity/entities listed herein shall merge into the listed surviving entity.

, a otatatory agont a	pon whom any process, notice o	
Name		
Mailing Address		
City		State Zip Code
CHA		•
	agent must be an Ohio reside hio and has an Ohio address.	nt; an Ohio corporation; or a foreign corporation lice
Note: The statutory to do business in Ol  VIII. AMENDMENTS If a domestic corporate amendments to the e	thio and has an Ohio address.	limited partnership survives the merger, any articles of organization, or certificate of limited partnershi

#### IX. REQUIREMENTS OF CORPORATIONS MERGING OUT OF EXISTENCE

If a domestic corporation or foreign corporation licensed to transact business in Ohio is a constituent entity and the surviving entity is not a domestic corporation or foreign corporation to be licensed in Ohio, the certificate of merger must be accompanied by the affidavits, receipts, certificates, or other evidence required by division (H) of section 1701.86 division (G) of section 1702.47 of the Revised Code with respect to each domestic constituent corporation, and/or by the affidavits, receipts, certificates, or other evidence required by division (C) or (D) of section 1703.17 of the Revised Code with respect to each foreign constituent corporation licensed to transact business in Ohio.

#### X. QUALIFICATION OR LICENSE OF FOREIGN SURVIVING ENTITY

A surviving foreign entity that wishes to qualify in Ohio as part of the merger must file an additional form, as listed below, but no additional filing fee is required.

Foreign Qualifying Corporation Form 530A or B and Certificate of Good Standing

Foreign Notice (if qualifying entity is a foreign bank, savings bank, or savings and loan association) Form 552

Foreign Qualifying Limited Liability Company Form 533B

Foreign Qualifying Limited Partnership Form 531B

Foreign Qualifying Limited Liability Partnership Form 537 and Evidence of Existence in Jurisdiction of Formation

The undersigned constituent entities (constituent entities include all merging and surviving entities) have caused this certificate of merger to be signed by their duly authorized officers, partners and representatives on the date(s) stated below

	Summa Akron City and St. Thomas Hospitals Foundation
ŀ	Name of entity
ву:	1 De località
	Signature
	Assistant Secretary
	Title
	·
I	Summa Foundation
	Name of entity
	^ -
Ву:	TPHOIN (MI)
	Signature
lts:	Assistant Secretary
1	Title
_	Name of entity
Ву:	
	Signature
its:	
	Title

An authorized representative of each constituent corporation, partnership, or entity must sign the merger certificate (ORC 1701.81(A), 1702.43 (A), 1705.38(A), 1776.70(A), 1782.433(A)). this includes all merging and surviving entities.

# AMENDED and RESTATED ARTICLES OF INCORPORATION OF SUMMA FOUNDATION

FIRST: The name of the corporation is Summa Foundation.

SECOND: The location of the principal office in Ohio is 525 East Market Street, Akron, Ohio 44304.

THIRD: The Corporation is organized and shall be operated exclusively for educational, charitable and scientific purposes, within the meaning of Section 501(c)(3) of the Internal Revenue Code, as now in effect or as may hereafter be amended (and to the corresponding provisions of any laws subsequently enacted and all regulations issued under those Sections and provisions) (the "Code"), including without limitation, operating exclusively for the benefit of, to perform the functions of, or to carry out the purposes of Summa Health System, an Ohio nonprofit corporation, or its successor, and related entities, by conducting (i) fundraising, (ii) government affairs, (iii) advocacy, and (iv) other educational, charitable and scientific activities.

The Corporation is empowered to exercise all rights and powers conferred by the laws of the State of Ohio upon nonprofit corporations, including, but without limitation thereon, the right and power to receive gifts, bequests and contributions outright, in trust or in any other form; to collect dues; and to use, apply, invest and reinvest the principal and/or income therefrom or to distribute the same for the above purposes.

FIFTH: No part of the net earnings of the Corporation shall inure to the private or individual benefit of, or be distributable to, its directors, officers or other private individuals, but the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments, distributions or donations in furtherance of the purposes set

forth in Article THIRD hereof. The Corporation shall not carry on propaganda or otherwise attempt to influence legislation to such extent as would result in the loss of exemption under Section 501(c)(3) of the Code. No activity of the Corporation shall consist of participating in or intervening in (including the publishing or distributing of statements) any political campaign on behalf of or in opposition to any candidate for public office. It is intended that this Corporation shall have and continue to have the status of a corporation which is exempt from federal income taxation under Section 501(a) of the Code as an organization described in Section 501(c)(3) thereof, and which is other than a private foundation by reason of being described in Paragraph (1), (2) or (3) of Section 509(a) of the Code. Notwithstanding any other provision of these Articles, the Corporation shall not carry on any activities not permitted to be carried on by an organization (a) exempt from federal income tax under Section 501(c)(3) of the Code; (b) contributions to which are deductible for federal income tax purposes under Section 170(c)(2) of the Code; (c) bequests to which are deductible for federal estate tax purposes under Section 2055(a)(2) of the Code; and (d) gifts to which are deductible for federal gift tax purposes under Section 2522(a)(2) of the Code. These Articles shall be construed accordingly, and all powers and activities hereunder shall be limited accordingly.

SIXTH: Upon the dissolution of the Corporation, the Board of Directors shall, after paying or making provisions for the payment of all of the known liabilities of the Corporation, distribute all of the assets of the Corporation to the member, so long as it is "qualified" to receive such assets as determined by the Board of Directors. If the member is not "qualified" to receive such assets, the assets shall be distributed exclusively for charitable, educational, scientific or religious purposes to such "qualified" organization or organizations as the Board of Directors shall determine. An organization shall be deemed to be a "qualified"

organization for purposes of this Article SEVENTH only if at the time of the distribution of such assets it is operated exclusively for purposes described in Section 170(c)(2)(B) and is an organization described in Section 501(c)(3) of the Code. Any of such assets not so distributed shall be distributed by the court of common pleas of Summit County, exclusively for the aforesaid purposes of the Corporation, or to such qualified organization or organizations as said court shall determine.

SEVENTH: These Articles may be amended from time to time, or Amended Articles of Incorporation may be adopted, at a meeting of the member held for such purpose or, without a meeting, by the unanimous written consent of the member.

EIGHTH: Any reference in these Articles to a section of the Internal Revenue Code shall be interpreted to include a reference to the corresponding provisions of any applicable future United States internal revenue law.

NINTH: The member of the Corporation shall be Summa Health System, an Ohio nonprofit corporation, or its successor.



#### Form 590 Prescribed by the: Ohio Secretary of State

Central Ohio: (614) 466-3910

Toll Free: (877) SOS-FILE (767-3453)

www.OhioSecretaryofState.gov Busserv@OhioSecretaryofState.gov

## Consent for Use of Similar Name

(To be filed with new business formation document or amendment to change business name where a name conflict will occur.)

	· .	
Name of Entity/Individual Givin	g Consent Summa Foundation	
Charter/Registration/License N		
Gives it Consent To	Summa Akron City and St. Thomas Hospitals Foundation	1
To Use The Name	Summa Foundation	
By signing and submitting this f requisite authority to execute the	orm to the Ohio Secretary of State, the undersigned hereby one is document.	certifies that he or she has the
REQUIRED Consent form must be signed by an authorized representative of the consenting entitiy.	Summa Foundation Signature	
If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.	By (if applicable)  William A. Powel, III, Assistant Secretary  Print Name	
If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.	Signature  By (if applicable)	
	Print Name	Lost Davis et 0/0/40
Form 590	Page 1 of 1	Last Revised: 2/6/12