PUBLIC INSPECTION COPY

EXTENDED TO NOVEMBER 15, 2023

Form 990 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: SUMMA HEALTH

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 1077 GORGE BLVD

Room/suite:

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

F Name and address of principal officer: T. CLIFFORD DEVENY, MD
SAME AS C ABOVE

D Employer identification number: 34-1887844

E Telephone number: (234)312-5867

G Gross receipts $: 544,493,420.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number: 5864

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

J Website: WWW.SUMMAHEALTH.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1999

M State of legal domicile: OH

Part I Summary

1	Briefly describe the organization's mission or most significant activities: THE MISSION OF SUMMA HEALTH IS TO PROVIDE THE HIGHEST QUALITY, COMPASSIONATE CARE TO OUR PATIENTS		
2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	1240
6	Total number of volunteers (estimate if necessary)	6	10
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	385,622.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	207,386.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	17,230,930.	14,872,108.
9	Program service revenue (Part VIII, line 2g)	174,286,252.	172,331,316.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	57,058,273.	26,377,569.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	408,638.	382,228.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	248,984,093.	213,963,221.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	308,571.	305,408.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	78,250,401.	80,283,716.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	89,794,032.	103,748,353.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	168,353,004.	184,337,477.
19	Revenue less expenses. Subtract line 18 from line 12	80,631,089.	29,625,744.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,250,438,155.	950,483,781.
21	Total liabilities (Part X, line 26)	742,395,713.	616,139,652.
22	Net assets or fund balances. Subtract line 21 from line 20	508,042,442.	334,344,129.

Part II Signature Block

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

Sign Here

Signature of officer: DAWN AHNER, SR VP, CFO, TREAS — Date: 11-8-23

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: JENNIFER D. RHODERICK
Preparer's signature: Jennifer D Rhoderick
Date: 11/06/23
Check if self-employed ☐
PTIN: P00395735

Firm's name: ERNST & YOUNG U.S. LLP
Firm's EIN: 34-6565596

Firm's address: 111 MONUMENT CIR, STE 4000
INDIANAPOLIS, IN 46204
Phone no. 317-681-7000

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form **8868** (Rev. January 2022)

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	SUMMA HEALTH	34-1887844
	Number, street, and room or suite no. If a P.O. box, see instructions. 1077 GORGE BLVD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. AKRON, OH 44310	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

- The books are in the care of ▶ DAWN AHNER
1077 GORGE BLVD. - AKRON, OH 44310

Telephone No. ▶ 234-867-7016 Fax No. ▶ 234-312-6487

- If the organization does not have an office or place of business in the United States, check this box ..... ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ ☐. If it is for part of the group, check this box ▶ ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☒ calendar year 2022 or
▶ ☐ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$	0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.** Form **8868** (Rev. 1-2022)

223841 04-01-22

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE MISSION OF SUMMA HEALTH IS TO PROVIDE THE HIGHEST QUALITY, COMPASSIONATE CARE TO PATIENTS AND MEMBERS AND CONTRIBUTE TO A HEALTHIER COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 157,117,773. including grants of $ 305,408.) (Revenue $ 170,494,373.)
SUMMA HEALTH DIRECTS AND SUPPORTS THE PROGRAMS AND ACTIVITIES OF THE CONSOLIDATED SUMMA HEALTH ENTITIES SO THAT ALL SUMMA HEALTH RESOURCES AND ASSETS ARE BEST ALLOCATED AND UTILIZED FOR THE BENEFIT OF THE COMMUNITY. SUMMA HEALTH REPRESENTS THE COLLABORATIVE EFFORTS OF HEALTH CARE PROVIDERS TO BETTER ADMINISTER, MANAGE, PROVIDE AND PLAN FOR THE DELIVERY OF A FULL-RANGE OF HEALTH CARE SERVICES TO ALL PERSONS WITHIN THE COMMUNITIES SERVED BY SUMMA HEALTH WITHOUT REGARD TO THE RACE, SEX, CREED, COLOR, NATIONAL ORIGIN OR ECONOMIC STATUS OF SUCH PERSONS.

4b (Code:) (Expenses $ 1,617,808. including grants of $ 0.) (Revenue $ 1,836,943.)
SUMMA HEALTH NETWORK, LLC, A DISREGARDED ENTITY OF SUMMA HEALTH, PARTNERS WITH COMMUNITY PHYSICIANS, REGIONAL AND NATIONAL PAYERS TO IMPROVE THE CLINICAL QUALITY AND EFFICIENCY OF CARE, LOWER THE COST OF CARE TO PATIENTS AND EMPLOYERS AND ASSIST PHYSICIANS WITH TECHNOLOGY AND RESOURCES NECESSARY TO ACHIEVE THESE GOALS.

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

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

4e Total program service expenses 158,735,581.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	772		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c X	

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

			Yes	No
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** 1240			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
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" to line 3b, provide an explanation on 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 CAYMAN ISLANDS See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		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).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**	X	
c	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 **7d**			
e	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**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	**15**	X	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	**17**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12		
	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 on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed OH

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

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

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

DAWN AHNER - 234-867-7016

1077 GORGE BLVD., AKRON, OH 44310

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

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

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

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) T. CLIFFORD DEVENY, MD	46.00									
PRESIDENT & CEO	4.00	X		X				1,819,932.	0.	210,697.
(2) BENJAMIN P. SUTTON	46.00									
EVP COO - PROVIDER OPS.	4.00				X			746,982.	0.	127,146.
(3) PETER BITTENBENDER, MD	2.00									
DIR.,CLINICAL PHYSICIAN	52.00	X						0.	792,546.	37,060.
(4) ROBERT A. GERBERRY	46.00									
SECRETARY/GEN. COUNSEL	4.00			X				657,460.	0.	84,856.
(5) DAWN AHNER	46.00									
TREAS., SVP,CFO(BEG.1/22)	4.00			X				569,021.	0.	98,263.
(6) CHARLES ZONFA, MD	50.00									
SVP CHIEF QUALITY OFFICER	50.00				X			273,038.	267,892.	57,252.
(7) MARK TERPYLAK, DO	0.00									
FORMER SVP POPULATION HEALTH	0.00						X	577,485.	0.	17,986.
(8) ELBRIDGE LOCKLEAR	50.00									
SVP CIO	0.00				X			514,676.	0.	67,926.
(9) PENELOPE GORSUCH,DNP,RN,NEA-BC,	50.00									
SVP & CHF. NURSING EXEC.	0.00				X			429,906.	0.	50,866.
(10) ANTHONY COLLY	50.00									
SVP HUMAN RESOURCES	0.00				X			429,622.	0.	47,028.
(11) CYNTHIA S. KELLEY, DO	50.00									
VP MEDICAL EDUCATION	0.00					X		431,035.	0.	28,821.
(12) ED FRIEDL	50.00									
VP CONSTRUCTION	0.00					X		368,161.	0.	39,012.
(13) JUSTIN CATLETT	50.00									
VP,CHF. MEDICAL INFO. OFF.	0.00					X		357,285.	0.	41,065.
(14) KEITH T. COLEMAN	46.00									
TREAS., SVP,CFO(END 1/22)	4.00			X				393,969.	0.	4,088.
(15) MARK BARNHART	50.00									
VP PAYER STRATEGY	0.00					X		358,250.	0.	29,745.
(16) JENNIFER EATON	50.00									
VP RESEARCH	0.00					X		349,558.	0.	31,723.
(17) MICHELLE BISSON	50.00									
SVP MARKETING & BUS. DEV.	0.00				X			322,303.	0.	44,558.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LYNN HAMRICH, MD	2.00									
DIR.,CLINICAL PHYSICIAN	52.00	X						0.	284,784.	39,950.
(19) GEORGE STRICKLER	4.00									
DIRECTOR AND CHAIRMAN	4.00	X		X				0.	0.	0.
(20) NICHOLAS BROWNING	4.00									
DIRECTOR AND VICE CHAIR	4.00	X		X				0.	0.	0.
(21) RAMONA HOOD	2.00									
DIRECTOR	2.00	X						0.	0.	0.
(22) ORRY JACOBS	2.00									
DIRECTOR	2.00	X						0.	0.	0.
(23) STEPHEN COMUNALE	2.00									
DIRECTOR (END 8/22)	2.00	X						0.	0.	0.
(24) BARBARA FACIANA	2.00									
DIRECTOR	2.00	X						0.	0.	0.
(25) COSTAS KEFALAS, MD	2.00									
DIRECTOR	2.00	X						0.	0.	0.
(26) ALMETA COOPER	2.00									
DIRECTOR (START 2/22)	2.00	X						0.	0.	0.
1b Subtotal								8,598,683.	1,345,222.	1,058,042.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								8,598,683.	1,345,222.	1,058,042.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 138

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	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
QUALIVIS LLC, 2000 CENTER POINT RD., STE 2285, COLUMBIA, SC 29210	MEDICAL SERVICES	47,653,946.
BRIGHTWORK HEALTH IT 600 STEWART ST., SEATTLE, WA 98101	IT&S SERVICES	12,513,356.
EPIC SYSTEMS CORPORATION 1979 MILKY WAY, VERONA, WI 53593	IT&S SERVICES	12,452,056.
TRELLIS RX LLC 1175 PEACHTREE STREET NE, ATLANTA, GA 30361	MEDICAL SERVICES	11,771,827.
MERCY HEALTH, 1701 MERCY HEALTH PLACE, CINCINNATI, OH 45229	IT&S SERVICES	10,221,968.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 406

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 SUMMA HEALTH 34-1887844

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(27) EDWARD MARX DIRECTOR (START 2/22)	2.00 2.00	X						0.	0.	0.
(28) KATHLEEN GEIER DIRECTOR (START 2/22)	2.00 2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	717,140.				
	d Related organizations	1d	7,907,499.				
	e Government grants (contributions)	1e	1,335,454.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,912,015.				
	g Noncash contributions included in lines 1a-1f	1g	$ 2,101,700.				
	h **Total.** Add lines 1a-1f			14,872,108.			
			Business Code				
Program Service Revenue	2a CORP. ALLOCATION FEES		541610	178,258,644.	178,258,644.		
	b HEALTHCARE REVENUE		524298	1,836,943.	1,836,943.		
	c RESEARCH		541700	526,153.	526,153.		
	d RENT INCOME,AFFILIATES		531120	406,203.	206,774.	199,429.	
	e PROGRAM RELATED INVEST		900003	-8,727,968.	-8,914,161.	186,193.	
	f All other program service revenue		621990	31,341.	31,341.		
	g **Total.** Add lines 2a-2f			172,331,316.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			17,035,219.			17,035,219.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real / (ii) Personal				
	6a Gross rents	6a	8,846.				
	b Less: rental expenses	6b	0.				
	c Rental income or (loss)	6c	8,846.				
	d Net rental income or (loss)			8,846.			8,846.
			(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	7a	339,437,042.				
	b Less: cost or other basis and sales expenses	7b	330,077,744. / 16,948.				
	c Gain or (loss)	7c	9,359,298. / -16,948.				
	d Net gain or (loss)			9,342,350.			9,342,350.
	8a Gross income from fundraising events (not including $ 717,140. of contributions reported on line 1c). See Part IV, line 18	8a	127,564.				
	b Less: direct expenses	8b	435,507.				
	c Net income or (loss) from fundraising events			-307,943.			-307,943.
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
			Business Code				
Miscellaneous Revenue	11a PURCHASE DISCOUNTS/FEE		621990	317,152.			317,152.
	b CLINICAL ACCESS SVC.		621990	204,808.			204,808.
	c RESIDENT SERVICES		621990	80,000.			80,000.
	d All other revenue		621990	79,365.			79,365.
	e **Total.** Add lines 11a-11d			681,325.			
	12 **Total revenue.** See instructions			213,963,221.	171,945,694.	385,622.	26,759,797.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	288,683.	288,683.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	16,725.	16,725.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	7,462,933.	3,876,247.	3,586,686.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	768,133.	454,324.	313,809.	
7 Other salaries and wages	57,990,271.	48,711,828.	9,278,443.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,100,914.	1,045,868.	55,046.	
9 Other employee benefits	8,171,023.	7,762,472.	408,551.	
10 Payroll taxes	4,790,442.	4,550,920.	239,522.	
11 Fees for services (nonemployees):				
a Management	86,939.	82,592.	4,347.	
b Legal	2,310,092.		2,310,092.	
c Accounting	544,933.		544,933.	
d Lobbying	230,430.		230,430.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,447,318.		1,447,318.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	22,824,916.	19,629,427.	3,195,489.	
12 Advertising and promotion	6,119,546.	5,813,569.	305,977.	
13 Office expenses	7,388,666.	7,019,233.	369,433.	
14 Information technology	40,195,502.	38,185,727.	2,009,775.	
15 Royalties				
16 Occupancy	2,479,918.	2,355,922.	123,996.	
17 Travel	251,051.	238,498.	12,553.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,929,454.	1,832,981.	96,473.	
20 Interest	144,877.	137,633.	7,244.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,790,384.	12,150,865.	639,519.	
23 Insurance	1,823,723.	1,732,537.	91,186.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a DUES & LICENSES	934,529.	934,529.		
b RECRUITMENT	353,698.	353,698.	0.	
c TAX EXPENSE	248,900.		248,900.	
d MATERIALS AND SUPPLIES	80,457.	76,434.	4,023.	
e All other expenses	1,563,020.	1,484,869.	78,151.	
25 **Total functional expenses.** Add lines 1 through 24e	184,337,477.	158,735,581.	25,601,896.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	40,350,664.	2	46,168,014.
	3	Pledges and grants receivable, net	30,085,981.	3	36,109,280.
	4	Accounts receivable, net	2,853,035.	4	5,284,539.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	2,645,342.	8	2,254,735.
	9	Prepaid expenses and deferred charges	8,461,767.	9	11,799,343.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 129,006,984.			
	b	Less: accumulated depreciation — 10b: 58,991,831.	40,583,791.	10c	70,015,153.
	11	Investments - publicly traded securities	899,654,299.	11	579,065,603.
	12	Investments - other securities. See Part IV, line 11	166,365,406.	12	151,572,864.
	13	Investments - program-related. See Part IV, line 11	48,834,264.	13	39,904,149.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	10,603,606.	15	8,310,101.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	1,250,438,155.	16	950,483,781.
Liabilities	17	Accounts payable and accrued expenses	83,171,175.	17	96,729,312.
	18	Grants payable	459,204.	18	209,204.
	19	Deferred revenue	713,021.	19	570,500.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	658,052,313.	25	518,630,636.
	26	**Total liabilities.** Add lines 17 through 25	742,395,713.	26	616,139,652.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	447,025,131.	27	283,020,665.
	28	Net assets with donor restrictions	61,017,311.	28	51,323,464.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	508,042,442.	32	334,344,129.
	33	Total liabilities and net assets/fund balances	1,250,438,155.	33	950,483,781.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	213,963,221.
2	Total expenses (must equal Part IX, column (A), line 25)	2	184,337,477.
3	Revenue less expenses. Subtract line 2 from line 1	3	29,625,744.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	508,042,442.
5	Net unrealized gains (losses) on investments	5	-143,446,938.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-59,877,119.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	334,344,129.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on 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 compiled 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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☒ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations 2
g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
SUMMA HEALTH SYSTEM	34-0714755	3		X	0.	0.
SUMMA FOUNDATION	34-1219001	7	X		0.	0.
Total					0.	0.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) ..... 14 %

15 Public support percentage from 2021 Schedule A, Part II, line 14 ..... 15 %

16a **33 1/3% support test - 2022.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ☐

b **33 1/3% support test - 2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ☐

17a **10% -facts-and-circumstances test - 2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... ☐

b **10% -facts-and-circumstances test - 2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ..... ☐

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2022** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2021** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		X
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		X
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		X
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		X
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		X
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6	X	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		X
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		X
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		X
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		X
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		X
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	**11a**		X
b	A family member of a person described on line 11a above?	**11b**		X
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	**11c**		X

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		X

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

- **a** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.**	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	**3b**		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	5	
6	Other distributions (*describe in* **Part VI**). See instructions.	6	
7	**Total annual distributions.** Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	8	
9	Distributable amount for 2022 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2022**	**(iii) Distributable Amount for 2022**
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7	**Excess distributions carryover to 2023.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
c	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART IV, SECTION A, LINE 1

SUMMA FOUNDATION IS DESIGNATED AS A SUPPORTED ORGANIZATION BY NAME.

THE ARTICLES OF INCORPORATION DESIGNATES THE OTHER SUPPORTED

ORGANIZATIONS, BY CLASS AND PURPOSE, TO INCLUDE ANY OTHER HOSPITAL,

HEALTH CARE PROVIDER OR OTHER ENTITY THAT QUALIFIES AS A PUBLICLY

SUPPORTED ORGANIZATION WITHIN THE MEANING OF SECTIONS 509(A)(1) OR

509(A)(2) OF THE INTERNAL REVENUE CODE, THAT IS AFFILIATED WITH THE

INTEGRATED HEALTH CARE DELIVERY SYSTEM OPERATED AND MANAGED BY SUMMA

HEALTH, AND THAT IS RELATED TO SUMMA HEALTH IN A MANNER DESCRIBED IN

SECTION 509(A)(3) OF THE INTERNAL REVENUE CODE.

PART IV, SECTION A, LINE 6

IN 2022, SUMMA HEALTH PROVIDED $250,000 IN SUPPORT TO THE UNIVERSITY OF

AKRON FOR MISSION SUPPORT. THIS ORGANIZATION PROVIDES DIRECT SUPPORT TO

PATIENTS OF SUMMA HEALTH SYSTEM, A SUPPORTED ORGANIZATION OF SUMMA

HEALTH.

PART IV, SECTION C, LINE 1

THE MANAGEMENT OF THE SUPPORTING AND THE SUPPORTED ORGANIZATIONS

RESIDES IN THE SAME MANAGEMENT GROUP.

THE SUMMA HEALTH PRESIDENT AND CEO SERVES AS A DIRECTOR FOR BOTH SUMMA

HEALTH AND THE SUPPORTED ORGANIZATIONS.

THE INDIVIDUAL WHO HOLDS THE SUMMA HEALTH CFO POSITION IS AN OFFICER

FOR BOTH SUMMA HEALTH AND EACH OF THE SUPPORTED ORGANIZATIONS, AND THE

INDIVIDUAL WHO SERVES AS SECRETARY AND GENERAL COUNSEL IS AN OFFICER

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

FOR BOTH SUPPORTED ORGANIZATIONS.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

SUMMA HEALTH

Employer identification number

34-1887844

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (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

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[ ] For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ..... $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization: SUMMA HEALTH

Employer identification number: 34-1887844

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 1,007,398.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
2		$ 986,968.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
3		$ 7,907,499.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 25,514.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
5		$ 30,347.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
6		$ 25,000.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)

Name of organization: SUMMA HEALTH

Employer identification number: 34-1887844

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 10,985.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
8		$ 5,290.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
9		$ 5,000.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: SUMMA HEALTH

Employer identification number: 34-1887844

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
1	1,750 XLP, 3,380 DFIV, 1,890 DFAS, 1,513 XLI, 597 VUG, 6,352 DFAT, 4,082 DFSCX SHARES	$ 1,007,398.	08/19/22
2	SEE STATEMENT 1	$ 986,968.	12/31/22
4	25 SHARES OF UNH, 76 SHARES OF AAPL	$ 25,514.	09/12/22
5	703 SHARES OF CSCO	$ 30,347.	11/11/22
6	REFRIGERATOR TRAILER	$ 25,000.	04/30/22
7	INVITATIONS & PRINTING	$ 10,985.	06/24/22

Name of organization: SUMMA HEALTH

Employer identification number: 34-1887844

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
8	18 SHARES OF MSFT, 4 SHARES OF SHW	$ 5,290.	11/29/22
9	HOSTING PATRON EVENT	$ 5,000.	09/22/22
		$	
		$	
		$	
		$	

Name of organization	Employer identification number
SUMMA HEALTH	34-1887844

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) $

Use duplicate copies of Part III if additional space is needed.

(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, and 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, and 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, and 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, and ZIP + 4	Relationship of transferor to transferee

308 SHARES OF ANET, 604 SHARES OF COP, 211 SHARES OF CEG, 1,285 SHARES OF CTRA, 918 SHARES OF DVN, 293 SHARES OF FANG, 257 SHARES OF DFS, 207 SHARES OF LLY, 470 SHARES OF FTNT, 1,355 SHARES OF HAL, 227 SHARES OF HES, 939 SHARES OF MGM, 152 SHARES OF MRNA, 484 SHARES OF NVDA, 292 SHARES OF STLD, 1,059 SHARES OF TSLA, 764 SHARES OF MOS, 31 SHARES OF URI, 1,045 SHARES OF WMB, 3,034 SHARES OF GLNCY, 45 SHARES OF CVS, 169 SHARES OF ETSY.

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

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

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

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

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

Name of organization	Employer identification number
SUMMA HEALTH	34-1887844

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2019	**(b)** 2020	**(c)** 2021	**(d)** 2022	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		194,060.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		36,370.
j Total. Add lines 1c through 1i			230,430.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE AMOUNT ON LINE 1(I) REPRESENTS THE PORTION OF ANNUAL DUES TO THE

AMERICAN HOSPITAL ASSOCIATION ALLOCABLE TO LOBBYING ACTIVITIES.

IN 2022, SUMMA HEALTH EDUCATED CONGRESSIONAL MEMBERS ABOUT THE HEALTH

SYSTEM'S FINANCIAL STATUS, WORKFORCE CHALLENGES, STRENGTHS OF THE

Part IV Supplemental Information *(continued)*

MEDICARE ADVANTAGE PROGRAM, AND THE NEED TO EARN RELIEF FROM SEQUESTRATION, PAYGO (PAY AS YOU GO), AND PHYSICIAN FEE SCHEDULE CUTS. SUMMA HEALTH ALSO REQUESTED A RESTORATION OF 340B PAYMENT CUTS.

WITH RESPECT TO COVID-19, THE HEALTH SYSTEM ENGAGED WITH HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) LEADERSHIP TO RESOLVE OUTSTANDING ISSUES RELATED TO THE PROVIDER RELIEF FUND (PHASE III AND IV). SUMMA HEALTH ALSO WORKED WITH HRSA LEADERS TO EXECUTE ITS FEDERAL APPROPRIATION IN SUPPORT OF THE NEW JUVE BEHAVIORAL HEALTH PAVILION SPACE WHICH WILL OPEN IN JANUARY 2023. HHS AND CONGRESSIONAL LEADERSHIP WILL PARTICIPATE WITH THE GRAND OPENING OF THE NEW PAVILION.

THE HEALTH SYSTEM ALSO SUBMITTED PUBLIC COMMENTS TO CENTER FOR MEDICAID AND MEDICARE SERVICES REGARDING THE PHYSICIAN FEE SCHEDULE, HOSPITAL OUTPATIENT PROSPECTIVE PAYMENT SYSTEMS, AND AMBULATORY SURGICAL CENTER PROPOSED RULES.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
SUMMA HEALTH

Employer identification number
34-1887844

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 $ _____

(ii) Assets included in Form 990, Part X $ 523,567.

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

a Revenue included on Form 990, Part VIII, line 1 $ _____

b Assets included in Form 990, Part X $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a [X] Public exhibition
- b [ ] Scholarly research
- c [ ] Preservation for future generations
- d [ ] Loan or exchange program
- e [ ] Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? [ ] Yes [X] No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? [ ] Yes [ ] No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? [ ] Yes [ ] No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII [ ]

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	29,263,036.	27,566,543.	26,418,953.	21,923,498.	22,691,956.
b Contributions	870,744.	923,605.	359,489.	3,075,711.	-86,257.
c Net investment earnings, gains, and losses	-2,075,056.	772,888.	788,101.	1,419,744.	-682,201.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	28,058,724.	29,263,036.	27,566,543.	26,418,953.	21,923,498.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____%
- b Permanent endowment 100 %
- c Term endowment _____%

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

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

		Yes	No
(i) Unrelated organizations	3a(i)		X
(ii) Related organizations	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,081,433.		1,081,433.
b Buildings		17,194,608.	8,015,212.	9,179,396.
c Leasehold improvements		19,978.		19,978.
d Equipment		105,120,692.	49,834,454.	55,286,238.
e Other		5,590,273.	1,142,165.	4,448,108.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)*				70,015,153.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) CLOSELY HELD EQUITY INTERESTS	151,572,864.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	151,572,864.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CONTINGENCY PLANNING	851,741.
(3) OTHER ACCRUED TAXES	168,168.
(4) PAYABLES TO RELATED ORGANIZATIONS	517,610,727.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)*	518,630,636.

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART III, LINE 4:

SUMMA HEALTH'S VISION IS TO CREATE A HEALTHCARE ENVIRONMENT THAT SURROUNDS AND CONNECTS PATIENTS, VISITORS AND STAFF WITH THE HEALING POWERS OF THE ARTS. THE ACQUISITION OF ART THROUGH DONATIONS FOR PERMANENT DISPLAYS IN SUMMA HEALTH'S NEW PATIENT TOWER, CONTRIBUTES TO THE HEALING ENVIRONMENT FOR BOTH PATIENTS AND CAREGIVERS. SUMMA HEALTH WILL STUDY THE IMPACT OF THE HEALING ARTS ON PATIENT OUTCOMES AND SHARE RESULTS TO IMPROVE CARE AND SERVE AS A NATIONAL MODEL.

PART V, LINE 4:

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

Part XIII Supplemental Information *(continued)*

PART X, LINE 2:

SUMMA AND MOST OF ITS SUBSIDIARIES ARE NOT-FOR-PROFIT CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND ARE EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO SECTION 501(A) OF THE CODE. SUMMA ALSO HAS CERTAIN SUBSIDIARIES THAT ARE TAXABLE FOR FEDERAL INCOME TAX PURPOSES. SC, TOGETHER WITH AFFILIATES OF SHSC, FILES A CONSOLIDATED FEDERAL INCOME TAX RETURN IN ACCORDANCE WITH A TAX-SHARING AGREEMENT DATED JANUARY 1, 2010. THE ENTITIES UTILIZE A CONSOLIDATED APPROACH TO THE ALLOCATION OF FEDERAL INCOME TAXES, WHEREAS SHSC'S TAX-SHARING AGREEMENT WITH ITS SUBSIDIARIES ALLOWS IT TO MAKE CERTAIN CODE ELECTIONS IN ITS CONSOLIDATED FEDERAL TAX RETURN. IN THE EVENT SUCH CODE ELECTIONS ARE MADE, ANY BENEFIT OR LIABILITY IS THE RESPONSIBILITY OF SHSC AND IS ACCRUED AND PAID BY THE PARTICIPATING SUBSIDIARIES. SC IS NOT SUBJECT TO STATE INCOME TAXES AS IT IS LICENSED AS A HEALTH INSURANCE COMPANY UNDER CHAPTER 1751 OF THE OHIO REVISED CODE.

DEFERRED TAX ASSETS AND LIABILITIES ARE RECOGNIZED FOR THE FUTURE TAX CONSEQUENCES ATTRIBUTABLE TO DIFFERENCES BETWEEN THE FINANCIAL STATEMENT CARRYING AMOUNTS OF EXISTING ASSETS AND LIABILITIES AND THE RESPECTIVE TAX BASIS AND OPERATING LOSS AND TAX CREDIT CARRYFORWARDS. DEFERRED TAX ASSETS AND LIABILITIES ARE MEASURED USING ENACTED TAX RATES EXPECTED TO APPLY TO TAXABLE INCOME IN THE YEARS IN WHICH THOSE TEMPORARY DIFFERENCES ARE EXPECTED TO BE RECOVERED OR SETTLED. THE EFFECT ON DEFERRED TAX ASSETS AND LIABILITIES OF A CHANGE IN TAX RATES IS RECOGNIZED IN INCOME IN THE PERIOD THAT INCLUDES THE ENACTMENT DATE.

SUMMA RECOGNIZES INTEREST INCOME, INTEREST EXPENSE, AND PENALTIES RELATED

Part XIII Supplemental Information *(continued)*

TO UNCERTAIN TAX POSITIONS WITHIN THE PROVISION FOR INCOME TAX.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

Go to *www.irs.gov/Form990* **for instructions and the latest information.**

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

SUMMA HEALTH

Employer identification number

34-1887844

Part I General Information on Activities Outside the United States.

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	WHOLLY-OWNED FOREIGN INSURANCE COMPANY FOR SELF INSURANCE	58,636,090.
EUROPE	0	0	INVESTMENT		1,931,335.
3 a Subtotal	0	0			60,567,425.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	0	0			60,567,425.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule F (Form 990) 2022**

232071 10-17-22

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

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 noncash assistance	**(h)** Description of noncash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities ..... ▶

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	[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 separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	[ ] Yes	[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)*	[X] Yes	[ ] No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	[ ] Yes	[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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)*	[ ] Yes	[X] No

Part V Supplemental Information

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

PART I, LINE 3:

METHOD TO ACCOUNT FOR EXPENDITURES ON ORGANIZATION'S FINANCIAL

STATEMENTS:

CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL

SCHEDULE F, PART I, LINE 3(F)

PROGRAM SERVICE ACTIVITY:

$57,322,722 INVESTMENTS

1,313,368 EXPENSES

$58,636,090 TOTAL

SCHEDULE G (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

SUMMA HEALTH

Employer identification number

34-1887844

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
Total						

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

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

		(a) Event #1 GOLF OUTING (event type)	(b) Event #2 GALA (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	198,850.	645,854.		844,704.
	2 Less: Contributions	150,250.	566,890.		717,140.
	3 Gross income (line 1 minus line 2)	48,600.	78,964.		127,564.
Direct Expenses	4 Cash prizes	0.	0.		
	5 Noncash prizes	6,944.	0.		6,944.
	6 Rent/facility costs	9,103.	219,528.		228,631.
	7 Food and beverages	29,093.	93,342.		122,435.
	8 Entertainment	44,742.	20,691.		65,433.
	9 Other direct expenses	1,270.	10,794.		12,064.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				435,507.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-307,943.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

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

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

Name _____

Address _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

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

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

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation $ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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

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

Part IV **Supplemental Information** *(continued)*

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
SUMMA HEALTH

Employer identification number
34-1887844

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF AKRON 302 BUCHTEL COMMON AKRON, OH 44301	34-6002924	GOVERNMENTAL	250,000.	0.			CONSTRUCTION OF UNIVERSITY STADIUM AND NAMING RIGHTS

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

3 Enter total number of other organizations listed in the line 1 table ..... 0.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SUMMASHARES	16	16,725.	0.		

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

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

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

SUMMA HEALTH

Employer identification number

34-1887844

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☒ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☒ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	**2**	X	
3	Indicate which, if any, of the following the 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.			
	☒ Compensation committee	☐ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**	X	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**	X	
c	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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		X
b	Any related organization?	**5b**		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		X
b	Any related organization?	**6b**		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	**7**	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
(1) T. CLIFFORD DEVENY, MD	(i)	1,148,747.	663,241.	7,944.	182,485.	28,212.	2,030,629.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BENJAMIN P. SUTTON	(i)	509,568.	235,377.	2,037.	94,171.	32,975.	874,128.	0.
EVP COO - PROVIDER OPS.	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PETER BITTENBENDER, MD	(i)	0.	0.	0.	0.	0.	0.	0.
DIR.,CLINICAL PHYSICIAN	(ii)	720,178.	71,498.	870.	9,150.	27,910.	829,606.	0.
(4) ROBERT A. GERBERRY	(i)	435,859.	218,881.	2,720.	62,807.	22,049.	742,316.	0.
SECRETARY/GEN. COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DAWN AHNER	(i)	527,012.	19,462.	22,547.	64,656.	33,607.	667,284.	0.
TREAS., SVP,CFO(BEG.1/22)	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CHARLES ZONFA, MD	(i)	271,456.	0.	1,582.	35,030.	13,713.	321,781.	0.
SVP CHIEF QUALITY OFFICER	(ii)	147,489.	119,410.	993.	0.	8,509.	276,401.	0.
(7) MARK TERPYLAK, DO	(i)	0.	134,616.	442,869.	0.	17,986.	595,471.	442,029.
FORMER SVP POPULATION HEALTH	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ELBRIDGE LOCKLEAR	(i)	383,676.	128,573.	2,427.	46,972.	20,954.	582,602.	0.
SVP CIO	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) PENELOPE GORSUCH,DNP,RN,NEA-BC,	(i)	400,207.	14,596.	15,103.	48,490.	2,376.	480,772.	0.
SVP & CHF. NURSING EXEC.	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ANTHONY COLLY	(i)	302,488.	125,104.	2,030.	44,361.	2,667.	476,650.	0.
SVP HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) CYNTHIA S. KELLEY, DO	(i)	328,226.	101,277.	1,532.	6,663.	22,158.	459,856.	0.
VP MEDICAL EDUCATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) ED FRIEDL	(i)	282,149.	82,895.	3,117.	9,496.	29,516.	407,173.	0.
VP CONSTRUCTION	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) JUSTIN CATLETT	(i)	340,442.	15,678.	1,165.	7,522.	33,543.	398,350.	0.
VP,CHF. MEDICAL INFO. OFF.	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) KEITH T. COLEMAN	(i)	60,895.	273,075.	59,999.	2,146.	1,942.	398,057.	0.
TREAS., SVP,CFO(END 1/22)	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) MARK BARNHART	(i)	317,195.	36,281.	4,774.	0.	29,745.	387,995.	0.
VP PAYER STRATEGY	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) JENNIFER EATON	(i)	265,647.	82,895.	1,016.	9,115.	22,608.	381,281.	0.
VP RESEARCH	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
(17) MICHELLE BISSON	(i)	242,208.	74,876.	5,219.	15,603.	28,955.	366,861.	0.
SVP MARKETING & BUS. DEV.	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) LYNN HAMRICH, MD	(i)	0.	0.	0.	0.	0.	0.	0.
DIR.,CLINICAL PHYSICIAN	(ii)	283,566.	0.	1,218.	8,788.	31,162.	324,734.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

TAX INDEMNIFICATION AND GROSS-UP PAYMENTS:

SUMMA HEALTH GROSSED UP TAXES FOR YEARS OF SERVICE ANNIVERSARIES IN THE AMOUNT OF $50 FOR EMPLOYEES WHO REACHED IMPORTANT MILESTONE ANNIVERSARIES; 5, 10, 15 YEARS, ETC. INCLUDED IN THESE MILESTONE ANNIVERSARY PAYMENTS WERE ONE KEY EMPLOYEE AND THREE HIGHLY COMPENSATED EMPLOYEES. THE AMOUNT OF THE GROSS UP IS RECOGNIZED AS ADDITIONAL TAXABLE COMPENSATION.

HOUSING ALLOWANCE:

A HOUSING ALLOWANCE WAS PAID ON BEHALF OF ONE OFFICER AND ONE KEY EMPLOYEE. THE AMOUNT IS RECOGNIZED AS ADDITIONAL TAXABLE COMPENSATION.

PART I, LINES 4A-B:

PART I LINE 4A SEVERENCE OR CHANGE OF CONTROL PAYMENT:

IN 2022 MARK TERPYLAK, DO RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF $383,645 FROM THE ORGANIZATION. SEVERANCE AMOUNTS ARE TREATED AS TAXABLE COMPENSATION.

PART I, LINE 4B SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN:

A SUPPLEMENTAL NON-QUALIFIED EXECUTIVE RETIREMENT PLAN IS TO PROVIDE KEY

Part III Supplemental Information

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

EMPLOYEES WITH ADDITIONAL COMPENSATION TO SUPPLEMENT THEIR RETIREMENT BENEFITS AND MITIGATE EFFECTS OF QUALIFIED RETIREMENT PLAN LIMITS. THE FOLLOWING LISTED PERSONS RECEIVED BENEFITS FROM THE ORGANIZATION OR FROM A RELATED ORGANIZATION: T. CLIFFORD DEVENY, MD $174,867, ROBERT A. GERBERRY $53,657, ELBRIDGE LOCKLEAR $46,972, ANTHONY COLLY $36,816, BENJAMIN P. SUTTON $83,496, DAWN AHNER $64,656, CHARLES ZONFA $35,004, MICHELLE BISSON $7,706, AND PENELOPE GORSUCH $48,490.

PART I, LINE 7:

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

SCHEDULE L
(Form 990)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

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Name of the organization
SUMMA HEALTH

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34-1887844

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** **Schedule L (Form 990) 2022**

232131 11-01-22

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
CAYLOR COLLY	FAMILY MEMBER OF AN	96,233.	EMPLOYMENT		X
ALYSSA DRESSMAN	FAMILY MEMBER OF LY	33,693.	EMPLOYMENT		X
MARIAH HOOD	FAMILY MEMBER OF RA	42,736.	EMPLOYMENT		X
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIB	127,867.	CONSULTING		X

Part V Supplemental Information.

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: CAYLOR COLLY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF ANTHONY COLLY, KEY EMPLOYEE

(A) NAME OF PERSON: ALYSSA DRESSMAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF LYNN HAMRICH, MD DIRECTOR

(A) NAME OF PERSON: MARIAH HOOD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF RAMONA HOOD DIRECTOR

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SUBSTANTIAL CONTRIBUTOR

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

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Name of the organization
SUMMA HEALTH

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Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	7	2,061,865.	MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	1	1,000.	REPLACEMENT COST
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (EQUIPMENT)	X	1	22,850.	REPLACEMENT COST
26	Other (EVENTS)	X	1	15,985.	REPLACEMENT COST
27	Other ( )				
28	Other ( )				

				Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29	0		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a			X
b	If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a			X
b	If "Yes," describe in Part II.				
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

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

SCHEDULE M, PART I, COLUMN (B):

EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS:

SECURITIES - PUBLICLY TRADED: NUMBER OF CONTRIBUTIONS

OTHER: NUMBER OF CONTRIBUTIONS

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

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2022

Open to Public Inspection

Name of the organization
SUMMA HEALTH

Employer identification number
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND TO CONTRIBUTE TO A HEALTHIER COMMUNITY.

FORM 990, PART VI, SECTION A, LINE 2:

FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS:

THE FOLLOWING INDIVIDUALS HAVE A BUSINESS RELATIONSHIP AS BOARD MEMBERS OF

A SUMMA HEALTH OWNED ENTITY:

MIDDLEBURY ASSURANCE COMPANY: T. CLIFFORD DEVENY, MD, ROBERT GERBERRY,

KEITH COLEMAN, DAWN AHNER

SUMMA ACO DBA NEWHEALTH COLLABORATIVE: T. CLIFFORD DEVENY, MD, KEITH

COLEMAN, DAWN AHNER, ROBERT GERBERRY, MARK TERPYLAK, DO

SUMMA REHAB HOSPITAL: MARK TERPYLAK, DO, BENJAMIN SUTTON AND PENELOPE

GORSUCH

SUMMA HEALTH SYSTEM CORP: T. CLIFFORD DEVENY, MD, KEITH COLEMAN, DAWN

AHNER, ROBERT GERBERRY

THE FOLLOWING INDIVIDUALS HAVE A BUSINESS RELATIONSHIP AS BOARD MEMBERS OF

A SUMMA HEALTH SYSTEM CORP., A SUMMA HEALTH OWNED ENTITY:

OHIO HEALTH CHOICE: ROBERT GERBERRY AND MICHELLE BISSON

SUMMA MANAGEMENT SERVICES ORG.: KEITH COLEMAN, DAWN AHNER AND ROBERT

GERBERRY

SUMMA INTEGRATED SERVICES ORG.: KEITH COLEMAN, DAWN AHNER AND ROBERT

GERBERRY

SUMMACARE AND SUMMA INSURANCE COMPANY: T. CLIFFORD DEVENY, MD, GEORGE

STRICKLER, ROBERT GERBERRY, KEITH T. COLEMAN, DAWN AHNER AND BENJAMIN

Name of the organization
SUMMA HEALTH

Employer identification number
34-1887844

SUTTON

BUSINESS RELATIONSHIP:

T. CLIFFORD DEVENY, M.D., MARK TERPYLAK, D.O.

FORM 990, PART VI, SECTION B, LINE 11B:

REVIEW OF FORM 990 BY GOVERNING BODY:

THE RETURN WAS REVIEWED IN DETAIL BY A COMMITTEE CONSISTING OF INTERNAL LEGAL COUNSEL, FINANCIAL MANAGEMENT, AND AN EXTERNAL TAX ADVISOR. THE REVIEW COMMITTEE INCLUDED THE SENIOR VICE PRESIDENT, FINANCE & CFO AND THE SENIOR VICE PRESIDENT, LEGAL SERVICES & GENERAL COUNSEL. THIS DETAILED REVIEW OCCURRED IN OCTOBER 2023. FOLLOWING THIS REVIEW AND INCORPORATION OF CHANGES RECOMMENDED BY THIS COMMITTEE, THE RETURN WAS PROVIDED TO THE SUMMA HEALTH COMMITTEE ON GOVERNANCE PRIOR TO ITS OCTOBER 2023 MEETING FOR FURTHER REVIEW. THE COMMITTEE ON GOVERNANCE IS A STANDING COMMITTEE APPOINTED BY THE SUMMA HEALTH BOARD OF DIRECTORS AND INCLUDES MEMBERS OF THE BOARD OF DIRECTORS. 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 BOARD OF DIRECTORS. THIS EMAIL INCLUDED INSTRUCTIONS AND A LINK TO A PASSWORD-PROTECTED WEB SITE ON WHICH THE ENTIRE FORM 990 WAS AVAILABLE FOR VIEWING.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST PROCESS SUMMARY:

A CONFLICT OF INTEREST QUESTIONNAIRE IS SENT ANNUALLY TO ALL SUMMA HEALTH ENTITIES BOARDS OF DIRECTORS, KEY EMPLOYEES, EXECUTIVE LEADERSHIP TEAM MEMBERS, MEDICAL DIRECTORS, QUALITY DIRECTORS, EMPLOYED PHYSICIANS, EMPLOYED ADVANCED PRACTICE PROVIDERS, MEMBERS OF THE AUDIT AND COMPLIANCE,

Name of the organization: SUMMA HEALTH

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INVESTMENT, FINANCE, GOVERNANCE, COMPENSATION, CREDENTIALING, SAFETY AND QUALITY, COMMUNITY ENGAGEMENT, PHARMACY AND THERAPEUTICS, OPERATING AND VALUE ANALYSIS PURCHASING COMMITTEES AND EMPLOYEES WHO ARE DIRECTORS AND ABOVE FOR COMPLETION. RESPONSES ARE INDIVIDUALLY REVIEWED FOR DETERMINATION OF POTENTIAL CONFLICTS. THOSE RESPONSES DEEMED TO PRESENT POTENTIAL CONFLICTS ARE THEN PRESENTED TO THE COMMITTEE ON GOVERNANCE (SUB-COMMITTEE OF THE SUMMA HEALTH BOARD OF DIRECTORS). THE COMMITTEE ON GOVERNANCE REVIEWS EACH RESPONSE THAT PRESENTS A POTENTIAL CONFLICT AND DETERMINES WHETHER ADDITIONAL ACTION IS REQUIRED TO ELIMINATE OR MITIGATE THE POTENTIAL CONFLICT. THIS ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE PROCESS IS MANAGED BY THE CORPORATE COMPLIANCE DEPARTMENT PURSUANT TO THE SUMMA HEALTH POLICY ON CONFLICT OF INTEREST AS APPROVED BY THE SUMMA HEALTH BOARD OF DIRECTORS.

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

FORM 990, PART VI, SECTION B, LINE 15:

PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL AND OTHER EMPLOYEES:

EXECUTIVE COMPENSATION: THE HUMAN RESOURCES COMMITTEE, (FKA COMPENSATION COMMITTEE) OF THE SUMMA HEALTH BOARD OF DIRECTORS MEETS AT LEAST TWICE EACH YEAR TO REVIEW AND APPROVE BASE COMPENSATION AND TOTAL REMUNERATION FOR EXECUTIVE STAFF. EACH VOTING MEMBER OF THE HUMAN RESOURCES COMMITTEE IS AN INDEPENDENT DIRECTOR AND IS NOT AFFILIATED WITH MANAGEMENT. THE HUMAN RESOURCES COMMITTEE ENGAGES OUTSIDE CONSULTING SUPPORT TO PROVIDE INDEPENDENT MARKET DATA, ADVICE AND COUNSEL TO THE HUMAN RESOURCES COMMITTEE. THE HUMAN RESOURCES COMMITTEE HAS USED KORN FERRY, A NATIONALLY

Name of the organization: SUMMA HEALTH

Employer identification number: 34-1887844

RECOGNIZED CONSULTING FIRM, TO ASSIST THEIR EFFORTS. KORN FERRY PROVIDES THE FOLLOWING SERVICES TO THE HUMAN RESOURCES COMMITTEE: (A) EDUCATION OF COMMITTEE MEMBERS REGARDING EXECUTIVE COMPENSATION TRENDS AND BEST PRACTICES IN HEALTHCARE ORGANIZATIONS; (B) ASSESSMENT OF THE MARKET COMPETITIVENESS AND REASONABLENESS OF SUMMA'S EXECUTIVE COMPENSATION PROGRAMS INCLUDING BASE SALARY, INCENTIVE COMPENSATION, CORE AND EXECUTIVE BENEFITS, AS WELL AS THEIR ALIGNMENT WITH THE MISSION AND FUTURE PERFORMANCE EXPECTATIONS; (C) WRITTEN, DETAILED EVALUATION OF THE MARKET REASONABLENESS OF SUMMA'S EXECUTIVE COMPENSATION AND BENEFITS PROGRAM; AND (D) ONGOING SUPPORT AND INDEPENDENT ADVICE TO THE HUMAN RESOURCES COMMITTEE ON MATTERS RELATED TO EXECUTIVE COMPENSATION. THE HUMAN RESOURCES COMMITTEE CONTEMPORANEOUSLY DOCUMENTS ITS DELIBERATIONS AND DECISIONS REGARDING COMPENSATION ARRANGEMENTS FOR EACH POSITION LISTED BELOW.

EACH YEAR THE HUMAN RESOURCES COMMITTEE REVIEWS AND APPROVES THE COMPENSATION FOR THE FOLLOWING POSITIONS:

PRESIDENT & CEO

EXECUTIVE VP, CHIEF OPERATING OFFICER PROVIDER OPERATIONS

SENIOR VICE PRESIDENT, FINANCE AND CFO

SENIOR VICE PRESIDENT, CHIEF LEGAL OFFICER & GENERAL COUNSEL

SENIOR VP, POST-ACUTE/AT HOME CARE DIVISION & INTEGRATED CARE MANAGEMENT

SENIOR VICE PRESIDENT, IT&S & CIO

SENIOR VICE PRESIDENT, CHIEF HUMAN RESOURCES OFFICER

SENIOR VP, SH POPULATION HEALTH SERVICES/PRESIDENT SUMMA CARE

SENIOR VICE PRESIDENT, SYSTEM CHIEF NURSING EXECUTIVE

SENIOR VP, MARKETING AND BUSINESS DEVELOPMENT

SENIOR VP, CHIEF QUALITY OFFICER

PRESIDENT, SUMMA HEALTH SYSTEM HOSPITALS

PRESIDENT, FOUNDATION, CHIEF DEVELOPMENT OFFICER

Name of the organization: SUMMA HEALTH

Employer identification number: 34-1887844

PRESIDENT SUMMA HEALTH MEDICAL GROUP

FORM 990, PART VI, SECTION C, LINE 19:

REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC:

SUMMA HEALTH MAKES ITS CONFLICTS OF INTEREST POLICY AVAILABLE UPON REQUEST.

THE ARTICLES OF INCORPORATION OF SUMMA HEALTH AND ITS RELATED ENTITIES ARE

AVAILABLE ON THE WEBSITE OF THE OHIO SECRETARY OF STATE

(WWW.SOS.STATE.OH.US). SUMMA HEALTH MAKES ITS FINANCIAL STATEMENTS

AVAILABLE ON ITS WEBSITE (WWW.SUMMAHEATLH.ORG). THE FINANCIAL STATEMENTS

ARE ALSO AVAILABLE THROUGH THE ELECTRONIC MUNICIPAL MARKET ACCESS.

(WWW.EMMA.MSRB.ORG).

FORM 990, PART IX, LINE 11G, OTHER FEES:

NON-BILLABLE PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES	6,848,055.
MANAGEMENT AND GENERAL EXPENSES	1,114,800.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,962,855.

CONSULTANT FEES:

PROGRAM SERVICE EXPENSES	11,309,874.
MANAGEMENT AND GENERAL EXPENSES	1,841,143.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	13,151,017.

EQUIPMENT MAINTENANCE:

PROGRAM SERVICE EXPENSES	1,438,124.
MANAGEMENT AND GENERAL EXPENSES	234,113.

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FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,672,237.
PHYSICIAN SERVICES:	
PROGRAM SERVICE EXPENSES	33,374.
MANAGEMENT AND GENERAL EXPENSES	5,433.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	38,807.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	22,824,916.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
TRANSFERS TO/FROM AFFILIATES	-57,061,000.
OTHER ADJUSTMENTS	-600,000.
CHANGE IN ASSETS WITH DONOR RESTRICTIONS	-9,522,000.
OTHER NET ASSETS ADJUSTMENTS	
ENTRY ON FINANCIAL STATEMENT FOR SUBSIDIARY NOT REPORTABLE	
ON FORM 990	-2,431.
NET ASSETS RELEASED FROM RESTRICTION FOR CAPITAL	
CHANGE IN TEMPORARILY RESTRICTED NET ASSETS	6,103,377.
CHANGE IN PERMANENTLY RESTRICTED NET ASSETS	1,204,313.
OTHER ADJUSTMENT FOR ROUNDING	622.
TOTAL TO FORM 990, PART XI, LINE 9	-59,877,119.
PART XII, LINE 2C	
THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR	
SELECTION PROCESS DURING THE TAX YEAR.	

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

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Name of the organization: SUMMA HEALTH

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
SUMMA HEALTH NETWORK, LLC - 34-1887844 525 EAST MARKET STREET AKRON, OH 44304	CONTRACTING	OHIO	1,837,000.	13,341,000.	SUMMA HEALTH
SUMMA SUPPORT SERVICES, LLC - 87-4166252 1077 GORGE BLVD. AKRON, OH 44305	PROFESSIONAL SERVICES	OHIO	0.	0.	SUMMA HEALTH

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No

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

Schedule R (Form 990) 2022

SEE PART VII FOR CONTINUATIONS

232161 09-14-22 LHA

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
SUMMA REHAB HOSPITAL - 27-1952573, 29 NORTH ADAMS STREET, AKRON, OH 44034	REHAB HOSPITAL	OH	N/A	N/A	N/A	N/A		X	N/A		X	N/A
SUMMA HHAH HOLDINGS LLC - 82-3600079, C/O 1077 GORGE BLVD, AKRON, OH 44310	HOME HEALTH AND HOSPICE	OH	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
OHIO HEALTH CHOICE, INC. - 34-1895396 1077 GORGE BLVD. AKRON, OH 44309-2090	PPO	OH	SUMMA HEALTH SYSTEM CORP.	C CORP	2,103,000.	4,462,000.	80.00%	X	
SUMMA INSURANCE COMPANY, INC. - 34-1809108 1200 E MARKET ST. #400 AKRON, OH 44305	PROP/CAS INS	OH	SUMMACARE, INC.	C CORP	120,153,474.	67,850,928.	100%	X	
SUMMA HEALTH SYSTEM CORP. - 34-1515252 1077 GORGE BLVD. AKRON, OH 44309-2090	MGMT SVCS	OH	SUMMA HEALTH	C CORP	0.	0.	100%	X	
MIDDLEBURY ASSURANCE COMPANY - 98-0405096 PO BOX 1051, KY1-1102 , GRAND CAYMAN, CAYMAN ISLANDS	SELF INSURANCE	CAYMAN ISLANDS	SUMMA HEALTH	C CORP	15,073,000.	76,049,000.	100%	X	
SUMMACARE, INC. - 34-1726655 1200 E MARKET ST. #400 AKRON, OH 44305	PROP/CAS INS	OH	SUMMA HEALTH SYSTEM CORP.	C CORP	315,754,544.	123,601,016.	100%	X	

SEE PART VII FOR CONTINUATIONS

Part IV **Continuation of Identification of Related Organizations Taxable as a Corporation or Trust**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No
SUMMA ACCOUNTABLE CARE ORGANIZATION - 27-3857055, 1077 GORGE BLVD., AKRON, OH 44309-2090	CONTRACTING	OH	SUMMA HEALTH	C CORP	10,289,000.	2,718,000.	100%	X	
SUMMA MANAGEMENT SERVICES ORGANIZATION - 46-1145832, 1200 E MARKET ST. #400, AKRON, OH 44305	MGMT SVCS	OH	SUMMA HEALTH SYSTEM CORP.	C CORP	33,945,000.	5,162,000.	100%	X	
SUMMA INTEGRATED SERVICES ORGANIZATION - 46-1159251, 1200 E MARKET ST. #400, AKRON, OH 44305	MGMT SVCS	OH	SUMMA HEALTH SYSTEM CORP.	C CORP	4,687,000.	14,654,000.	100%	X	
SUMMACARE OF MICHIGAN, INC - 84-3836552 1200 E MARKET ST. #400 AKRON, OH 44305	PROP/CAS INS	OH	SUMMACARE, INC.	C CORP	0.	1,491,864.	100%	X	

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	OHIO HEALTH CHOICE, INC.	A	98,169.	FMV
(2)	SUMMA ACCOUNTABLE CARE ORGANIZATION	A	101,260.	FMV
(3)	MIDDLEBURY ASSURANCE COMPANY	B	15,203,717.	COST
(4)	MIDDLEBURY ASSURANCE COMPANY	F	4,711,596.	COST
(5)	SUMMA HEALTH SYSTEM	L	588,000.	FMV
(6)	SUMMA ACCOUNTABLE CARE ORGANIZATION	Q	58,884.	FMV

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7)	SUMMA HEALTH SYSTEM	Q	166,438,056.	COST
(8)	SUMMA PHYSICIANS, INC. DBA SUMMA HEALTH MEDICAL GROUP	Q	7,929,828.	COST
(9)	SUMMA INSURANCE COMPANY	Q	672,972.	FMV
(10)	SUMMACARE, INC.	Q	1,586,304.	FMV
(11)	SUMMA INTEGRATED SERVICE ORGANIZATION	Q	144,204.	FMV
(12)	OHIO HEALTH CHOICE, INC.	Q	84,480.	FMV
(13)	SUMMA HEALTH SYSTEM	S	431,000.	COST
(14)	SUMMA PHYSICIANS, INC. DBA SUMMA HEALTH MEDICAL GROUP	R	54,594,000.	COST
(15)	SUMMA FOUNDATION	R	2,898,000.	COST
(16)	MIDDLEBURY ASSURANCE COMPANY	F	489,602.	COST
(17)	SUMMA FOUNDATION	C	7,907,499.	COST
(18)				
(19)				
(20)				
(21)				
(22)				
(23)				
(24)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) NO	(k) Percentage ownership

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART I, IDENTIFICATION OF DISREGARDED ENTITIES:

NAME OF DISREGARDED ENTITY:

SUMMA HEALTH NETWORK, LLC

DIRECT CONTROLLING ENTITY: SUMMA HEALTH

NAME OF DISREGARDED ENTITY:

SUMMA SUPPORT SERVICES, LLC

DIRECT CONTROLLING ENTITY: SUMMA HEALTH

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

OHIO HEALTH CHOICE, INC.

DIRECT CONTROLLING ENTITY: SUMMA HEALTH SYSTEM CORP.

NAME OF RELATED ORGANIZATION:

SUMMA INSURANCE COMPANY, INC.

DIRECT CONTROLLING ENTITY: SUMMACARE, INC.

NAME OF RELATED ORGANIZATION:

SUMMA HEALTH SYSTEM CORP.

DIRECT CONTROLLING ENTITY: SUMMA HEALTH

NAME OF RELATED ORGANIZATION:

MIDDLEBURY ASSURANCE COMPANY

DIRECT CONTROLLING ENTITY: SUMMA HEALTH

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

NAME OF RELATED ORGANIZATION:

SUMMACARE, INC.

DIRECT CONTROLLING ENTITY: SUMMA HEALTH SYSTEM CORP.

NAME OF RELATED ORGANIZATION:

SUMMA ACCOUNTABLE CARE ORGANIZATION

DIRECT CONTROLLING ENTITY: SUMMA HEALTH

NAME OF RELATED ORGANIZATION:

SUMMA MANAGEMENT SERVICES ORGANIZATION

DIRECT CONTROLLING ENTITY: SUMMA HEALTH SYSTEM CORP.

NAME OF RELATED ORGANIZATION:

SUMMA INTEGRATED SERVICES ORGANIZATION

DIRECT CONTROLLING ENTITY: SUMMA HEALTH SYSTEM CORP.