

PUBLIC INSPECTION COPY

EXTENDED TO NOVEMBER 15, 2016

Form **990**Department of the Treasury
Internal Revenue Service**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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015Open to Public
Inspection**A** For the 2015 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

AKRON GENERAL HEALTH SYSTEM

Doing business as

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

1 AKRON GENERAL AVENUE

Room/suite

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

AKRON, OH 44307

F Name and address of principal officer: BRIAN J. HARTE, MD, SFHM

SAME AS C ABOVE

D Employer identification number

34-1546466

E Telephone number

330-344-6603

G Gross receipts \$ 35,090,971.**H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

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

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.AKRONGENERAL.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1986**M** State of legal domicile: OH**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO IMPROVE THE HEALTH AND LIVES OF THE PEOPLE AND COMMUNITIES WE SERVE.	
	2	Check this box <input type="checkbox"/> 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)	27
	4	Number of independent voting members of the governing body (Part VI, line 1b)	21
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	192
	6	Total number of volunteers (estimate if necessary)	38
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12
7b		Net unrelated business taxable income from Form 990-T, line 34	0.
Expenses	8	Contributions and grants (Part VIII, line 1h)	0.
	9	Program service revenue (Part VIII, line 2g)	340,063.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,568,692.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-9,310.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,899,445.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	48,275.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	21,576,858.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0.
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-17,852,066.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,773,067.
	19	Revenue less expenses. Subtract line 18 from line 12	-1,873,622.
	20	Total assets (Part X, line 16)	159,149,318.
	21	Total liabilities (Part X, line 26)	29,709,614.
	22	Net assets or fund balances. Subtract line 21 from line 20	129,439,704.

Part II Signature Block

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

Sign Here	Signature of officer		Date	
	STEVEN C. GLASS, CHIEF FINANCIAL OFFICER			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name ▶ ERNST & YOUNG, LLP			PTIN P00089502
	Firm's address ▶ 950 MAIN AVENUE, #1800 CLEVELAND, OH 44113	Firm's EIN ▶ 34-6565596	Phone no. 216-861-5000	

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

**Exempt Organization Declaration and Signature for
Electronic Filing**

OMB No. 1545-1879

For calendar year 2015, or tax year beginning _____, 2015, and ending _____, 20____

2015Department of the Treasury
Internal Revenue Service

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

Name of exempt organization

Employer identification number

AKRON GENERAL HEALTH SYSTEM

34-1546466

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

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

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	5,547,460
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration of Officer

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

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

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign
Here

Signature of officer

Date

CHIEF FINANCIAL OFFICER

Title

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

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

ERO's
Use
OnlyERO's
signatureFirm's name (or
yours if self-employed),
address, and ZIP code

Date

Check if
also paid
preparer ☐Check
if self-
employed ☐

ERO's SSN or PTIN

EIN

Phone no.

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

Paid
Preparer
Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if
self-employed

PTIN

Firm's name

Firm's EIN

ERNST & YOUNG, LLP
950 MAIN AVENUE, #1800
CLEVELAND OH 44113

Phone no.

216-861-5000

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

AKRON GENERAL HEALTH SYSTEM'S MISSION IS TO IMPROVE THE HEALTH AND LIVES OF THE PEOPLE AND COMMUNITIES WE SERVE.

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 \$ including grants of \$) (Revenue \$)
 PROVIDING ADMINISTRATIVE SERVICES FOR THE CHARITABLE TAX EXEMPT ORGANIZATIONS OF THE AKRON GENERAL HEALTH SYSTEM. SUCH SERVICES INCLUDE LONG RANGE PLANNING, BUDGET, LEGAL, COMPLIANCE, TREASURY, ENDOWMENT MANAGEMENT, FINANCIAL REPORTING, PAYROLL, ACCOUNTS PAYABLE SERVICES, HUMAN RESOURCES, MARKETING AND COMMUNICATIONS.

FOR FINANCIAL REPORTING PURPOSES, THE MAJORITY OF EXPENSES FOR THESE PROGRAM SERVICES ARE CHARGED BACK TO THE SUPPORTED ORGANIZATIONS. IN 2015, THE TOTAL AMOUNT OF EXPENSES CHARGED BACK WAS \$27,827,140.

4b (Code:) (Expenses \$ 596,874. including grants of \$) (Revenue \$ 406,355.)
 WELLNESS SERVICES PROVIDED TO THE PUBLIC. WELLNESS SERVICES INCLUDE GLUCOSE AND CHOLESTEROL SCREENINGS, NUTRITION TRAINING AND CLASSES PROMOTING HEALTHY LIFESTYLES.

4c (Code:) (Expenses \$ 188,198. including grants of \$ 57,786.) (Revenue \$)
 THE COMMUNITY HEALTH DEPARTMENT LEADS AKRON GENERAL HEALTH SYSTEM'S COMMUNITY BENEFIT AND MISSION OUTREACH ACTIVITIES. IT FACILITATES PARTNERSHIPS WITH COMMUNITY MEMBERS TO DEVELOP AND COORDINATE STRATEGIES AND PROGRAMS AIMED AT IMPROVING THE HEALTH AND LIVES OF THE PEOPLE AND COMMUNITIES SERVED BY AKRON GENERAL HEALTH SYSTEM. COMMUNITY HEALTH IS FOCUSED ON MEETING THE HEALTH NEEDS OF THE UNINSURED, UNDERINSURED, AS WELL AS THE UNDER SERVED, PARTICULARLY AMONG MINORITY, LOW INCOME, AND OTHER VULNERABLE AND AT-RISK POPULATIONS. PROGRAMS INCLUDE HEALTH SCREENINGS, HEALTH FAIRS, HEALTH EDUCATION PROGRAMS AS WELL AS THE AKRON GENERAL'S SPEAKERS BUREAU WHICH PROVIDE FREE TALKS BY OUR HEALTH PROFESSIONALS FOR COMMUNITY GROUPS AND ORGANIZATIONS.

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **785,072.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		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		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, 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		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		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	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

Form 990 (2015)

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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	X	
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		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	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		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		X
25b 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		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35b 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	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		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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2015)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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 33		
b Enter the number of Forms W-2G included in 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	
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 192		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	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 in Schedule O	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b If "Yes," enter the name of the foreign country: <u>CAYMAN ISLANDS</u> 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		
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 in Schedule O	14b		

Form 990 (2015)

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

Check if Schedule O contains a response 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 27 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 21		
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<input checked="" type="checkbox"/> X	<input type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
6 Did the organization have members or stockholders?	<input checked="" type="checkbox"/> X	<input type="checkbox"/>
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?	<input checked="" type="checkbox"/> X	<input type="checkbox"/>
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<input checked="" type="checkbox"/> X	<input type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	<input checked="" type="checkbox"/> X	<input type="checkbox"/>
b Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/> X	<input type="checkbox"/>
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 in Schedule O	<input type="checkbox"/>	<input checked="" type="checkbox"/> 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?	<input checked="" type="checkbox"/> X	<input type="checkbox"/>
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?	<input checked="" type="checkbox"/> X	<input type="checkbox"/>
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
b Describe in 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	<input checked="" type="checkbox"/> X	<input type="checkbox"/>
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/> X	<input type="checkbox"/>
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/> X	<input type="checkbox"/>
13 Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/> X	<input type="checkbox"/>
14 Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/> X	<input type="checkbox"/>
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	<input checked="" type="checkbox"/> X	<input type="checkbox"/>
b Other officers or key employees of the organization	<input checked="" type="checkbox"/> X	<input type="checkbox"/>
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/> 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?	<input type="checkbox"/>	<input type="checkbox"/>

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **▶**
ROBERT F. WAITKUS - 216-445-2526
6801 BRECKSVILLE ROAD, RK-85, INDEPENDENCE, OH 44131

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GEORGE LITMAN MD DIRECTOR THRU 10/31	5.00 50.00	X						0.	189,561.	6,169.
(2) MARK HORATTAS, MD DIRECTOR THRU 10/31	5.00 50.00	X						0.	229,809.	28,909.
(3) THOMAS STOVER MD CEO, DIRECTOR THRU 10/31	50.00 5.00	X		X				889,597.	0.	30,917.
(4) THOMAS THOMPSON DIRECTOR THRU 10/31	5.00 50.00	X						0.	606,542.	59,445.
(5) MARK CLARK DIRECTOR THRU 10/31	5.00	X						0.	0.	0.
(6) BRIAN CHERKALA DIRECTOR THRU 10/31	5.00	X						0.	0.	0.
(7) RICHARD FEDOROVICH DIRECTOR THRU 10/31	5.00	X						0.	0.	0.
(8) J. BRET TREIER DIRECTOR THRU 10/31	5.00	X						0.	0.	0.
(9) DIANE MILLER-DAWSON DIRECTOR THRU 10/31	5.00	X						0.	0.	0.
(10) SCOTT SCARBOROUGH DIRECTOR THRU 10/31	5.00	X						0.	0.	0.
(11) WILLAM FETH DIRECTOR THRU 10/31	5.00	X						0.	0.	0.
(12) MICHAEL CAPORALE DIRECTOR THRU 10/31	5.00	X						0.	0.	0.
(13) THOMAS PICKERING DIRECTOR THRU 10/31	5.00	X						0.	0.	0.
(14) KATHY STAFFORD DIRECTOR THRU 10/31	5.00	X						0.	0.	0.
(15) DAVID BROCKMAN DIRECTOR THRU 10/31	5.00	X						0.	0.	0.
(16) WILLIAM FRANTZ DIRECTOR THRU 10/31	5.00	X						0.	0.	0.
(17) WILLIAM PEACOCK DIRECTOR THRU 10/31	5.00 50.00	X						0.	1,186,421.	47,990.

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANN HUSTON DIRECTOR THRU 10/31	5.00 50.00	X						0.	1,190,131.	45,205.
(19) STEVEN C. GLASS DIRECTOR THRU 10/31	5.00 50.00	X						0.	1,327,447.	41,202.
(20) MARK LERNER DIRECTOR	5.00	X						0.	0.	0.
(21) ABBY ABELSON, M.D. DIRECTOR BEG. 11/1	5.00 50.00	X						0.	346,805.	27,760.
(22) PATRICK V. AULETTA DIRECTOR BEG. 11/1	5.00	X						0.	0.	0.
(23) MICHAEL BENZ DIRECTOR BEG. 11/1	5.00	X						0.	0.	0.
(24) DELOS M. COSGROVE, M.D. DIRECTOR BEG. 11/1	5.00 50.00	X						0.	4,851,077.	-2,492,123.
(25) BRIAN G. DONLEY, M.D. DIRECTOR BEG. 11/1	5.00 50.00	X						0.	1,081,588.	44,969.
(26) UMBERTO P. FIDELI DIRECTOR BEG. 11/1	5.00	X						0.	0.	0.
1b Sub-total								889,597.	11,009,381.	-2,159,557.
c Total from continuation sheets to Part VII, Section A								4,207,619.	3,118,398.	638,852.
d Total (add lines 1b and 1c)								5,097,216.	14,127,779.	-1,520,705.

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 **36**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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	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		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
HITCHCOCK FLEMING & ASSOCIATES 500 WOLF LEDGES PARKWAY, AKRON, OH 44311	ADVERTISING SERVICES	1,325,314.
CALFEE HALTER AND GRISWOLD LLP 1405 EAST 6TH STREET, CLEVELAND, OH 44114	LEGAL SERVICES	418,142.
HANNA CAMPBELL AND POWELL P. O. BOX 5521, AKRON, OH 44334	LEGAL SERVICES	329,656.
THE ADVISORY BOARD PO BOX 79461, BALTIMORE, MD 21279	CONSULTING	299,868.
ROETZEL AND ANDRESS LPA 222 SOUTH MAIN STREET, AKRON, OH 44308	LEGAL SERVICES	296,784.

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 **13**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2015)

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)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) THOMAS J. GABLE DIRECTOR BEG. 11/1	5.00	X						0.	0.	0.
(28) CAROLE HOOVER DIRECTOR BEG. 11/1	5.00	X						0.	0.	0.
(29) J. STEPHEN JONES, M.D. DIRECTOR BEG. 11/1	5.00 50.00	X						0.	659,353.	45,284.
(30) ALAN KOMINSKY, M.D. DIRECTOR BEG. 11/1	5.00 50.00	X						0.	407,831.	45,809.
(31) MORRY WEISS DIRECTOR BEG. 11/1	5.00	X						0.	0.	0.
(32) NORMA LERNER DIRECTOR BEG. 11/1	5.00	X						0.	0.	0.
(33) WILLIAM E. MACDONALD III DIRECTOR BEG. 11/1	5.00	X						0.	0.	0.
(34) PAMELA MILLER DIRECTOR BEG. 11/1	5.00	X						0.	0.	0.
(35) SAMUEL H. MILLER DIRECTOR BEG. 11/1	5.00	X						0.	0.	0.
(36) BETH E. MOONEY DIRECTOR BEG. 11/1	5.00	X						0.	0.	0.
(37) MARIO MORINO DIRECTOR BEG. 11/1	5.00	X						0.	0.	0.
(38) FREDERICK R. NANCE DIRECTOR BEG. 11/1	5.00	X						0.	0.	0.
(39) LARRY POLLOCK DIRECTOR BEG. 11/1	5.00	X						0.	0.	0.
(40) WILLIAM REIDY DIRECTOR BEG. 11/1	5.00	X						0.	0.	0.
(41) ROBERT E. RICH, JR. DIRECTOR BEG. 11/1	5.00	X						0.	0.	0.
(42) RONALD J. ROSS, M.D., F.A.C.R. DIRECTOR BEG. 11/1	5.00	X						0.	0.	0.
(43) EDMUND SABANEKH, M.D. DIRECTOR BEG. 11/1	5.00 50.00	X						0.	680,581.	42,913.
(44) JOSEPH SAMINACE DIRECTOR BEG. 11/1	5.00	X						0.	0.	0.
(45) MARK R. STEVENS DIRECTOR BEG. 11/1	5.00	X						0.	0.	0.
(46) RONALD E. WEINBERG DIRECTOR BEG. 11/1	5.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) CRAIG M. BABBITT EXEC VP BUS DEVELOPMENT & CLO, SEC	50.00 5.00			X				390,806.	0.	32,356.
(48) DAVID G. FRIGO VP FINANCIAL PLANNING & TREAS	50.00 5.00			X				225,709.	0.	22,255.
(49) DEBORAH GORBACH VP ACCT, INTERIM TREAS BEG 6/15	50.00 5.00			X				256,822.	0.	19,538.
(50) SUE MCCARTHY EXEC VP, CFO, TREASURER THRU 6/15	50.00 5.00			X				254,674.	0.	18,655.
(51) ALAN J. PAPA CHIEF OPERATING OFFICER	5.00 50.00				X			463,469.	0.	28,956.
(52) CHERYL GUSTER SR VP CHIEF NURSING OFFICER	5.00 50.00				X			0.	275,772.	54,059.
(53) BRIAN F. KEATON MD CHIEF MEDICAL INFORMATION	5.00 50.00				X			325,606.	0.	28,937.
(54) CAROL J. ICSMAN VP, MANAGED CARE AGHS	50.00				X			201,611.	0.	19,914.
(55) DAVID PETER, MD SR VP, CHIEF MEDICAL OFFICER	5.00 50.00				X			0.	426,492.	30,477.
(56) DAVID W. FISER VP, CHIEF INFORMATION OFFICER	50.00				X			265,063.	0.	28,793.
(57) DONALD L. CORPORA EXEC VP CHIEF HR OFFICER	50.00 5.00				X			289,482.	0.	32,137.
(58) DOUG RIBLEY VP WELLNESS	5.00 50.00				X			0.	281,321.	33,502.
(59) BENITO ALVAREZ, MD SR VP PHYS ALIGNMENT, PPG PRESIDENT	5.00 50.00				X			0.	387,048.	36,391.
(60) STEVE ABDENOUR SR VP SYSTEM OPERATIONS	50.00				X			278,510.	0.	12,971.
(61) THOMAS NEUMANN SR VP STRATEGY, MARKETING & COMMUN	50.00 5.00				X			235,173.	0.	29,031.
(62) LARRY EMMELHAINZ SR VP HEALTH SYSTEM INTEGRATION	50.00 5.00				X			315,612.	0.	19,299.
(63) DAVID PLATE SR. ADVISOR	50.00					X		122,875.	0.	0.
(64) LOUIS SUKIE DIRECTOR APPLICATIONS	50.00					X		127,717.	0.	1,139.
(65) LYNN FICHTER CHIEF COMPLIANCE OFFICER	50.00					X		155,866.	0.	20,050.
(66) AMANDA VAN HORN SR ASSOC LEGAL COUNSEL	50.00 5.00					X		163,784.	0.	24,149.
Total to Part VII, Section A, line 1c										

Part VII

Total to Part VII, Section A, line 1c	4,207,619.	3,118,398.	638,852.
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Part VIII Statement of RevenueCheck 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	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f					
Program Service Revenue	2 a	CORPORATE WELLNESS	Business Code 621990	240,429.	240,429.		
	b	COMMUNITY WELLNESS	621990	85,468.	85,468.		
	c	LIFESTYLE CLASSES	621990	48,467.	48,467.		
	d	NUTRITION/MISC	621990	22,277.	22,277.		
	e	HEALTH SCREENINGS	621990	9,714.	9,714.		
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			406,355.		
	3	Investment income (including dividends, interest, and other similar amounts)			1,329,530.		1,329,530.
4	Income from investment of tax-exempt bond proceeds						
5	Royalties						
Other Revenue	6 a	Gross rents	(i) Real (ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		3,810,176.		3,810,176.	
	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances	a				
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
	Miscellaneous Revenue						
	11 a	PARTNERSHIP INVEST	Business Code 525990	1,399.		1,399.	
	b						
c							
d	All other revenue						
e	Total. Add lines 11a-11d		1,399.				
12	Total revenue. See instructions.			5,547,460.	406,355.	1,399.	5,139,706.

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	57,786.	57,786.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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	4,715,894.	4,715,894.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	14,103,907.	14,103,907.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,739.	7,739.		
9 Other employee benefits	3,632,809.	3,632,809.		
10 Payroll taxes	1,197,121.	1,197,121.		
11 Fees for services (non-employees):				
a Management				
b Legal	1,864,561.	1,864,561.		
c Accounting	74,650.	74,650.		
d Lobbying	22,813.	22,813.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	47,458.	47,458.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,299,890.	1,299,890.		
12 Advertising and promotion	1,721,038.	1,721,038.		
13 Office expenses	311,298.	311,298.		
14 Information technology	716,285.	716,285.		
15 Royalties				
16 Occupancy	233,721.	233,721.		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	85,569.	85,569.		
20 Interest	13,129.	13,129.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	200,558.	200,558.		
23 Insurance	50,817.	50,817.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER	250,043.	250,043.		
b DUES & SUBSCRIPTIONS	245,093.	245,093.		
c MEDICAL SUPPLIES	99,351.	99,351.		
d ALLOCATION OF AGHS M&G	0.	-2,339,318.	2,339,318.	
e All other expenses	-27,827,140.	-27,827,140.		
25 Total functional expenses. Add lines 1 through 24e	3,124,390.	785,072.	2,339,318.	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 SheetCheck 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	17,693,409.	1	46,912,078.
	2 Savings and temporary cash investments	5,003,557.	2	20,042,549.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	90,000,000.	7	35,137,531.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	244,099.	9	287,894.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,333,427.		
	b Less: accumulated depreciation	10b 1,762,374.	10c	571,053.
	11 Investments - publicly traded securities	43,809,822.	11	44,118,407.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,900,277.	15	4,311,328.
16 Total assets. Add lines 1 through 15 (must equal line 34)	159,149,318.	16	151,380,840.	
Liabilities	17 Accounts payable and accrued expenses	5,225,344.	17	5,814,450.
	18 Grants payable		18	
	19 Deferred revenue		19	
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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	24,484,270.	25	2,148,226.
	26 Total liabilities. Add lines 17 through 25	29,709,614.	26	7,962,676.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		129,439,704.	27	143,418,164.
28 Temporarily restricted net assets			28	
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		129,439,704.	33	143,418,164.
34 Total liabilities and net assets/fund balances	159,149,318.	34	151,380,840.	

Form 990 (2015)

Part XI Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,547,460.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,124,390.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,423,070.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	129,439,704.
5	Net unrealized gains (losses) on investments	5	-5,046,058.
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 in Schedule O)	9	16,601,448.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	143,418,164.

Part XII Financial Statements and Reporting

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

☒

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

Form 990 (2015)

SCHEDULE A
(Form 990 or 990-EZ)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

AKRON GENERAL HEALTH SYSTEM

Employer identification number

34-1546466

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

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

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c ☒ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations 1

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
AKRON GENERAL MEDICAL CENTER	34-0714478	3	X		19,628,085.	
Total					19,628,085.	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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2015. 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		<input type="checkbox"/>
b 33 1/3% support test - 2014. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2015. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2014. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. 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 in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of 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.	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).		X
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		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.		
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.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		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.		
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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).		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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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.		X
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		X
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		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.		X
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		X
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		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 10b below.		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.)		

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 in (b) and (c) below, the governing body of a supported organization?		X
b A family member of a person described in (a) above?		X
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		X

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.		

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).		

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?	X	
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).	X	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	X	

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	<input type="checkbox"/>	The organization satisfied the Activities Test. Complete line 2 below.
b	<input checked="" type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete line 3 below.
c	<input type="checkbox"/>	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
2 Activities Test. Answer (a) and (b) 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.	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.	
3 Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in Part VI.	
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.	

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
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 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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 D, LINE 3:

THE SUPPORTED ORGANIZATION HAS A SIGNIFICANT VOICE IN THE
ORGANIZATION'S INVESTMENT POLICIES AND IN DIRECTING THE USE OF THE
ORGANIZATION'S INCOME AND ASSETS THROUGH THE FOLLOWING MEANS:

IT IS INCLUDED IN THE SUPPORTING ORGANIZATION'S STRATEGIC PLAN AND HAS
REPRESENTATION IN THE FORMULATION OF THAT PLAN.

IT IS INCLUDED IN THE ANNUAL BUDGETING PROCESS OF THE SUPPORTING
ORGANIZATION AND HAS REPRESENTATION IN THAT PROCESS.

THE TREASURER AND SECRETARY OF THE SUPPORTING ORGANIZATION SERVE AS THE
TREASURER AND SECRETARY OF THE SUPPORTED ORGANIZATION.

THE SUPPORTING ORGANIZATION PROVIDES THE ACCOUNTING AND FINANCE
FUNCTION FOR THE SUPPORTED ORGANIZATION. THROUGHOUT THE YEAR FINANCIAL
INFORMATION IS PRESENTED TO THE BOARDS OF BOTH THE SUPPORTED AND
SUPPORTING ORGANIZATIONS. THE SUPPORTED ORGANIZATION IS INCLUDED IN
THE FINANCIAL STATEMENTS OF THE SUPPORTING ORGANIZATION.

PART IV, SECTION E, LINE 3A:

THE SUPPORTING ORGANIZATION HAS THE POWER TO ELECT EACH MEMBER OF THE
SUPPORTED ORGANIZATION'S BOARD OF DIRECTORS. THE SUPPORTING
ORGANIZATION ALSO HAS THE POWER TO APPOINT THE SUPPORTED ORGANIZATION'S
CHAIR AND VICE CHAIR, THE CHIEF EXECUTIVE OFFICER OF THE SUPPORTING
ORGANIZATION HAS THE POWER TO APPOINT THE SUPPORTED ORGANIZATION'S
PRESIDENT SUBJECT TO THE APPROVAL OF THE BOARD OF THE SUPPORTING

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.)

ORGANIZATION.

PART IV, SECTION E, LINE 3B:

APPROVE EACH ANNUAL OPERATING AND CAPITAL BUDGET, AND STRATEGIC PLAN OF

THE SUPPORTED ORGANIZATION BEFORE EXPENDITURES MAY BE MADE.

TO APPROVE, PRIOR TO IMPLEMENTATION, ALL NEW WRITTEN POLICIES OF THE

CORPORATION'S BOARD.

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015

**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

AKRON GENERAL HEALTH SYSTEM

Employer identification number

34-1546466

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 expenditures ▶ \$

3 Volunteer hours

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-

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

Schedule C (Form 990 or 990-EZ) 2015

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?															

☐ Yes ☐ No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(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					

Schedule C (Form 990 or 990-EZ) 2015

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
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		8,884.
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		22,813.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		14,807.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		5,923.
i Other activities?	X		29,614.
j Total. Add lines 1c through 1i			82,041.
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 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 expenditure 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:

LINE 1B, PAID STAFF OR MANAGEMENT

AKRON GENERAL HEALTH SYSTEM HAS A STAFF MEMBER WHOSE JOB DUTIES ARE

GOVERNMENT ADVOCACY AND RELATIONS. THIS INDIVIDUAL DEVOTES HIS TIME TO

MONITORING LEGISLATIVE ACTIVITY, ENGAGING IN DIRECT LOBBYING (STATE

Part IV Supplemental Information *(continued)*

LEVEL) AND ENGAGING WITH HOSPITAL STAFF AND ADMINISTRATION. THE COST OF

THIS POSITION IS ALLOCATED BETWEEN ITEMS 1D, G, H, AND I.

LINE 1D, MAILINGS TO MEMBERS, LEGISLATORS, OR THE PUBLIC

LINE 1F, GRANTS TO OTHER ORGANIZATIONS

REPRESENTS THE PORTION OF DUES PAID TO TRADE ORGANIZATIONS USED BY

THOSE ORGANIZATIONS TO CONDUCT LOBBYING ACTIVITIES.

LINE 1I, DESCRIPTION OF OTHER ACTIVITIES

OTHER ACTIVITIES INCLUDE THE INTERNAL DISCUSSIONS, MEETINGS,

WORKGROUPS, RESEARCH, RESOURCES, AND OTHER MEANS OF BACKGROUND WORK

THAT IS INVOLVED WITH FORMULATING AKRON GENERAL HEALTH SYSTEM'S

GOVERNMENT RELATIONS STRATEGIES, POSITIONS, AND MESSAGES THAT ARE

PROVIDED TO LEGISLATORS, LEGISLATIVE STAFF, GOVERNMENT OFFICIALS,

ETC...

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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

AKRON GENERAL HEALTH SYSTEM

Employer identification number

34-1546465

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	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 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

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

a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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 ☐ %

c Temporarily restricted endowment ☐ %

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

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

(i) unrelated organizations

(ii) related organizations

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

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

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				
b Buildings		3,507.	997.	2,510.
c Leasehold improvements				
d Equipment		2,329,920.	1,761,377.	568,543.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				571,053.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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) 457 PLAN LIABILITIES	2,113,661.
(3) DEFERRED LEASE COMMITMENT	34,565.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,148,226.

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

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

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

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 X, LINE 2:

AKRON GENERAL HEALTH SYSTEM IS INCLUDED IN THE AUDITED FINANCIAL

STATEMENTS OF THE CLEVELAND CLINIC FOUNDATION.

THE CLEVELAND CLINIC FOUNDATION'S ("THE CLEVELAND CLINIC HEALTH SYSTEM" OR

"SYSTEM") AUDITED FINANCIAL STATEMENTS ARE REPORTED ON A CONSOLIDATED

BASIS, INCLUDING EXEMPT, TAXABLE, AND FOREIGN ENTITIES TO WHICH THE ASC

740-10 LIABILITY RELATES. THE ASC 740-10 FOOTNOTE ON THE CONSOLIDATED

FINANCIAL STATEMENTS FOR THE CLEVELAND CLINIC HEALTH SYSTEM READS AS

FOLLOWS:

AT DECEMBER 31, 2015 AND 2014, THE LIABILITY FOR UNCERTAINTY IN INCOME

Part XIII Supplemental Information (continued)

TAXES WAS \$4.1 MILLION AND \$9.7 MILLION, RESPECTIVELY. THE SYSTEM DOES NOT

EXPECT A SIGNIFICANT INCREASE OR DECREASE IN UNRECOGNIZED TAX BENEFITS

WITHIN THE NEXT 12 MONTHS. THE SYSTEM RECOGNIZES INTEREST AND PENALTIES

ACCRUED RELATED TO THE LIABILITY FOR UNRECOGNIZED TAX BENEFITS IN THE

CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Name of the organization

AKRON GENERAL HEALTH SYSTEM

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 criteria used to award the grants or assistance?
- 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, line 21 or 22. If the organization is a 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
ARTHRITIS FOUNDATION 4630 RICHMOND ROAD, SUITE 240 CLEVELAND, OH 44128	27-4014550	501 (C) (3)	14,286.	0.		
CITY OF AKRON 166 SOUTH HIGH STREET AKRON, OH 44308	34-6000020	501 (C) (1)	20,000.	0.		
LEBRON JAMES FAMILY FOUNDATION 3800 EMBASSY PARKWAY, SUITE 360 AKRON, OH 44333	02-0716277	501 (C) (3)	21,500.	0.		

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

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

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)

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:

AKRON GENERAL HEALTH SYSTEM FREQUENTLY CONTRIBUTES TO A VARIETY OF LOCAL
ORGANIZATIONS AND FUNDRAISING PROJECTS. IT IS THE INTENT OF AKRON GENERAL
HEALTH SYSTEM TO BE A SUPPORTIVE CITIZEN AND, WHEN POSSIBLE, TO MAKE
REASONABLE CONTRIBUTIONS TO ORGANIZATIONS AND PROJECTS THAT BENEFIT THE
COMMUNITY IN A MANNER CONSISTENT WITH OUR EXEMPT MISSION.

IN ORDER THAT THE CONTRIBUTIONS OF AKRON GENERAL HEALTH SYSTEM ARE
ADMINISTERED ON A REASONABLE, EQUITABLE AND CONSISTENT BASIS, ALL REQUESTS

Part IV Supplemental Information

FOR CONTRIBUTIONS ARE SUBMITTED FOR CONSIDERATION TO A CONTRIBUTIONS

COMMITTEE. THE GUIDELINES FOCUS MAINLY ON:

1. REQUESTS THAT PROMOTE THE HEALTH AND SAFETY OF OUR COMMUNITY

2. THOSE THAT PROMOTE ECONOMIC DEVELOPMENT AND QUALITY OF LIFE.

AKRON GENERAL HEALTH SYSTEM MONITORS CONTRIBUTIONS AND PROSPECTIVE

CONTRIBUTIONS THROUGH AGENCY VISITS, ATTENDANCE AT EVENTS AND MONITORING

PROJECT PROGRESS AND COMPLETION.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

AKRON GENERAL HEALTH SYSTEM

Employer identification number

34-1546466

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

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

Schedule J (Form 990) 2015

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, Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation			
(1) GEORGE LITMAN MD DIRECTOR THRU 10/31	(i)	0.	0.	0.	0.	0.	
	(ii)	148,078.	32,342.	9,141.	-11,264.	17,433.	
(2) MARK HORATTAS, MD DIRECTOR THRU 10/31	(i)	0.	0.	0.	0.	0.	
	(ii)	208,210.	0.	21,599.	4,224.	24,685.	
(3) THOMAS STOVER MD CEO, DIRECTOR THRU 10/31	(i)	695,123.	150,000.	44,474.	7,678.	23,239.	
	(ii)	0.	0.	0.	0.	0.	
(4) THOMAS THOMPSON DIRECTOR THRU 10/31	(i)	0.	0.	0.	0.	0.	
	(ii)	564,016.	18,502.	24,024.	40,284.	19,161.	
(5) WILLIAM PEACOCK DIRECTOR THRU 10/31	(i)	0.	0.	0.	0.	0.	
	(ii)	1,098,576.	0.	87,845.	26,467.	21,523.	
(6) ANN HUSTON DIRECTOR THRU 10/31	(i)	0.	0.	0.	0.	0.	
	(ii)	950,380.	0.	239,751.	26,500.	18,705.	
(7) STEVEN C. GLASS DIRECTOR THRU 10/31	(i)	0.	0.	0.	0.	0.	
	(ii)	1,210,311.	0.	117,136.	24,393.	16,809.	
(8) ABBY ABELSON, M.D. DIRECTOR BEG. 11/1	(i)	0.	0.	0.	0.	0.	
	(ii)	335,740.	0.	11,065.	26,500.	1,260.	
(9) DELOS M. COSGROVE, M.D. DIRECTOR BEG. 11/1	(i)	0.	0.	0.	0.	0.	
	(ii)	4,480,740.	0.	370,337.	-2,508,768.	16,645.	
(10) BRIAN G. DONLEY, M.D. DIRECTOR BEG. 11/1	(i)	0.	0.	0.	0.	0.	
	(ii)	986,366.	0.	95,222.	26,500.	18,469.	
(11) J. STEPHEN JONES, M.D. DIRECTOR BEG. 11/1	(i)	0.	0.	0.	0.	0.	
	(ii)	602,313.	0.	57,040.	26,500.	18,784.	
(12) ALAN KOMINSKY, M.D. DIRECTOR BEG. 11/1	(i)	0.	0.	0.	0.	0.	
	(ii)	392,076.	0.	15,755.	26,500.	19,309.	
(13) EDMUND SABANEKH, M.D. DIRECTOR BEG. 11/1	(i)	0.	0.	0.	0.	0.	
	(ii)	620,972.	0.	59,609.	26,500.	16,413.	
(14) CRAIG M. BABBITT EXEC VP BUS DEVELOPMENT & CLO, SEC	(i)	322,928.	35,020.	32,858.	5,967.	26,389.	
	(ii)	0.	0.	0.	0.	0.	
(15) DAVID G. FRIGO VP FINANCIAL PLANNING & TREAS	(i)	197,858.	16,890.	10,961.	4,267.	17,988.	
	(ii)	0.	0.	0.	0.	0.	
(16) DEBORAH GORBACH VP ACCT, INTERIM TREAS BEG 6/15	(i)	225,205.	19,780.	11,837.	1,901.	17,637.	
	(ii)	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, Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation			
(17) SUE MCCARTHY EXEC VP, CFO, TREASURER THRU 6/15	(i)	199,770.	41,200.	13,704.	9,790.	8,865.	
	(ii)	0.	0.	0.	0.	0.	
(18) ALAN J. PAPA CHIEF OPERATING OFFICER	(i)	383,222.	41,200.	39,047.	5,840.	23,116.	
	(ii)	0.	0.	0.	0.	0.	
(19) CHERYL GUSTER SR VP CHIEF NURSING OFFICER	(i)	0.	0.	0.	0.	0.	
	(ii)	200,640.	21,174.	53,958.	36,145.	17,914.	
(20) BRIAN F. KEATON MD CHIEF MEDICAL INFORMATION	(i)	283,864.	25,120.	16,622.	10,600.	18,337.	
	(ii)	0.	0.	0.	0.	0.	
(21) CAROL J. ICSMAN VP, MANAGED CARE AGHS	(i)	174,522.	15,704.	11,385.	4,561.	15,353.	
	(ii)	0.	0.	0.	0.	0.	
(22) DAVID PETER, MD SR VP, CHIEF MEDICAL OFFICER	(i)	0.	0.	0.	0.	0.	
	(ii)	350,226.	37,600.	38,666.	10,600.	19,877.	
(23) DAVID W. FISER VP, CHIEF INFORMATION OFFICER	(i)	214,512.	20,904.	29,647.	4,207.	24,586.	
	(ii)	0.	0.	0.	0.	0.	
(24) DONALD L. CORPORA EXEC VP CHIEF HR OFFICER	(i)	229,592.	25,750.	34,140.	5,968.	26,169.	
	(ii)	0.	0.	0.	0.	0.	
(25) DOUG RIBLEY VP WELLNESS	(i)	0.	0.	0.	0.	0.	
	(ii)	208,968.	56,727.	15,626.	9,284.	24,218.	
(26) BENITO ALVAREZ, MD SR VP PHYS ALIGNMENT, PPG PRESIDENT	(i)	0.	0.	0.	0.	0.	
	(ii)	331,957.	34,500.	20,591.	10,600.	25,791.	
(27) STEVE ABDENOUR SR VP SYSTEM OPERATIONS	(i)	222,522.	21,174.	34,814.	4,378.	8,593.	
	(ii)	0.	0.	0.	0.	0.	
(28) THOMAS NEUMANN SR VP STRATEGY, MARKETING & COMMUN	(i)	195,495.	20,600.	19,078.	9,064.	19,967.	
	(ii)	0.	0.	0.	0.	0.	
(29) LARRY EMMELHAINZ SR VP HEALTH SYSTEM INTEGRATION	(i)	246,179.	27,500.	41,933.	10,600.	8,699.	
	(ii)	0.	0.	0.	0.	0.	
(30) LYNN FICHTER CHIEF COMPLIANCE OFFICER	(i)	144,275.	11,266.	325.	4,838.	15,212.	
	(ii)	0.	0.	0.	0.	0.	
(31) AMANDA VAN HORN SR ASSOC LEGAL COUNSEL	(i)	138,264.	25,000.	520.	6,595.	17,554.	
	(ii)	0.	0.	0.	0.	0.	
	(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.

PART I, LINE 1A:

FIRST-CLASS TRAVEL IS APPROVED ON AN EXCEPTION BASIS ONLY FOR AN
APPROPRIATE BUSINESS PURPOSE.

TAX INDEMNIFICATION AND GROSS-UP PAYMENTS - PERSONS ELIGIBLE TO PARTICIPATE

IN THE REPORTING ORGANIZATION'S NON-QUALIFIED PLAN HAVE A PORTION OF THEIR
COMPENSATION DESIGNATED AS A CONTRIBUTION TO THAT PLAN. THAT PORTION IS
GROSSED-UP FOR TAX PURPOSES AND INCLUDED IN THE PROCESS DESCRIBED IN
SCHEDULE O FOR FORM 990, PART VI, SECTION B, LINE 15.

PART I, LINE 4B:

PART I, LINE 4B: THE FOLLOWING EMPLOYEES PARTICIPATE IN A NONQUALIFIED
TAXABLE PLAN OF THE REPORTING ORGANIZATION. THE PLAN IS NOT FUNDED WITH
EMPLOYER CONTRIBUTIONS.

CRAIG BABBITT

DAVE FRIGO

DEBORAH GORBACH

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.

DOUG RIBLEY

SUE J. MCCARTHY

TIM STOVER, M.D.

ALAN PAPA

CHERYL GUSTER

DAVID PETER, M.D.

DAVID FISER

DONALD CORPORA

STEPHEN ABDENOUR

BRIAN KEATON, M.D.

CAROL ICSMAN

BENITO ALVAREZ, M.D.

THOMAS NEUMANN

LARRY EMMELHAINZ

THE FOLLOWING INDIVIDUAL PARTICIPATES IN A NONQUALIFIED SUPPLEMENTAL PLAN OF

A RELATED ORGANIZATION. THE ANNUAL INCREASE OR DECREASE IN THE ACTUARIAL

VALUE IS INCLUDED IN SCHEDULE J, PART II, COLUMN C, RETIREMENT AND OTHER

DEFERRED COMPENSATION.

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 par

DELOS M. COSGROVE - \$2,535,268 DECREASE

PART I, LINE 4B - THE FOLLOWING INDIVIDUALS PARTICIPATE IN A QUALIFIED

DEFINED BENEFIT PLAN, AND THE ANNUAL INCREASE OR DECREASE IN THE ACTUARIAL

VALUE IS INCLUDED IN SCHEDULE J, PART II, COLUMN C, RETIREMENT AND OTHER

DEFERRED COMPENSATION:

ALAN PAPA - \$4,760 DECREASE

CHERYL GUSTER - \$28,216 INCREASE

CAROL ICSMAN - \$3,279 DECREASE

CRAIG BABBITT - \$4,633 DECREASE

DAVE FRIGO - \$4,564 DECREASE

DAVE FISER - \$6,229 DECREASE

DEBBIE GORBACH - \$8,202 DECREASE

DON CORPORA - \$4,632 DECREASE

DOUG RIBLEY - \$1,316 DECREASE

GEORGE LITMAN, MD - \$11,264 DECREASE

MARK HORATTAS, MD - \$5,266 DECREASE

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 par

STEVE ABDENOUR - \$6,193 DECREASE

THOMAS STOVER, MD - \$272 DECREASE

THOMAS THOMPSON, MD - \$31,783 INCREASE

STEVEN C. GLASS - \$2,107 DECREASE

WILLIAM PEACOCK - \$33 DECREASE.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

AKRON GENERAL HEALTH SYSTEM

Employer identification number
34-1546466

FORM 990, PART VI, SECTION A, LINE 4:

IN 2015, THE CLEVELAND CLINIC FOUNDATION BECAME THE SOLE MEMBER OF AKRON

GENERAL HEALTH SYSTEM. THE AKRON GENERAL HEALTH SYSTEM'S CODE OF

REGULATIONS WAS REVISED AND INCLUDES THE FOLLOWING SIGNIFICANT CHANGES -

FORMERLY, THE NUMBER OF THE MEMBERS OF THE GOVERNING BODY CONSISTED OF "NO

FEWER THAN NINE (9) AND NO MORE THAN NINETEEN (19) PERSONS". THE NUMBER OF

MEMBERS HAS BEEN REVISED AS "NOT TO EXCEED THIRTY (30).";

FORMERLY, THE CODE OF REGULATIONS DESCRIBED A NUMBER OF SPECIFIC STANDING

COMMITTEES INCLUDING AN EXECUTIVE COMMITTEE, AND A FINANCE AND AUDIT

COMMITTEE. THE REVISED VERSION DESCRIBES ONLY AN EXECUTIVE COMMITTEE AND

INCLUDES, AS DID THE PRIOR VERSION, THE BOARD'S POWER TO DESIGNATE OTHER

COMMITTEES;

FORMERLY, THE CODE OF REGULATIONS CONTAINED THE REPORTING ORGANIZATION'S

CONFLICT OF INTEREST POLICY AND PROCEDURE. THE REVISED CODE OF REGULATIONS

SPECIFIES THAT REPORTING ORGANIZATION'S BOARD OF DIRECTORS WILL EVALUATE

ALL CONFLICTS OF INTEREST IN ACCORDANCE WITH THE CLEVELAND CLINIC

FOUNDATION'S CONFLICTS OF INTEREST POLICY AND PROCEDURE. THE PROCEDURE IS

DESCRIBED IN THE REPORTING ORGANIZATION'S RESPONSE TO QUESTION 12C, SECTION

B, PART VI, FORM 990 IN SCHEDULE O; AND

FORMERLY, THE CODE OF REGULATIONS DESCRIBED A NUMBER OF SPECIFIC STANDING

COMMITTEES INCLUDING AN EXECUTIVE COMMITTEE, AND A COMPENSATION COMMITTEE.

THE REVISED VERSION DESCRIBES ONLY AN EXECUTIVE COMMITTEE AND INCLUDES, AS

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

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization	AKRON GENERAL HEALTH SYSTEM	Employer identification number	34-1546466
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DID THE PRIOR VERSION, THE BOARD'S POWER TO DESIGNATE OTHER COMMITTEES.

FORM 990, PART VI, SECTION A, LINE 6:

AKRON GENERAL HEALTH SYSTEM IS AN OHIO NONPROFIT AND AN ORGANIZATION

RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE

SECTION 501(C)(3). AS SUCH IT HAS NO SHAREHOLDERS. IN 2015, THE CLEVELAND

CLINIC FOUNDATION BECAME THE SOLE MEMBER OF AKRON GENERAL HEALTH SYSTEM.

THE CLEVELAND CLINIC FOUNDATION IS AN OHIO NONPROFIT AND AN ORGANIZATION

RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE

SECTION 501(C)(3). THE CLEVELAND CLINIC FOUNDATION IS NOT A PRIVATE

FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 7A:

THE CLEVELAND CLINIC FOUNDATION, THE SOLE MEMBER OF THE REPORTING

ORGANIZATION, HAS THE POWER TO APPOINT UNILATERALLY, 1/3 OF THE MEMBERS OF

AKRON GENERAL HEALTH SYSTEM'S GOVERNING BODY, AND RETAINS APPROVAL OVER

NOMINEES TO THE REMAINING 2/3 OF THAT BODY.

FORM 990, PART VI, SECTION A, LINE 7B:

WITH RESPECT TO THE REPORTING ORGANIZATION, THE CLEVELAND CLINIC FOUNDATION

HAS RESERVED ALL AUTHORITY OVER THE FOLLOWING MATTERS - APPROVAL OF THE

ANNUAL OPERATING AND CAPITAL BUDGETS; INCURRENCE OF DEBT IN EXCESS OF

\$100,000; CREATION OF NEW SUBSIDIARIES; ACQUISITION OR TRANSFER OF ANY

INTEREST IN REAL ESTATE; EXPENDITURES OF NON-BUDGETED ITEMS IN EXCESS OF

\$100,000 AND COSTS OF BUDGETED ITEMS EXCEEDING THE AMOUNT BUDGETED BY

\$100,000 OR MORE; APPROVAL OF CAPITAL, FINANCIAL AND STRATEGIC PLANS; THE

CONFLICT OF INTEREST POLICY AND PROCEDURE; AND THE APPROVAL OF ANY

CORPORATE PLAN OF DISSOLUTION.

Name of the organization	Employer identification number
AKRON GENERAL HEALTH SYSTEM	34-1546466

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

THE FORM 990 IS REVIEWED BY EXPERIENCED AND QUALIFIED MEMBERS OF THE FINANCE DIVISION TAX DEPARTMENT. PRIOR TO FILING, KEY SECTIONS OF THE FORM ARE REVIEWED WITH EXPERIENCED AND QUALIFIED MEMBERS OF THE LAW DEPARTMENT. THE ENTIRE RETURN IS ALSO REVIEWED WITH THE CFO, THE AUDIT COMMITTEE CHAIRPERSON AND THE AUDIT COMMITTEE VICE CHAIRPERSON. THE PAID PREPARER (A BIG 4 PUBLIC ACCOUNTING FIRM) CONDUCTS AN IN DEPTH REVIEW OF THE FORM. UPON CONFIRMATION OF SUCCESSFUL E-FILED FROM THE IRS, A COPY OF THE FINAL E-FILED RETURN WILL BE MADE AVAILABLE TO APPROPRIATE MEMBERS OF THE GOVERNING BODY.

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

AKRON GENERAL HEALTH SYSTEM IS AN AFFILIATE OF THE CLEVELAND CLINIC FOUNDATION ("CCF"). IT IS SUBJECT TO THAT ORGANIZATION'S CONFLICT OF INTEREST ("COI") POLICY.

CCF HAS ADOPTED A COI POLICY CONSISTENT WITH THE MODEL IRS COI POLICY. IT APPLIES TO DIRECTORS, OFFICERS AND TRUSTEES OF CCF AND ALL ITS AFFILIATES, BOTH EXEMPT AND TAXABLE. UNDER THE BOARD OF DIRECTORS POLICIES AND PROCEDURES FOR DEALING WITH CONFLICT OF INTEREST ISSUES (THE POLICY), A DIRECTOR, OFFICER OR TRUSTEE WHO HAS A CONFLICT OF INTEREST WITH RESPECT TO A PROPOSED CONTRACT, TRANSACTION, OR ARRANGEMENT MUST REFRAIN FROM VOTING ON ANY MATTER RELATING TO THE CONTRACT, TRANSACTION, OR ARRANGEMENT. IN ADDITION, THE DIRECTORS, OFFICERS AND TRUSTEES MUST ANNUALLY DISCLOSE ANY INTERESTS AS DEFINED IN THE POLICY THAT MAY BE CONSIDERED A POTENTIAL CONFLICT OF INTEREST. FAILURE TO TIMELY REPLY IS TO BE ADDRESSED BY THE COMMITTEE UNDER THE POLICY. THE DIRECTORS, OFFICERS AND TRUSTEES HAVE A

Name of the organization	Employer identification number
AKRON GENERAL HEALTH SYSTEM	34-1546466

CONTINUING OBLIGATION TO NOTIFY THE CHIEF GOVERNANCE OFFICER AT ANY TIME

DURING THE YEAR IF ANY OF THEIR DISCLOSURES CHANGE OR IF A NEW DISCLOSURE

IS REQUIRED UNDER THE POLICY. THE BOARD OF CONFLICT OF INTEREST COMMITTEE

(THE COMMITTEE) MEETS AT LEAST FOUR TIMES A YEAR AND REVIEWS THE

DISCLOSURES, ANY PROPOSED ARRANGEMENTS THAT MAY INVOLVE A POTENTIAL

CONFLICT OF INTEREST, AND DOCUMENTS ITS CONCLUSIONS. UNDER THE POLICY, THE

INTERESTED PERSONS MAY ATTEND A MEETING AT THE DISCRETION OF THE BOARD OF

DIRECTORS, OR THE COMMITTEE, TO PROVIDE INFORMATION OR ANSWER QUESTIONS,

BUT SUCH PERSONS MAY NOT BE PRESENT DURING FINAL CONSIDERATION OR VOTING ON

THE CONTRACT, TRANSACTION OR ARRANGEMENT.

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

IN ACCORDANCE WITH ITS EXECUTIVE COMPENSATION POLICY, THE REPORTING

ORGANIZATION FOLLOWS A PROCESS FOR DETERMINING COMPENSATION OF THE

ORGANIZATION'S CHIEF EXECUTIVE OFFICER (CEO) AND OTHER TOP MANAGEMENT

PERSONNEL THAT IS MODELED AFTER THE REQUIREMENTS FOUND IN INTERNAL REVENUE

CODE SECTION 4958 FOR ESTABLISHING THE PRESUMPTION OF REASONABLE

COMPENSATION. THE PROCESS CALLS FOR RECOMMENDATIONS - DEVELOPED BY AN

INDEPENDENT COMPENSATION CONSULTANT, BASED ON COMPARABLE MARKET DATA FROM

PUBLISHED SURVEYS AND THE FORMS 990 OF COMPARABLE ORGANIZATIONS - THAT ARE

WITHIN THE RANGE OF THE TOTAL COMPENSATION AND BENEFITS OF SIMILARLY

SITUATED PERSONS AT SIMILARLY SITUATED ORGANIZATIONS. THESE

RECOMMENDATIONS ARE REVIEWED BY THE COMPENSATION COMMITTEE OF THE REPORTING

ORGANIZATION'S BOARD OF DIRECTORS. THE COMPENSATION COMMITTEE IS COMPRISED

OF INDEPENDENT PERSONS AND THE DELIBERATIONS ARE DOCUMENTED,

CONTEMPORANEOUSLY, IN THE COMMITTEE'S MINUTES. WITH THE EXCEPTION OF THE

CEO, THE COMPENSATION FOR TOP MANAGEMENT WAS REVIEWED FOR REASONABLENESS

USING THIS PROCESS IN 2014. THE COMPENSATION COMMITTEE AND BOARD

Name of the organization

AKRON GENERAL HEALTH SYSTEM

Employer identification number

34-1546466

LEADERSHIP, REQUESTED THAT EXECUTIVE COMPENSATION REVIEW BE DEFERRED UNTIL

2016, AND THEREFORE, NO ADJUSTMENTS TO COMPENSATION WERE MADE IN 2015.

DURING 2014, THE CEO'S CONTRACT WAS PREPARED FOR RENEWAL USING THE PROCESS

DESCRIBED ABOVE. IN JANUARY 2015, THE BOARD APPROVED THE RECOMMENDATION OF

THE COMPENSATION COMMITTEE AND EXECUTED A NEW THREE-YEAR AGREEMENT WITH THE

CEO.

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

THE REPORTING ORGANIZATION IS A MEMBER OF THE CLEVELAND CLINIC FOUNDATION

(CCF). CCF MAKES CERTAIN OF ITS KEY DOCUMENTS AVAILABLE TO THE PUBLIC ON

ITS WEBSITE, WWW.CLEVELANDCLINIC.ORG, UNDER THE "ABOUT CLEVELAND CLINIC"

SECTION. IN THIS SECTION, THE FINANCIAL STATEMENTS, ANNUAL REPORT,

COMMUNITY BENEFIT REPORT, CCF'S CONFLICT OF INTEREST POLICY, AND CORPORATE

COMPLIANCE POLICIES ARE AVAILABLE.

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

CONSULTING SERVICES:

PROGRAM SERVICE EXPENSES 556,604.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 556,604.

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES 100,424.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 100,424.

Name of the organization	Employer identification number
AKRON GENERAL HEALTH SYSTEM	34-1546466

PHYSICIAN RETENTION:

PROGRAM SERVICE EXPENSES	19,783.
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MANAGEMENT AND GENERAL EXPENSES	0.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	19,783.
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MARKETING:

PROGRAM SERVICE EXPENSES	240,839.
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MANAGEMENT AND GENERAL EXPENSES	0.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	240,839.
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MISCELLANEOUS:

PROGRAM SERVICE EXPENSES	382,240.
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MANAGEMENT AND GENERAL EXPENSES	0.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	382,240.
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,299,890.
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

TRANSFERS FROM/(TO) AFFILIATED ORGANIZATIONS	16,602,847.
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BOOK/TAX DIFFERENCE ON PARTNERSHIPS	-1,399.
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TOTAL TO FORM 990, PART XI, LINE 9	16,601,448.
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FORM 990, PART XII, LINE 2C:

ON NOVEMBER 1, 2015, THE CLEVELAND CLINIC FOUNDATION BECAME THE SOLE

MEMBER OF AKRON GENERAL HEALTH SYSTEM. AKRON GENERAL HEALTH SYSTEM,

Name of the organization

AKRON GENERAL HEALTH SYSTEM

Employer identification number

34-1546466

AND ITS SUBSIDIARIES, WERE INCLUDED IN THE CLEVELAND CLINIC

FOUNDATION'S AUDITED FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER

31ST, 2015. CONSEQUENTLY, THE OVERSIGHT PROCESS FOR THE AUDITED

FINANCIAL STATEMENTS WAS CONDUCTED BY THE CLEVELAND CLINIC FOUNDATION.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

AKRON GENERAL HEALTH SYSTEM

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

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 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))
AKRON GENERAL PARTNERS, INC. - 20-1801493 1 AKRON GENERAL WAY AKRON, OH 44307	SUPPORTING ORGANIZATION	OHIO	IRC 501(C)(3)	11 TYPE I
AKRON GENERAL FOUNDATION - 34-1127047 1 AKRON GENERAL WAY AKRON, OH 44307	FUNDRAISING	OHIO	IRC 501(C)(3)	7
AKRON GENERAL MEDICAL CENTER - 34-0714478 1 AKRON GENERAL WAY AKRON, OH 44307	HOSPITAL	OHIO	IRC 501(C)(3)	3
LODI COMMUNITY HOSPITAL - 34-0718390 225 ELYRIA STREET LODI, OH 44254	HOSPITAL	OHIO	IRC 501(C)(3)	3

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

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because 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	No
MONTROSE SLEEP CENTER - 20-0494491, 4125 MEDINA ROAD, AKRON, OH 44333	SLEEP LAB	OH	N/A	N/A	N/A	N/A	N/A	
AKRON SURGICAL ASSOC, LLC - 01-0672877, 4125 MEDINA ROAD, AKRON, OH 44333	AMBULATORY SURGERY CENTER	OH	N/A	N/A	N/A	N/A	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 35 because 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
AKRON GENERAL INNOVATIONS, INC. - 38-3928798 1 AKRON GENERAL AVENUE AKRON, OH 44307	PARTNERSHIP INVESTMENTS	OH		C CORP	

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

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

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

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
b Gift, grant, or capital contribution to related organization(s)
c Gift, grant, or capital contribution from related organization(s)
d Loans or loan guarantees to or for related organization(s)
e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)
g Sale of assets to related organization(s)
h Purchase of assets from related organization(s)
i Exchange of assets with related organization(s)
j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)
l Performance of services or membership or fundraising solicitations for related organization(s)
m Performance of services or membership or fundraising solicitations by related organization(s)
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses
q Reimbursement paid by related organization(s) for expenses

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

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 transactions.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method of c
(1) AKRON GENERAL MEDICAL CENTER	S	54,970,021.	FAIR MARKET VALUE
(2) AKRON GENERAL MEDICAL CENTER	R	261,524.	FAIR MARKET VALUE
(3) AKRON GENERAL PARTNERS, INC.	C	2,412,454.	FAIR MARKET VALUE
(4) PARTNERS PHYSICIAN GROUP	B	40,099,157.	FAIR MARKET VALUE
(5) PARTNERS PHYSICIAN GROUP	C	1,169,845.	FAIR MARKET VALUE
(6) LODI COMMUNITY HOSPITAL	C	2,371,063.	FAIR MARKET VALUE

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-r)	(c) Amount involved	Me
(7) VISITING NURSE SERVICE	B	5,096,891.	FAIR MARKET VALUE
(8) AKRON GENERAL INNOVATIONS, INC	B	195,000.	FAIR MARKET VALUE
(9) AKRON GENERAL MEDICAL CENTER	O	10,886,274.	FAIR MARKET VALUE
(10) AKRON GENERAL MEDICAL CENTER	Q	8,741,811.	FAIR MARKET VALUE
(11) LODI COMMUNITY HOSPITAL	O	592,701.	FAIR MARKET VALUE
(12) LODI COMMUNITY HOSPITAL	Q	138,707.	FAIR MARKET VALUE
(13) VISITING NURSE SERVICE	O	656,844.	FAIR MARKET VALUE
(14) VISITING NURSE SERVICE	Q	499,504.	FAIR MARKET VALUE
(15) PARTNERS PHYSICIAN GROUP	O	2,578,811.	FAIR MARKET VALUE
(16) PARTNERS PHYSICIAN GROUP	Q	1,980,942.	FAIR MARKET VALUE
(17) AKRON GENERAL PARTNERS, INC.	O	304,465.	FAIR MARKET VALUE
(18) AKRON GENERAL PARTNERS, INC.	Q	912,624.	FAIR MARKET VALUE
(19) AKRON SURGICAL ASSOCIATES, LLC	O	151,274.	FAIR MARKET VALUE
(20) AKRON SURGICAL ASSOCIATES, LLC	Q	149,368.	FAIR MARKET VALUE
(21)			
(22)			
(23)			
(24)			

[illegible]

Part VII Supplemental Information

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

[illegible]