

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2018)

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

TO CARE, TO HEAL, TO EDUCATE

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

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

<b>4a</b>	(Code )	(Expenses \$ 380,181,162	including grants of \$ 187,679	(Revenue \$ 505,512,580 )
See Additional Data				

<b>4b</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4c</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4d</b>	Other program services (Describe in Schedule O )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4e</b>	<b>Total program service expenses</b> ▶	380,181,162
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<b>4</b> Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<b>5</b>	No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<b>10</b> Yes	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<b>11b</b>	No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11c</b>	No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<b>11f</b>	No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b>	No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<b>15</b>	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>18</b>	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b> Yes	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>21</b> Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<b>22</b>	No

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b> 244	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b> Yes	

<b>2a</b> 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 . . . . .		<b>2a</b>	3,645	<b>2b</b>	Yes	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .				<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .				<b>3b</b>	Yes	
<b>4a</b> 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)? . . . . .				<b>4a</b>		No
<b>b</b> If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .				<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>		
<b>6a</b> 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? . . . . .				<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>						
<b>a</b> 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? . . . . .				<b>7a</b>		No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				<b>7c</b>		No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .				<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .				<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .				<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .						
				<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .				<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .				<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .				<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter						
<b>a</b> Gross income from members or shareholders . . . . .				<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .				<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?				<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year				<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O				<b>13a</b>		
<b>b</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 . . . . .				<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .				<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .				<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .				<b>15</b>		No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .				<b>16</b>		No

**Part VI**

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

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed: \_\_\_\_\_

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
 ▶ SHARON WISECUP VP SYSTEM FINANCE 272 HOSPITAL ROAD CHILLICOTHE, OH 456019031 (740) 779-4478

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

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

1

● 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, or 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

[illegible]

**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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								16,213,999	0	2,118,837

**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 ▶ 24

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

**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
DANIS BUILDING CONSTRUCTION CO 3233 NEWMARK DRIVE MIAMISBURG, OH 45342	CONSTRUCTION	16,532,223
APOGEE MEDICAL MANAGEMENT 15059 N SCOTTSDALE RD 600 SCOTTSDALE, AZ 85254	MANAGEMENT SERVICES	8,689,522
ENSEMBLE RCM LLC 4605 DUKE DRIVE SUITE 600 MASON, OH 45040	REVENUE CYCLE MANAGEMENT	6,859,097
CAPTIVE RADIOLOGY 6273 FRANK AVENUE NW NORTH CANTON, OH 44720	MRI SERVICES	2,974,143
NTHRIVE INC 200 NORTH POINT CENTER E ALPHARETTA, GA 30022	REVENUE CYCLE MANAGEMENT	2,537,243

**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 ▶ 85



Part VIII		Statement of Revenue							
Check if Schedule O contains a response or note to any line in this Part VIII . . . . . <input type="checkbox"/>									
			(A)	(B)	(C)	(D)			
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514			
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . .	1a						
	b	Membership dues . . . . .	1b						
	c	Fundraising events . . . . .	1c						
	d	Related organizations . . . . .	1d	1,249,203					
	e	Government grants (contributions) . . . . .	1e						
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	366,214					
	g	Noncash contributions included in lines 1a - 1f \$ . . . . .							
	h	Total. Add lines 1a-1f . . . . .	1,615,417						
Program Service Revenue			Business Code						
	2a	NET PATIENT SVC REV . . . . .	622110	489,601,886	489,541,867	60,019			
	b	_____ . . . . .							
	c	_____ . . . . .							
	d	_____ . . . . .							
	e	_____ . . . . .							
	f	All other program service revenue . . . . .							
	g	Total. Add lines 2a-2f . . . . .	489,601,886						
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts) . . . . .	10,710,910			10,710,910		
	4		Income from investment of tax-exempt bond proceeds . . . . .						
	5		Royalties . . . . .						
	6a	(i) Real		(ii) Personal					
		Gross rents . . . . .							
		b Less rental expenses . . . . .		0					
		c Rental income or (loss) . . . . .		119,324					
	d		Net rental income or (loss) . . . . .		119,324			119,324	
	7a	(i) Securities		(ii) Other					
		Gross amount from sales of assets other than inventory . . . . .		33,910					
		b Less cost or other basis and sales expenses . . . . .		0					
		c Gain or (loss) . . . . .		33,910					
	d		Net gain or (loss) . . . . .		33,910			33,910	
	8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .						
	b		Less direct expenses . . . . .						
	c		Net income or (loss) from fundraising events . . . . .						
	9a		Gross income from gaming activities See Part IV, line 19 . . . . .						
	b		Less direct expenses . . . . .						
	c		Net income or (loss) from gaming activities . . . . .						
	10a		Gross sales of inventory, less returns and allowances . . . . .						
b		Less cost of goods sold . . . . .							
c		Net income or (loss) from sales of inventory . . . . .							
		Miscellaneous Revenue	Business Code						
11a		FOOD & NUTRITION . . . . .	722514	2,234,222	2,234,222				
b		EHR IMPLEMENTATION . . . . .	622110	687,933	687,933				
c		CONSULTING FEES . . . . .	900099	199,503	199,503				
d		All other revenue . . . . .		14,256,142	12,971,823		1,284,319		
e		Total. Add lines 11a-11d . . . . .	17,377,800						
12		Total revenue. See Instructions . . . . .	519,459,247				505,635,348	60,019	12,148,463

**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 ☒

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	187,679	187,679		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	18,361,699		18,361,699	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	203,925,468	184,716,750	19,208,718	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).				
<b>9</b> Other employee benefits.	32,146,885	28,196,571	3,950,314	
<b>10</b> Payroll taxes.	12,556,826	9,734,245	2,822,581	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.				
<b>c</b> Accounting.				
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	79,764,588	32,815,124	46,949,464	
<b>12</b> Advertising and promotion.				
<b>13</b> Office expenses.	5,655,392	2,918,954	2,736,438	
<b>14</b> Information technology.				
<b>15</b> Royalties.				
<b>16</b> Occupancy.	4,469,844	249	4,469,595	
<b>17</b> Travel.	4,150,256	1,790,815	2,359,441	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.				
<b>20</b> Interest.				
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	20,958,766	7,482,822	13,475,944	
<b>23</b> Insurance.	2,566,094	1,451,863	1,114,231	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
<b>a</b> MEDICAL SUPPLIES	91,686,642	90,279,351	1,407,291	
<b>b</b> BAD DEBT EXPENSE	15,509,887	15,509,887		
<b>c</b> TAXES	4,833,233	4,745,235	87,998	
<b>d</b> OVERHEAD ALLOCATION	-4,184,484	351,617	-4,536,101	
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e.	492,588,775	380,181,162	112,407,613	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		11,958	<b>1</b>	14,748
	<b>2</b>	Savings and temporary cash investments . . . . .		24,816,980	<b>2</b>	31,921,798
	<b>3</b>	Pledges and grants receivable, net . . . . .		7,290,422	<b>3</b>	14,015,794
	<b>4</b>	Accounts receivable, net . . . . .		59,982,767	<b>4</b>	59,432,378
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		8,389	<b>5</b>	7,714
	<b>6</b>	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 instructions). Complete Part II of Schedule L . . . . .			<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .			<b>7</b>	
	<b>8</b>	Inventories for sale or use . . . . .		6,222,011	<b>8</b>	7,296,153
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		3,943,720	<b>9</b>	5,893,732
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>	405,060,890		
	<b>b</b>	Less: accumulated depreciation . . . . .	<b>10b</b>	249,592,202		
				135,316,856	<b>10c</b>	155,468,688
	<b>11</b>	Investments—publicly traded securities . . . . .		312,557,286	<b>11</b>	281,339,081
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .			<b>12</b>	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .			<b>13</b>	
	<b>14</b>	Intangible assets . . . . .			<b>14</b>	
<b>15</b>	Other assets. See Part IV, line 11 . . . . .		14,939,014	<b>15</b>	12,970,401	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		565,089,403	<b>16</b>	568,360,487	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		61,467,940	<b>17</b>	72,368,681
	<b>18</b>	Grants payable . . . . .			<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .			<b>19</b>	
	<b>20</b>	Tax-exempt bond liabilities . . . . .		194,594,671	<b>20</b>	190,630,420
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			<b>21</b>	
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		500,000	<b>23</b>	500,000
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>	
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D . . . . .		23,756,411	<b>25</b>	20,119,777
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		280,319,022	<b>26</b>	283,618,878
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets . . . . .		282,810,528	<b>27</b>	282,693,451
	<b>28</b>	Temporarily restricted net assets . . . . .		1,959,853	<b>28</b>	2,048,158
	<b>29</b>	Permanently restricted net assets . . . . .			<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>32</b>	
<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		284,770,381	<b>33</b>	284,741,609	
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		565,089,403	<b>34</b>	568,360,487	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	519,459,247
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	492,588,775
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	26,870,472
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	284,770,381
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-25,656,985
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-1,242,259
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	284,741,609

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

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

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 31-4379443  
**Name:** ADENA HEALTH SYSTEM

Form 990 (2018)

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

HEALTH CARE PROGRAMS, GENERAL/OTHER ROUTINE HOSPITAL SERVICES ADENA REGIONAL MEDICAL CENTER PROVIDED CARE FOR 11,344 INPATIENTS EMERGENCY SERVICES - TREATMENT OF EMERGENCY ACCIDENT AND ILLNESS AS WELL AS LESS URGENT CONDITIONS IN THE ABSENCE OF A FAMILY PHYSICIAN THERE WERE 45,485 EMERGENT AND URGENT VISITS IN 2018 PHYSICIAN OFFICES THERE WERE 420,395 PHYSICIAN OFFICE VISITS IN 2018



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM STRAUCH ..... TRUSTEE	50 00 ..... 0 00	X						424,120	0	31,224
ROBERT FRENCH ..... TRUSTEE	2 00 ..... 0 00	X						0	0	0
SHEILAH GRAY ..... TRUSTEE	2 00 ..... 0 00	X						0	0	0
STEVE HIRSH ..... TRUSTEE	2 00 ..... 0 00	X						0	0	0
LISA CARLSON ..... CFO	50 00 ..... 4 00			X				650,185	0	244,021
JEFF GRAHAM ..... CEO	50 00 ..... 4 00			X				805,474	0	414,173
JOHN FORTNEY ..... CHIEF MEDICAL OFFICER	50 00 ..... 4 00				X			713,277	0	231,524
TIM CAHILL ..... CHIEF LEGAL OFFICER	50 00 ..... 0 00				X			413,568	0	171,930
KATHI EDRINGTON ..... COO	50 00 ..... 4 00				X			482,178	0	225,704
ANTHONY FREEMAN ..... MEDICAL OFFICER	50 00 ..... 0 00				X			646,010	0	35,831

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN GABIS ..... PRESIDENT OF AMG	50 00 ..... 0 00				X			347,428	0	76,398
SCOTT GRIFFIN ..... PRESIDENT OF AMG (JAN-AUG 2018)	50 00 ..... 0 00				X			416,796	0	47,348
JAY JUSTICE ..... CHIEF HUMAN RESOURCES OFFICER	50 00 ..... 0 00				X			375,211	0	39,230
HARRY KITTAKA ..... CHIEF TRANSFORMATION OFFICER	50 00 ..... 0 00				X			573,099	0	207,276
KIRK TUCKER ..... CHIEF CLINICAL OFFICER	50 00 ..... 0 00				X			396,562	0	114,173
BRIAN COHEN ..... EMPLOYED M D	50 00 ..... 0 00					X		2,680,898	0	35,789
HAVAL SAADLLA ..... EMPLOYED M D	50 00 ..... 0 00					X		1,062,580	0	35,789
JAMES MANAZER ..... EMPLOYED M D	50 00 ..... 0 00					X		955,391	0	35,789
BRUCE CHEN ..... PHYSICIAN	50 00 ..... 0 00					X		1,255,208	0	23,636
SHANE MATHENY ..... PHYSICIAN	50 00 ..... 0 00					X		1,002,117	0	41,145



**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK SHUTER ..... FORMER CEO	0 00 ..... 0 00						X	564,496	0	0
WAYNE COATS ..... FORMER TRUSTEE/PHYSICIAN	50 00 ..... 0 00						X	409,764	0	34,879
WILBUR SEVER ..... FORMER TRUSTEE/PHYSICIAN	50 00 ..... 0 00						X	707,203	0	26,820
ERIC CECAVA ..... FORMER COO	0 00 ..... 0 00						X	461,705	0	0
JACK BERNO ..... FORMER CHIEF MEDICAL OFFICER/PHYSICIAN	50 00 ..... 0 00						X	334,918	0	13,508
STUART FREEDMAN ..... FORMER CHIEF COMPLIANCE OFFICER	0 00 ..... 0 00						X	246,477	0	0

<b>SCHEDULE A</b> (Form 990 or 990-EZ)	<b>Public Charity Status and Public Support</b> Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.	OMB No 1545-0047
		<b>2018</b>
		<b>Open to Public Inspection</b>

Department of the Treasury Internal Revenue Service	<b>Name of the organization</b> ADENA HEALTH SYSTEM	<b>Employer identification number</b> 31-4379443
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ) )
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations \_\_\_\_\_
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)  
(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	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	<b>Public support.</b> Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	
13	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	<b>33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
b	<b>33 1/3% support test—2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
17a	<b>10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
b	<b>10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span>► <input type="checkbox"/></span>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**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**

<b>15</b> Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** 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—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in 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.</i>		
	<b>1</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
	<b>2</b>	

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in 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.</i>	Yes	No
	<b>2a</b>	
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in 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.</i>		
	<b>2b</b>	
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	<b>3a</b>	
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	<b>3b</b>	

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>		
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013. . . . .			
b From 2014. . . . .			
c From 2015. . . . .			
d From 2016. . . . .			
e From 2017. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014. . . . .			
b Excess from 2015. . . . .			
c Excess from 2016. . . . .			
d Excess from 2017. . . . .			
e Excess from 2018. . . . .			



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 31-4379443

**Name:** ADENA HEALTH SYSTEM

**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)

**Facts And Circumstances Test**

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

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

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

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

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

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

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

Name of the organization ADENA HEALTH SYSTEM	Employer identification number 31-4379443
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

<b>1</b>	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
<b>2</b>	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
<b>3</b>	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>4a</b>	Was a correction made?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>b</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).**

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

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

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

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

**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

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?		No	
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities?	Yes		4,628
<b>j</b>	Total. Add lines 1c through 1i			4,628
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

Return Reference	Explanation
PART II-B, LINE 1	THE OHIO HOSPITAL ASSOCIATION DOES LOBBYING ON BEHALF OF HOSPITAL RELATED CAUSES. THIS ACTIVITY IS PAID FOR THROUGH DUES PAID TO THE OHIO HOSPITAL ASSOCIATION.

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DLN: 93493317024299

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

ADENA HEALTH SYSTEM

Employer identification number

31-4379443

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.

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

(a) Donor advised funds

(b) Funds and other accounts

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

Yes

No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Yes

No

Part II

Conservation Easements.

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

1

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

☐

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

☐

Protection of natural habitat

☐

Preservation of open space

☐

Preservation of an historically important land area

☐

Preservation of a certified historic structure

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

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

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

1b

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

(i)

Revenue included on Form 990, Part VIII, line 1

(ii)

Assets included in Form 990, Part X

2

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

a

Revenue included on Form 990, Part VIII, line 1

b

Assets included in Form 990, Part X

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

Cat No 52283D

Schedule D (Form 990) 2018

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	1,483,984	1,331,708	1,321,696	1,305,508	1,219,218
b Contributions	24,783	-3,508	-43,583	44,539	34,077
c Net investment earnings, gains, and losses	-70,278	155,784	54,095	-6,351	52,213
d Grants or scholarships	-9,925		500	22,000	
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,428,564	1,483,984	1,331,708	1,321,696	1,305,508

2

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

a

Board designated or quasi-endowment

100 000 %

b

Permanent endowment

0 %

c

Temporarily restricted endowment

0 %

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

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,648,975		2,648,975
b Buildings		201,833,665	104,109,029	97,724,636
c Leasehold improvements		65,000	3,521	61,479
d Equipment		187,164,539	139,502,783	47,661,756
e Other		13,348,711	5,976,869	7,371,842
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				155,468,688

Schedule D (Form 990) 2018

Part VII

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

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

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX

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

(a) Description	(b) Book value
(1)	
(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	
ACCRUED MALPRACTICE INSURANCE - LT	9,904,579
DEFERRED COMPENSATION LIABILITY	9,902,333
INTERCOMPANY PAYABLE	312,865
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	20,119,777

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.

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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	



**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 31-4379443  
**Name:** ADENA HEALTH SYSTEM

**Supplemental Information**

Return Reference	Explanation
PART V, LINE 4	ADENA HEALTH FOUNDATION ENDOWMENT FUNDS ARE USED TO PROVIDE SCHOLARSHIPS AND PURCHASE CAPI TAL FOR ADENA HEALTH SYSTEM THESE FUNDS ARE HELD BY ADENA HEALTH SYSTEM AND ARE ADMINISTE RED BY ADENA HEALTH FOUNDATION

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SCHEDULE H  
(Form 990)

Hospitals

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

ADENA HEALTH SYSTEM

Employer identification number

31-4379443

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

► Attach to Form 990.

► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

b

If "Yes," was it a written policy?

1b

Yes

2

If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

☒ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

3a

Yes

☐ 100% ☐ 150% ☒ 200% ☐ Other %

b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

3b

Yes

☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other %

c

If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

4

Yes

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

Yes

c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

No

6a

Did the organization prepare a community benefit report during the tax year?

6a

Yes

b

If "Yes," did the organization make it available to the public?

6b

Yes

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			8,163,754	6,991,294	1,172,460	0 250 %
b Medicaid (from Worksheet 3, column a)			96,258,732	57,213,169	39,045,563	8 180 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			104,422,486	64,204,463	40,218,023	8 430 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,626,643	52,494	1,574,149	0 330 %
f Health professions education (from Worksheet 5)			9,549,214	2,507,857	7,041,357	1 480 %
g Subsidized health services (from Worksheet 6)			17,650,694	7,064,300	10,586,394	2 220 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			28,826,551	9,624,651	19,201,900	4 030 %
k Total. Add lines 7d and 7j			133,249,037	73,829,114	59,419,923	12 460 %

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

Cat No 50192T

Schedule H (Form 990) 2018

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support						
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development						
<b>9</b> Other						
<b>10 Total</b>						

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>		No
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>	11,762,109	
<b>3</b> Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	<b>3</b>		
<b>4</b> Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	143,574,922
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	153,331,732
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	-9,756,810
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

**Section C. Collection Practices**

<b>9a</b> Did the organization have a written debt collection policy during the tax year?	<b>9a</b>	Yes
<b>b</b> If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	<b>9b</b>	Yes

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

**1**

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

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	Facility reporting group
See Additional Data Table										

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
ADENA REGIONAL MEDICAL CENTER**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_**1****Community Health Needs Assessment**

	Yes	No
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b> Yes	
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	No
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b> Yes	
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW ADENA ORG/INSIDE/PAGE DT/CHNA</u>		
<b>b</b> <input checked="" type="checkbox"/> Other website (list url) <u>HTTP //ROSSCOUNTYHEALTH ORG/HEALTHASSESSMENT PDF</u>		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b> Yes	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	<b>10</b> Yes	
<b>a</b> If "Yes" (list url) <u>HTTP //WWW ADENA ORG/FILES/RESOURCES/ROSS-IS-2016 DOCX</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

ADENA REGIONAL MEDICAL CENTER			
Name of hospital facility or letter of facility reporting group			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) HTTP //WWW ADENA ORG/INSIDE/PAGE DT/FINANCIAL-AID			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) HTTP //WWW ADENA ORG/INSIDE/PAGE DT/FINANCIAL-AID			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) HTTP //WWW ADENA ORG/INSIDE/PAGE DT/FINANCIAL-AID			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

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

ADENA REGIONAL MEDICAL CENTER

**Name of hospital facility or letter of facility reporting group**

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	<b>17</b> Yes	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
<b>a</b> <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	<b>21</b> Yes	
If "No," indicate why		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)		



**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

ADENA REGIONAL MEDICAL CENTER

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[illegible]

**Part V** **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? **21**

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

**Part VI Supplemental Information**

Provide the following information

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 7	THE COST-TO-CHARGE RATIO DERIVED FROM WORKSHEET 2 WAS USED TO CONVERT CHARGES TO COSTS IN LINE 7A AND 7B ACTUAL COSTS WERE USED IN LINE 7E & 7F
PART I, LN 7 COL(F)	BAD DEBT EXPENSE OF \$11,762,109 WAS DEDUCTED FROM TOTAL OPERATING EXPENSES WHEN CALCULATING THE PERCENTAGES IN THIS COLUMN

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	ADENA HEALTH SYSTEM SUPPORTS COMMUNITY BUILDING ACTIVITIES BY PROVIDING GRANTS TO THE FOLLOWING ORGANIZATIONS CHILlicothe CAVALIER CLUB- GRANT PROVIDED TO INSTALL A SCOREBOARDUNITED WAY OF ROSS COUNTY- GRANT PROVIDED TO SUPPORT RELAY FOR LIFEMIGHTY CHILDREN'S MUSEUM- GRANT PROVIDED TO BUILD A CHILDREN'S MUSEUM TO ENCOURAGE LEARNING AND CREATIVITYROSS COUNTY AGRICULTURAL SOCIETY- GRANT PROVIDED TO SUPPORT FREE RIDE DAY AT THE ROSS COUNTY FAIR AND TO PROVIDE A STAGE FOR THE HEALTHY KIDS EVENTROSS COUNTY CHILD PROTECTION CENTER- GRANT PROVIDED TO SUPPORT ADVOCATES FOR CHILDREN OF ABUSE AND NEGLECT
PART III, LINE 2	THE BAD DEBT EXPENSE LISTED ON PART III, LINE 2 IS DERIVED FROM THE FINANCIAL STATEMENTS WITH THE COST TO CHARGE RATIO APPLIED

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 3	THE HOSPITAL DEVELOPED, WITH THE HELP OF AN OUTSIDE VENDOR, A NEW PRESUMPTIVE CHARITY POLICY THE HOSPITAL SENDS A QUARTERLY FILE OF ALL SELF-PAY BALANCES TO THE VENDOR AFTER THE VENDOR PERFORMS THE CREDIT ANALYSIS, THE VENDOR CATEGORIZES THE CLAIMS INTO THREE CATEGORIES, A CATEGORY THAT WOULD NOT BE ELIGIBLE FOR CHARITY BASED ON THE HOSPITALS CHARITY POLICY, A GROUP THAT WOULD BE ELIGIBLE FOR A 60% CHARITY WRITEOFF, AND A THIRD CATEGORY THAT WOULD BE ELIGIBLE FOR A 100% WRITE OFF THE HOSPITAL ASSUMES ALL OF THESE AMOUNTS IN THE LAST TWO CATEGORIES TO BE PRESUMPTIVE CHARITY
PART III, LINE 4	WE DO NOT HAVE SEPARATE FINANCIAL STATEMENTS FOR ADENA REGIONAL MEDICAL CENTER IT IS INCLUDED IN THE CONSOLIDATED STATEMENTS OF ADENA HEALTH SYSTEM THE FOOTNOTE IN OUR FINANCIAL STATEMENTS INCLUDES THE FOLLOWING ABOUT OUR BAD DEBT EXPENSE AND ALLOWANCE FOR UNCOLLECTIBLES "AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IS ESTABLISHED ON AN AGGREGATE BASIS BY USING HISTORICAL WRITE-OFF FACTORS APPLIED TO UNPAID ACCOUNTS BASED ON AGING LOSS RATE FACTORS ARE BASED ON HISTORICAL LOSS EXPERIENCE AND ADJUSTED FOR ECONOMIC CONDITIONS AND OTHER TRENDS AFFECTING THE SYSTEM'S ABILITY TO COLLECT OUTSTANDING AMOUNTS UNCOLLECTIBLE ACCOUNTS ARE WRITTEN OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IN THE PERIOD THEY ARE DETERMINED TO BE UNCOLLECTIBLE AN ALLOWANCE FOR CONTRACTUAL ADJUSTMENTS AND INTERIM PAYMENT ADVANCES IS ESTABLISHED BASED ON EXPECTED PAYMENT RATES FROM PAYORS UTILIZING CURRENT REIMBURSEMENT METHODOLOGIES AND PAYMENT RATES THIS AMOUNT ALSO INCLUDES AMOUNTS RECEIVED AS INTERIM PAYMENTS AGAINST UNPAID CLAIMS BY CERTAIN PAYORS FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRDPARTY COVERAGE EXISTS FOR PART OF THE BILL), THE SYSTEM RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES, IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IN THE PERIOD THEY ARE DETERMINED TO BE UNCOLLECTIBLE "

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 8	MEDICARE SHORTFALL (INCLUDING BOTH TRADITIONAL AND ADVANTAGE) RESULTED IN A SHORTFALL OF \$10,267,673 THE ADENA HEALTH SYSTEM SERVICE AREA IS A RURAL 13 COUNTY AREA IN SOUTHERN OHIO ADENA HEALTH SYSTEM HAS EVALUATED THE COMMUNITY HEALTH NEEDS AND HAS IMPORTANT PROGRAMS AND SERVICES THAT ARE DESIGNED TO MEET THE NEEDS OF ADENA'S BROAD SERVICE AREA HOWEVER, ONE OF THE MOST SIGNIFICANT HEALTH NEEDS MET BY ADENA IS THE IDENTIFICATION OF PHYSICIAN AND ADVANCED PRACTICE PROVIDERS FOR EACH SPECIALTY OF CARE ADENA RECRUITS, SUPPORTS, AND PROVIDES THE INFRASTRUCTURE FOR PROVIDERS IN SPECIALTIES RANGING FROM PRIMARY CARE TO INTERVENTIONAL CARDIOLOGY IN ADENA'S RURAL, APPALACHIAN SERVICE AREA, PHYSICIAN AND OTHER KEY CLINICAL AND SUPPORT STAFF ARE DIFFICULT TO RECRUIT AND RETAIN WHICH ELEVATES THE MARKET SALARY FOR SPECIALIZED STAFF THE MEDICARE TWO PERCENT SEQUESTRATION IS ALSO A COMPONENT OF THE SHORTFALL CALCULATION BASED ON THESE ISSUES, WE BELIEVE SERVICE TO OUR MEDICARE POPULATION IS A COMMUNITY BENEFIT ALSO, THE HOSPITAL USED THE METHODOLOGY REQUIRED FOR COMPLETING THE MEDICARE COST REPORT WHEN DETERMINING THE AMOUNT ON PART III - LINE 6 PRIOR YEAR SETTLEMENTS FOR MEDICARE-RELATED SERVICES THAT WERE BOOKED IN THE CURRENT TAX YEAR ARE ALSO INCLUDED IN THE CURRENT TAX YEAR CALCULATION
PART III, LINE 9B	IF THE RESPONSIBLE INDIVIDUAL HAS NOT SUBMITTED A COMPLETE APPLICATION FOR FINANCIAL ASSISTANCE OR HAS NOT PAID-IN-FULL, THREE SEPARATE STATEMENTS ARE SENT OUT FOR THE COLLECTION OF SELF-PAY ACCOUNTS THE FINAL STATEMENT SENT WILL INFORM THE INDIVIDUAL OF POSSIBLE EXTRAORDINARY COLLECTION ACTIONS (ECA) TO BE TAKEN IF FINANCIAL ASSISTANCE IS NOT APPLIED FOR OR THE ACCOUNT IS NOT PAID IN FULL AFTER THE FINAL STATEMENT AND BEFORE ECAS ARE TAKEN, REASONABLE EFFORTS ARE MADE TO ORALLY CONTACT THE INDIVIDUAL AS A FINAL NOTICE COLLECTION AGENCIES ARE THEN INFORMED AND ARE AUTHORIZED TO REPORT UNPAID ACCOUNTS TO CREDIT AGENCIES AND TAKE LEGAL ACTION TO RECOVER OUTSTANDING AMOUNTS DUE PATIENTS WHO CANNOT PAY CHARGES IN FULL MAY ALSO BE OFFERED A PAYMENT PLAN THAT IS CONSISTENT WITH ADENA'S CUSTOMER SERVICE PROCEDURES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3	<p>THE AVAILABILITY OF FINANCIAL ASSISTANCE IS COMMUNICATED IN THE FOLLOWING MANNER 1 STATEMENTS FROM ADENA AS WELL AS COLLECTION VENDORS EXPLAIN AND LIST THE 100% AND 60% ASSISTANCE GUIDELINES ON THE BACKSIDE OF THE STATEMENT 2 THERE IS SIGNAGE EXPLAINING THE PROGRAM AT ALL THE REGISTRATION AREAS 3 STAFF AT THE CASHIER AREA EXPLAIN OPTIONS AVAILABLE TO THE PATIENT 4 WE SEND AN APPLICATION WITH THE SELF-PAY DISCOUNT LETTERS IN CASE THE PATIENT/GUARANTOR CAN'T SET UP A PAYMENT PLAN 5 THE CUSTOMER SERVICE STAFF IS EDUCATED ON ALL THE OPTIONS AND CAN EXPLAIN THE PROGRAMS WHEN PATIENTS CALL 6 OUR PHYSICIAN OFFICES, AS WELL AS COLLECTION VENDORS HAVE FINANCIAL AID APPLICATIONS AVAILABLE</p>
PART VI, LINE 4	<p>ROSS COUNTY, HOME TO ADENA REGIONAL MEDICAL CENTER, IS LOCATED IN SOUTH CENTRAL OHIO IT IS PART OF 2 CONGRESSIONAL DISTRICTS (2ND AND THE 15TH) AND ONE OF OHIO'S 32 APPALACHIAN COUNTIES IT CONTAINS THE POPULATION PATTERNS AND DISTINCT ECONOMIC CONDITIONS INHERENT OF THIS REGION OF THE U S AND FACES SIMILAR CHALLENGES TO IMPROVE THE LIVES OF ITS 77,000 RESIDENTS THESE INCLUDE LOW EDUCATIONAL ATTAINMENT PERCENTAGES AND HIGH RATES OF UNEMPLOYMENT AND POVERTY THE TOTAL POPULATION OF ROSS COUNTY REPRESENTS 15% OF THE TOTAL ADENA HEALTH SYSTEM SERVICE REGION AND IS THE PRIMARY PLACE OF RESIDENCE FOR 80% OF THE PATIENTS IT SERVES THE COUNTY, AS WELL AS THE REMAINDER OF THE 12 COUNTY SERVICE REGION, HAS SIMILAR DEMOGRAPHICS AS THE STATE OF OHIO AND U S OVER 64% OF THE POPULATION IS BETWEEN THE AGES OF 19 AND 64 AND 13% OF THE POPULATION IS OVER THE AGE OF 65 THE MAJORITY OF THE POPULATION IS WHITE WITH AFRICAN AMERICANS MAKING UP THE MAJORITY OF THE REGION'S MINORITY POPULATION THE 28,269 HOUSEHOLDS IN ROSS COUNTY REPRESENT 14 7% OF THE HOUSEHOLDS IN ADENA HEALTH SYSTEM'S 12-COUNTY SERVICE REGION THE AVERAGE HOUSEHOLD SIZE IS 2 54 PEOPLE, COMPARABLE WITH THE REST OF OHIO AND THE U S THE AVERAGE FAMILY SIZE IS AS WELL WITH 3 05 PEOPLE A LITTLE MORE THAN 50% OF THE POPULATION IS NOW MARRIED WHICH IS COMPARABLE WITH OHIO AND NATIONAL AVERAGES MORE THAN 14% ARE DIVORCED WHICH IS NOTICEABLY HIGHER THAN BOTH THE STATE AND NATIONAL AVERAGES MORE THAN 15% OF THE ADULTS IN ROSS COUNTY HAVE NOT GRADUATED FROM HIGH SCHOOL THIS PERCENTAGE IS HIGHER THAN BOTH THE OHIO (12 2%) AND NATIONAL (14 6%) AVERAGES, BUT IS LOWER THAN THE AVERAGE FOR THE 12-COUNTY SERVICE REGION (18 9%) MORE THAN 10% OF THE POPULATION OF ROSS COUNTY IS ESTIMATED TO BE FUNCTIONALLY ILLITERATE, OR LACKING THE READING AND WRITING SKILLS SUFFICIENT FOR ORDINARY PRACTICAL NEEDS THE UNEMPLOYMENT RATE IN ROSS COUNTY (4 8%) IS COMPARABLE TO THE U S AVERAGE IN ADDITION, MORE THAN 45% OF THE POPULATION IS NOT IN THE WORKFORCE THIS IS HIGHER THAN THE STATE AND NATIONAL AVERAGES THE TOP FIVE EMPLOYMENT INDUSTRIES IN ROSS COUNTY ARE MANAGEMENT/PROFESSIONAL OCCUPATIONS, EDUCATION/HEALTHCARE SERVICES, SALES, PRODUCTION/TRANSPORTATION SERVICES, AND SERVICE OCCUPATIONS ROSS COUNTY HAS MORE PEOPLE EMPLOYED IN PRODUCTION, TRANSPORTATION AND MATERIAL MOVING OCCUPATIONS THAN THE REGIONAL, STATE AND NATIONAL AVERAGES THE COUNTY HAS ABOUT HALF AS MANY PROFESSIONAL, SCIENTIFIC AND MANAGEMENT SERVICES PROFESSIONALS AS OHIO AND THE U S THE PER CAPITA, MEDIAN AND MEAN HOUSEHOLD INCOMES IN ROSS COUNTY OHIO ARE MUCH LOWER THAN THE STATE AND U S AVERAGES, BUT HIGHER THAN REGIONAL AVERAGE POVERTY RATES ARE ALSO HIGHER THAN STATE AND NATIONAL AVERAGES BUT LOWER THAN THE REST OF THE REGION ACCESS TO EMPLOYMENT IN ROSS COUNTY IS HIGHER THAN OTHER COUNTIES IN THE REGION THERE ARE 6,348 CIVILIAN VETERANS LIVING IN ROSS COUNTY, ACCOUNTING FOR ALMOST 8% OF THE REGION'S POPULATION THE TOTAL CIVILIAN VETERANS WITHIN THE ADENA HEALTH SYSTEM 12-COUNTY SERVICE REGION REPRESENT 5% OF OHIO'S TOTAL CIVILIAN VETERAN POPULATION ROSS COUNTY ALSO HAS A VETERAN'S ADMINISTRATION HOSPITAL LOCATED 4 5 MILES FROM ADENA REGIONAL MEDICAL CENTER ROSS COUNTY AND ITS ENTIRE SURROUNDING SERVICE REGION HAVE A HIGHER PREVALENCE OF DISABILITY THAN THE REST OF OHIO SEVEN OF THE 12 COUNTIES IN THE SERVICE REGION HAVE DISABILITY PREVALENCE RATES OF 16 7% - 22% ROSS COUNTY'S PREVALENCE RATE IS 13 5%</p>



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 5	ADENA REGIONAL MEDICAL CENTER WORKS TO PROMOTE THE HEALTH OF ITS COMMUNITY THROUGH A VARIETY OF MEANS, INCLUDING BOARD MEMBERS, ADMINISTRATIONS, EMPLOYEES AND VOLUNTEERS THE 2018 BOARD OF TRUSTEES OF ADENA HEALTH SYSTEM WAS COMPRISED OF 14 MEMBERS WHO ALL RESIDE IN THE HOSPITAL SERVICE AREA ONE OF THE BOARD MEMBERS WAS AN EMPLOYEE OF ADENA HEALTH SYSTEM AT THE END OF THE YEAR
PART VI, LINE 6	FOUNDED IN 1895, ADENA HEALTH SYSTEM IS AN INDEPENDENT, NOT-FOR-PROFIT HEALTHCARE ORGANIZATION BASED IN CHILLICOTHE, OH THE HEALTH SYSTEM INCLUDES THREE HOSPITALS AND SIX REGIONAL CLINICS, WITH A TOTAL OF 311 BEDS ADENA SERVES THE NEEDS OF NEARLY 500,000 PEOPLE IN 13 COUNTIES, LIVING IN OHIO'S APPALACHIAN REGION OUR FACILITIES INCLUDE ADENA REGIONAL MEDICAL CENTER A 261-BED INPATIENT HOSPITAL IN CHILLICOTHE, OH FEATURING AN EMERGENCY DEPARTMENT, DIAGNOSTIC AND TREATMENT SERVICES, ADVANCED SURGICAL SUITES, INTENSIVE/CARDIAC CARE, MEDICAL OFFICE BUILDING AND THE ADENA HEALTH PAVILION, WHICH INCLUDES OUTPATIENT SURGERY, PHYSICIAN OFFICES AND THE ADENA SLEEP CENTER IN 2011, ADENA INVESTED \$21 MILLION IN THE CONSTRUCTION OF A 35,000 SQUARE-FOOT CANCER CENTER TO PROVIDE PATIENTS WITH ACCESS TO CANCER DIAGNOSIS AND TREATMENT AT A FACILITY NEAR THEIR HOMES THE CANCER CENTER OPENED IN JANUARY 2012 IN 2018 THE SYSTEM COMPLETED THE FIRST OF 3 PHASES OF A \$40M RENOVATION/EXPANSION OF ITS EMERGENCY CENTER THIS WAS IN DIRECT RESPONSE TO PUBLIC COMMENTS ABOUT THE CONGESTION OF SPACE IT HAS ALLOWED FOR ENHANCED CARE AND IMPROVED COORDINATION OF CARE WITH THE EMERGENCY RESPONSE SERVICES IN THE SERVICE AREA GREENFIELD AREA MEDICAL CENTER AND PIKE HEALTH SERVICES, INC BOTH ARE CRITICAL ACCESS HOSPITALS, EACH WITH A 25-BED INPATIENT FACILITY IN GREENFIELD, OH AND WAVERLY, OH, RESPECTIVELY EACH FEATURES AN EMERGENCY DEPARTMENT, INPATIENT CARE INCLUDING REHABILITATION AND MEDICAL/SURGICAL, DIAGNOSTIC AND TREATMENT SERVICES, AS WELL AS FAMILY PRACTICE AND SPECIALTY PHYSICIANS THESE TWO HOSPITALS DIRECTLY BENEFIT HIGHLAND COUNTY (GREENFIELD AREA MEDICAL CENTER) AND PIKE COUNTY (PIKE HEALTH SERVICES, INC ) AS WELL AS SURROUNDING COMMUNITIES ADENA HEALTH CENTERS LOCATED IN CHILLICOTHE AND WITH REGIONAL SITES IN CIRCLEVILLE, JACKSON, OAK HILL, WASHINGTON COURT HOUSE, WAVERLY, HILLSBORO, AND WELLSTON, OH OUR HEALTH CENTERS INCLUDE PHYSICIAN OFFICES, DIAGNOSTIC AND TREATMENT SERVICES, PHYSICAL, OCCUPATION AND SPEECH THERAPIES URGENT CARE SERVICES ARE OFFERED IN CHILLICOTHE, WAVERLY, AND HILLSBORO ADENA HOME CARE AND HOSPICE PROVIDES HIGHLY PERSONALIZED, QUALITY CARE TO PATIENTS OF FOUR SERVICE LINES -- HOME HEALTH, HOSPICE, HOME RESPIRATORY AND HOME INFUSION ADENA REHABILITATION AND WELLNESS CENTER PROVIDES PHYSICAL, OCCUPATIONAL, MASSAGE AND INDUSTRIAL REHABILITATION, AS WELL AS ORTHOPEDICS, SPORTS MEDICINE, WOMEN'S HEALTH, VESTIBULAR, FIBROMYALGIA AND CHRONIC PAIN PROGRAMS, AS WELL AS INDUSTRIAL AND SPECIALIZED HAND PROGRAMS ADENA COUNSELING CENTER PROVIDES A WIDE RANGE OF OUTPATIENT COUNSELING SERVICES, INCLUDING GROUP, INDIVIDUAL AND FAMILY COUNSELING A VARIETY OF SUPPORT GROUPS ALSO MEET AT THE CENTER OFF-CAMPUS PHYSICIAN OFFICES A NUMBER OF PHYSICIAN OFFICES ARE LOCATED THROUGHOUT THE REGION SERVED BY ADENA THESE INCLUDE OFFICES FOR FAMILY PHYSICIANS, ENDOCRINOLOGISTS, GERONTOLOGISTS AND UROLOGISTS TELEMEDICINE IN 2011, THE HEALTH SYSTEM CONTINUED ITS AFFILIATION WITH THE SOUTHERN OHIO HEALTH CARE NETWORK (SOHCN) THIS PARTNERSHIP HAS RESULTED IN THE CONSTRUCTION OF AN EXPANSIVE FIBER OPTIC BROADBAND TELECOMMUNICATIONS NETWORK TO SERVE THE HEALTHCARE AND EDUCATIONAL NEEDS OF PEOPLE LIVING IN OHIO'S APPALACHIAN REGION THROUGH THIS TECHNOLOGY, TELEMEDICINE IS ENABLING PATIENTS TO BE ON ADENA'S CAMPUS, BUT TREATED BY PHYSICIANS OUTSIDE THE REGION ADENA HAS TELEMEDICINE RELATIONSHIPS WITH OHIO STATE UNIVERSITY MEDICAL CENTER, RIVERSIDE METHODIST HOSPITAL, AND NATIONWIDE CHILDREN'S HOSPITAL IN COLUMBUS

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 31-4379443  
**Name:** ADENA HEALTH SYSTEM

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

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	ADENA REGIONAL MEDICAL CENTER 272 HOSPITAL RD CHILLICOTHE, OH 45601 WWW ADENA.ORG ST REG NUM 1029	X	X					X			

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

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

Form and Line Reference	Explanation
ADENA REGIONAL MEDICAL CENTER	PART V, SECTION B, LINE 5 ADENA REGIONAL MEDICAL CENTER CAPTURED THE BROAD INTERESTS OF THE COMMUNITY FOR THE CHNA THROUGH TWO METHODS SURVEY AND INTERVIEWS A HEALTH NEEDS SURVEY WAS WIDELY DISTRIBUTED TO THE ROSS COUNTY COMMUNITY THROUGH PAPER AND WEB FORM IN ADDITION TO THE SURVEYS, INTERVIEWS WITH LOCAL COMMUNITY LEADERS, INCLUDING CIVIC, PUBLIC HEALTH AND EMERGENCY RESPONSE WERE REQUESTED AND/OR CONDUCTED TO GAIN FURTHER KNOWLEDGE OF SURVEY TOPICS

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

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

Form and Line Reference	Explanation
ADENA REGIONAL MEDICAL CENTER	PART V, SECTION B, LINE 6B THE CHNA FOR ADENA REGIONAL MEDICAL CENTER WAS CONDUCTED IN COLLABORATION WITH THE FOLLOWING ORGANIZATIONS ADENA HEALTH SYSTEM, CHILLICOTHE CITY SCHOOLS, CHILLICOTHE GAZETTE, HOPE CLINIC OF ROSS COUNTY, HOPEWELL HEALTH CENTER, OHIO DEPARTMENT OF JOB AND FAMILY SERVICES, OHIO STATE UNIVERSITY EXTENSION, OHIO UNIVERSITY CHILLICOTHE, PACCAR, PAINT VALLEY ADAMH BOARD, RECOVERY COUNCIL, ROSS COUNTY CHILD PROTECTION CENTER, ROSS COUNTY HEALTH DISTRICT, ROSS COUNTY YMCA, SCIOTO PAINT VALLEY MENTAL HEALTH CENTER, UNION-SCIOTO SCHOOL DISTRICT, UNITED WAY OF ROSS COUNTY, AND VETERANS ADMINISTRATION HOSPITAL

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
ADENA REGIONAL MEDICAL CENTER	PART V, SECTION B, LINE 7D HARD COPIES OF THE CHNA REPORT WERE PRINTED AND SENT TO COMMUNITY LEADERS AND AGENCIES

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

Form and Line Reference	Explanation
ADENA REGIONAL MEDICAL CENTER	<p>PART V, SECTION B, LINE 11 SUBSTANCE USE DISORDERINFRASTRUCTURE BUILDINGADENA, AS PART OF ITS COORDINATION EFFORTS FOR PARTNERS FOR A HEALTHIER ROSS COUNTY (PHRC) BEGAN CROSS REPO RTING IN JANUARY OF 2017 WITH THE HOPE PARTNERSHIP PROJECT (HPP) A TOTAL OF FOUR REPRESENTATIVES (MEDICINE, SOCIAL WORK, COMMUNITY HEALTH AND ADVOCACY) FROM ARMC TEAM PARTICIPATE ON THE HPP COALITION NO COLLABORATIVE AGREEMENT WITH AN IN-PATIENT DETOX FACILITY WAS ACCOMPLISHED IN 2018, HOWEVER A FORMAL AGREEMENT WITH BRIGHTVIEW TREATMENT CENTERS WAS EXECUTED PROVIDING PRIORITY APPOINTMENTS TO ADENA PATIENTS IDENTIFIED WITH SUBSTANCE USE DISORDER A GRANT FROM OHIO MENTAL HEALTH AND ADDICTION SERVICES WAS ALSO OBTAINED TO INSTALL AN EMERGENCY ROOM SUD NAVIGATOR TO BEGIN IN 2019 ADVOCACYADENA HEALTH SYSTEM CONTRIBUTED 30 FTE COMMUNITY HEALTH DIRECTOR TO CO-CHAIR THE PARTNERS FOR A HEALTHIER ROSS COUNTY IN 2018 ARMC HAS A TOTAL OF FOUR EMPLOYEES WHO DEDICATED A MINIMUM TOTAL OF SIX HOURS A MONTH TO PARTICIPATING IN COMMITTEE MEETINGS AND COORDINATING PROJECTS FOR THE PARTNERS FOR A HEALTHIER ROSS COUNTY AND THE HPP IN 2018 EDUCATIONARMC PROVIDED EDUCATION ON SUBSTANCE USE DISORDER THROUGH THREE EVENTS IN 2018 INCLUDING A BRIEF SESSION DELIVERED AT THE SEPTEMBER WALK WITH A DOC SESSION, A PANEL DISCUSSION COORDINATED AT THE PACCAR MEDICAL EDUCATION CENTER IN PARTNERSHIP WITH THE AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES, AND A COMMUNITY FORUM AND RESOURCE FAIR COORDINATED AT THE PACCAR MEDICAL EDUCATION CENTER IN PARTNERSHIP WITH THE HOPE PARTNERSHIP PROJECT TWO STAFF MEMBERS PROVIDED A TOTAL OF 14 HOURS OF COMMUNITY EDUCATION PROGRAMMINGTHE BABY CENTERED RECOVERY PROGRAM PROVIDED A TOTAL OF 54 WOMEN (FROM MULTIPLE COUNTIES INCLUDING PIKE) WITH PREGNANCY EDUCATION AND ADDICTION COUNSELING, AS WELL AS FOOD AND BABY SUPPLIES AT NO CHARGE TO PARTICIPANTS A TOTAL OF 31 COMPLETED THE PROGRAM THE PROGRAM WAS RECOGNIZED AS THE 2018 PROMISING PRACTICES PROGRAM BY THE CENTERS FOR MEDICAID AND MEDICARE THE ARMC EMERGENCY DEPARTMENT DEPLOYED A POST OVERDOSE RESPONSE TEAM (PORT) IN AUGUST OF 2017 WHICH CONTINUED IN 2018 TO PROVIDE TREATMENT RESOURCES AND HARM REDUCTION FOR THOSE WITH SUBSTANCE USE DISORDER AND THEIR FAMILIES THE EMERGENCY DEPARTMENT WAS ALSO AWARDED A GRANT BY THE OHIO MENTAL HEALTH AND ADDICTION SERVICES AGENCY TO INSTALL A SOCIAL WORKER/SUBSTANCE USE DISORDER NAVIGATOR TO ENGAGE PATIENTS IDENTIFIED AS NEEDING SERVICES IN RESOURCES FOR RECOVERY INSTALLATION OF THE NAVIGATOR WILL HAPPEN IN 2019 FINANCIAL SUPPORTADENA HEALTH SYSTEM PROVIDED \$10,000 IN SUPPORT FOR THE DRUG FREE CLUBS OF AMERICAN PROGRAM MADE DEPLOYED IN SIX ROSS COUNTY SCHOOL DISTRICTS WHICH INCENTIVIZES STUDENT PARTICIPATION IN DRUG TESTING ANOTHER \$600 WAS PROVIDED IN SUPPORT TO THE KEYS TO SUCCESS PROGRAM COORDINATED BY CHILlicothe CITY SCHOOLS OBESITY INFRASTRUCTURE BUILDINGADENA CO-CHAIR OF THE PHRC STEERING TEAM COORDINATED AND CONVENED THE LIVELWELL ROSS COMMITTEE NOW LED BY THE ROSS COUNTY</p>

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

Form and Line Reference	Explanation
ADENA REGIONAL MEDICAL CENTER	<p>NTY YMCA THIS TEAM REFORMULATED A PLAN TO ENGAGE LOCAL SCHOOLS ON NUTRITION AND FITNESS I MPROVEMENT STRATEGIES ADVOCACYARMC CONTRIBUTED THE TIME OF TWO EMPLOYEES WHO DEDICATED A MINIMUM TOTAL OF 2 HOURS PER MONTH TO PARTICIPATING IN COMMITTEE MEETINGS AND COORDINATING PROJECTS FOR LIVEWELL ROSS ARMC DEPLOYED PUBLIC SERVICE ANNOUNCEMENTS VIA LOCAL RADIO AND SOCIAL MEDIA FOCUSED ON NUTRITION AND FITNESS EDUCATION AND AWARENESS EDUCATIONA HERE FOR LIFE EVENT LED BY ADENA CARDIOLOGY ON HEART HEALTH AND ATRIAL FIBRILLATION WAS HELD IN FE BRUARY WHERE A TOTAL OF 45 PARTICIPANTS WERE PROVIDED TWO HOURS OF EDUCATION ON GENERAL HE ART HEALTH AND MANAGING ATRIAL FIBRILLATION ARMC PARTNERED WITH THE ROSS COUNTY OHIO STATE UNIVERSITY EXTENSION OFFICE TO DELIVER COOKING CLASSES TO ADENA PATIENTS WITH OBESITY AND DIABETES A TOTAL OF 25 FAMILIES WERE SERVED IN ROSS COUNTY WITH NUTRITION EDUCATION, FOO D PREPARATION AND EDUCATION ON SHOPPING HEALTHY ON A BUDGET AND LABEL READING A TOTAL OF \$1,500 WAS EXPENDED PROVIDING PATIENTS WITH THE SIX-WEEK LONG EDUCATION SERIES A WALK WIT H A DOC EVENT WAS HELD IN OCTOBER AS PART OF DIABETES AWARENESS MONTH WHERE ENDOCRINOLOGIS T DR JOHN SIDENSTICKER PROVIDED A TOTAL OF 65 COMMUNITY MEMBERS 5 HOURS OF EDUCATION ON DIABETES MANAGEMENT FOLLOWED BY A 30 MINUTE WALK PROGRAMMINGADENA HEALTH SYSTEM COORDINAT ED A HEALTHY KIDS EVENT AT THE ROSS COUNTY FAIR WHERE A TOTAL OF 75 CHILDREN WERE PROVIDED 45 MINUTES OF HEALTHY COOKING INSTRUCTION FOLLOWED BY THIRTY MINUTES OF NUTRITION, FITNES S AND WELLBEING EDUCATION ADENA HEALTH SYSTEM PARTNERED WITH THE ROSS COUNTY PUBLIC LIBRA RIES TO COORDINATE THE HEALTHY KIDS SUMMER FUN CHALLENGE, COORDINATED WITH THE BOOKWORM SU MMER READING PROGRAM A TOTAL OF 1,892 CHILDREN WERE ENGAGED IN THE PROGRAM WITH 31% PERSI STINGE THROUGHOUT THE SUMMER WITH THE PROGRAM AND COMPLETING ALL OF THEIR HEALTHY CHALLENGE S PARTICIPANTS ARE OFFERED THE OPPORTUNITY TO EARN PRIZES AS THEY COMPLETE CHALLENGES AND THOSE WHO COMPLETE ALL CHALLENGES ARE ENTERED INTO A DRAWING FOR A NEW BICYCLE FINANCIAL SUPPORTADENA HEALTH SYSTEM PARTNERED WITH THE ROSS COUNTY FARMER'S MARKET TO FUND THE FOO D RX AND FRUIT &amp; VEGGIE PERKS PROGRAM WHICH PROVIDED MORE THAN 300 INDIVIDUAL ADENA PATIEN TS AND COMMUNITY SNAP BENEFICIARIES A TOTAL OF \$5 375 OF FRESH FRUITS AND VEGETABLES RESPI RATORY ISSUESINFRASTRUCTURE BUILDINGADENA CO-CHAIR OF THE PHRC STEERING TEAM COORDINATED A ND CONVENED THE BREATHEWELL ROSS COMMITTEE NOW LED BY THE ROSS COUNTY HEALTH DISTRICT THI S TEAM DEVELOPED A PLAN IN 2017 TO ENGAGE LOCAL TOWNS AND VILLAGES IN SMOKE FREE SPACE POL ICY AND DEVELOP POLICY DEVELOPMENT AND CESSATION KITS FOR LOCAL BUSINESSES AND AGENCIES I N 2018, ALL CITY AND COUNTY PARKS ADOPTED SMOKE-FREE SPACE POLICIES AND MORE THAN 50 SMALL BUSINESSES HAVE UTILIZED THE CESSATION AND SMOKE FREE WORK PLACE POLICY ADOPTION KITS A BUTT-PICK UP EVENT WAS COORDINATED IN YOCTANGEE PARK IN OCTOBER 2018, IN PARTNERSHIP WITH THE KEYS TO SUCCESS PROGRAM AT</p>

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

Form and Line Reference	Explanation
ADENA REGIONAL MEDICAL CENTER	<p>CHILLICOTHE HIGH SCHOOL A TOTAL OF 165 STUDENTS PICKED UP CIGARETTE BUTTS AND PLANTED FL AGS TO DEMONSTRATE IMPACT OF TOBACCO LITTER ADENA CO-CHAIR OF THE PHRC STEERING TEAM COOR DINATED AND CONVENED THE ROSS COUNTY AIR QUALITY COMMITTEE NOW LED BY THE ROSS COUNTY HEAL TH DISTRICT THIS TEAM RESEARCHED EPA DATA ON TOXIC EMISSIONS AND INVENTORY TO IDENTIFY AN D PRIORITIZE FIVE CENSUS TRACTS WHERE AIR MONITORING COULD BE INITIATED THE EPA HAS COMMI TTED SUPPORT TO READING MONITOR DATA ONCE THEY ARE INSTALLED IN 2019 ADVOCACYARMC CONTRIB UTED THE TIME OF ONE EMPLOYEE WHO DEDICATED A MINIMUM TOTAL OF 4 HOURS PER MONTH TO PARTIC IPATING IN COMMITTEE MEETINGS AND COORDINATING PROJECTS FOR BREATHEWELL ROSS ARMC CONTRIBU TES THE TIME OF ONE EMPLOYEE WHO DEDICATES A MINIMUM TOTAL OF 4 HOURS PER MONTH TO PARTICI PATING IN COMMITTEE MEETINGS AND COORDINATING PROJECTS FOR THE ROSS COUNTY AIR QUALITY COM MITTEE PROGRAMMINGADENA HEALTH SYSTEM COORDINATED THE ADENA QUIT CLINIC WHICH PROVIDED A T OTAL OF 27 PATIENTS RECEIVED TOBACCO CESSATION COUNSELING, SUPPORT AND NICOTINE REPLACEMEN T EDUCATION BY ADENA PHARMACISTS IN 2018 THE ADENA CANCER CENTER PROVIDED A TOTAL OF 1,92 9 PATIENTS FROM THE REGION INCLUDING PIKE, HIGHLAND AND ROSS COUNTIES WITH FREE LUNG CANCER SCREENINGS IN 2018 WHICH RESULTED IN 18 POSITIVE CANCER FINDINGS FINANCIAL SUPPORTADENA HEALTH SYSTEM PROVIDED \$15,000 IN SUPPORT FOR RELAY FOR LIFE WHICH ENGAGED THE ROSS, PIKE AND HIGHLAND COMMUNITIES IN CANCER AWARENESS (INCLUDING LUNG CANCER) AND FUNDRAISING FOR R ESEARCH MENTAL HEALTHINFRASTRUCTURE BUILDINGADENA CO-CHAIR OF THE PHRC STEERING TEAM COORD INATED AND CONVENED THE ROSS MENTAL HEALTH FORUM NOW LED BY DR JIM HAGEN THIS TEAM INVEN TORIED THE NUMBER OF MENTAL HEALTH PROVIDERS IN THE COMMUNITY, INCLUDING INSURANCES TAKEN AND SPECIALTY AND BEGAN PLANNING FOR AN IN-DEPTH MENTAL HEALTH CONTINUUM ASSESSMENT FOR 20 18 THE TEAM ALSO COMPLETED A SEQUENTIAL INTERCEPT MAPPING IN OCTOBER TO IDENTIFY OPPORTUN ITIES TO IMPROVE MENTAL HEALTH SERVICES AND NEED IN THE ROSS COUNTY COMMUNITY ADVOCACYARMC CONTRIBUTED THE TIME OF THREE EMPLOYEES (COMMUNITY HEALTH, SOCIAL WORK AND MENTAL HEALTH) IN 2018 WHO DEDICATED A MINIMUM TOTAL OF 2 HOURS PER MONTH TO PARTICIPATING IN COMMITTEE MEETINGS AND COORDINATING PROJECTS FOR THE ROSS MENTAL HEALTH FORUM ARMC DEPLOYED PUBLIC S ERVICE ANNOUNCEMENTS IN 2018 VIA LOCAL RADIO AND SOCIAL MEDIA FOCUSED ON MENTAL HEALTH AWA RENESS EDUCATIONA WALK WITH A DOC EVENT WAS HELD IN NOVEMBER 2018 WHERE LOCAL PSYCHIATRIST DR NATHAN SCHIFLETT PROVIDED A TOTAL OF 55 COMMUNITY MEMBERS 5 HOURS OF EDUCATION ON DE PRESSION AND SEASONAL AFFECTIVE DISORDER FOLLOWED BY A 30 MINUTE WALK SEE PART VI FOR CON TINUATION</p>



Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
ADENA REGIONAL MEDICAL CENTER	PART V, SECTION B, LINE 16J <a href="http://www.adena.org/inside/page_dt/financial-aid">HTTP //WWW ADENA ORG/INSIDE/PAGE DT/FINANCIAL-AID</a>

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

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

Form and Line Reference	Explanation
ADENA REGIONAL MEDICAL CENTER	PART V, SECTION B, LINE 20E PATIENTS HAVE 120 DAYS FROM THE TIME THEIR ACCOUNT GOES TO "SELF-PAY" TO PAY IN FULL OR MAKE PAYMENT ARRANGEMENTS ON THE 121ST DAY, THEY ARE SENT TO A COLLECTION AGENCY COLLECTION AGENCIES REQUIRE ADENA MANAGEMENT APPROVAL TO PURSUE LEGAL ACTION SELF-PAY PATIENTS HAVE TO ASK FOR A QUESTIONNAIRE AT REGISTRATION ASKING IF THEY WOULD LIKE TO BE SCREENED FOR FINANCIAL ASSISTANCE IF SO, THEY ARE GIVEN A FAP AT THAT TIME FINANCIAL ASSISTANCE APPLICATIONS ARE ALSO AVAILABLE ONLINE AND THROUGHOUT THE HOSPITALS AND CLINICS THIS IS ALSO AVAILABLE AT THE HOPE CLINIC

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B	<p>PROGRAMMINGTHE ADENA HEALTH SYSTEM HOUSES A VICTIM'S ADVOCATE TEAM IN THE ARMC EMERGENCY D EPARTMENT WHICH PROVIDED 161 VICTIMS OF SEXUAL ASSAULT (ADULT AND PEDIATRIC), DOMESTIC VIO LENCE, CHILD ABUSE, ELDER ABUSE, HUMAN TRAFFICKING AND HATE CRIMES WITH MENTAL HEALTH REFE RRAL, SAFETY NET AND SUPPORT SERVICES FREE OF CHARGE, VALUED AT \$225,000 IN 2018 FINANCIAL SUPPORTADENA HEALTH SYSTEM PROVIDED \$1,750 IN SUPPORT TO THE SCIOTO PAINT VALLEY MENTAL H EALTH CENTER TO FINALIZE AND COMPLETE AN ASSESSMENT AND STRATEGIC PLAN FOR THE REGIONAL 21 1 RESOURCE REFERRAL LINE THAT SUPPORTS SIX COUNTIES INCLUDING ROSS, PIKE AND HIGHLAND INFA NT MORTALITY/CHILD SAFETYADVOCACYARMC CONTRIBUTED THE TIME OF ONE EMPLOYEE WHO DEDICATES A MINIMUM TOTAL OF 2 HOURS PER QUARTER TO PARTICIPATING IN MEETINGS AND COORDINATING PROJEC TS FOR THE FAMILY AND CHILDREN FIRST COUNCIL ARMC DEPLOYED PUBLIC SERVICE ANNOUNCEMENTS AC ROSS THE HEALTH SYSTEM AND CLINICS FOCUSED ON SAFE SLEEP AWARENESS IN 2018 PROGRAMMINGTHE ADENA CENTERING PREGNANCY PROGRAM PROVIDED A TOTAL OF 54 NUMBER HIGH-RISK PREGNANCY PATIEN TS WITH PREGNANCY EDUCATION AND SUPPORT DURING A TOTAL 7 ONGOING MONTHLY CLASSES FINANCIA L SUPPORTADENA HEALTH SYSTEM PROVIDED A TOTAL OF 8 CRIBS AND 1212 SLEEP SACKS FOR SOME OF THE 947 BABIES BORN AT THE ADENA WOMEN'S AND CHILDREN'S CENTER IN 2018 PATIENTS COME FROM MULTIPLE COUNTIES INCLUDING ROSS, PIKE AND HIGHLAND COMMUNITY HEALTH OUTCOMES AND HEALTH FACTORS SUMMARY ROSS COUNTY HEALTH OUTCOMES MOVED FROM 81 TO 74 IN 2018 (COUNTY HEALTH RAN KINGS) ROSS COUNTY HEALTH FACTORS MOVED FROM 60 TO 65 IN 2018 (COUNTY HEALTH RANKINGS) AD DITIONAL INITIATIVES AND RESOURCESCOMMUNITY ENGAGEMENTADENA HEALTH SYSTEM IS A PARTNER OF THE UNITED WAY PROGRAM MAP YOUR FUTURE, WHICH ENGAGES 6TH THROUGH 8TH GRADE STUDENTS IN EX PLORING CAREER OPPORTUNITIES AND BUILDING A PRODUCTIVE FUTURE IN 2018, ADENA HEALTH SYSTE M HOSTED ONSITE TOURS OF THE ADENA REGIONAL MEDICAL CENTER, AS WELL AS ALLOWED ON-SITE VIS ITS TO SCHOOLS BY INDIVIDUAL EMPLOYEES TO TALK ABOUT THEIR CAREER IN HEALTHCARE A TOTAL O F 1,200 CAREER MENTORING HOURS WERE PROVIDED BY ADENA CAREGIVERS THROUGH THE MAP YOUR FUTU RE PROGRAM IN 2018, WHICH UNITED WAY VALUED AT \$75,269 UNINTENTIONAL INJURIES THE PRIMARY CAUSE OF UNINTENTIONAL INJURIES IN ROSS COUNTY IN 2016 BECAME DRUG OVERDOSE DEATHS SURPAS SING AUTOMOTIVE ACCIDENTS AHS/AGMC SAW A CONTINUED REDUCTION IN OVERDOSES DURING 2018 AND THE COUNTY SAW A 25% REDUCTION IN OVERDOSE DEATHS IN 2017 DUE TO THEIR TRACKING AND INFOR MATION SHARING THROUGH THE HOPE PARTNERSHIP PROJECT FUNDED BY THE OHIO DEPARTMENT OF JUSTI CE NARCAN DEPLOYMENT CONTINUED IN LOCAL LAW ENFORCEMENT AND PUBLIC HEALTH PROGRAMS, BUT A LSO IN THE ADENA REGIONAL MEDICAL CENTER EMERGENCY DEPARTMENT ADENA HEALTH SYSTEM AT THE ADENA REGIONAL MEDICAL CENTER CONTINUES OPERATIONS OF THE ROSS COUNTY SAFE COMMUNITIES PRO GRAM THOUGH ITS GRANT FROM THE OHIO DEPARTMENT OF PUBLIC SAFETY THIS PROGRAM SAW AN IMPRO VEMENT IN THE USE OF SEATBELTS</p>

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B	<p>FROM 81% TO 89% FROM 2017 TO 2018 (SURVEY ASSESSMENT CONDUCTED ANNUALLY BY MIAMI UNIVERSITY) TWO ADENA EMPLOYEES COORDINATE THE PROGRAM WHERE OUTREACH AT LOCAL COMMUNITY EVENTS AND A SOCIAL MEDIA CAMPAIGN PROMOTE A VARIETY OF ROAD SAFETY ISSUES, INCLUDING 1 ) SEAT BELT USAGE, 2 ) SOBER DRIVING, 3 ) DISTRACTED DRIVING, 4 ) MOTORCYCLE AWARENESS AND, 5 ) ROAD SAFETY THE TEAM ATTENDED 21 ROSS COUNTY EVENTS, INCLUDING COUNTY FAIRS AND FESTIVALS, HIGH SCHOOL FOOTBALL GAMES AND PHYSICALS TO PROMOTE SAFE DRIVING THERE ARE MULTIPLE WEEKLY ROAD SAFETY SOCIAL MEDIA MESSAGES POSTED EACH WEEK TO A GROWING 200 FOLLOWERS IN 2018 THERE WERE ALSO 3 TRAFFIC SAFETY AND FATALITY REVIEW COALITION MEETINGS HELD DURING THE YEAR WALK WITH A DOCADENA HEALTH SYSTEM ESTABLISHED A WALK WITH A DOC FRANCHISE IN 2016, WHICH CONTINUED THROUGH 2017 THE PROGRAM INVOLVES A MONTHLY ONE HOUR MEETING, HELD AT THE ROSS COUNTY YMCA, WHERE AN ADENA PHYSICIAN PROVIDES A 30 MINUTE HEALTH TOPIC ON VARIOUS TOPICS (THOSE RELATED TO COMMUNITY HEALTH PRIORITIES LISTED ABOVE) AND A FREE, HEALTHY LUNCH A TOTAL OF 10 WALK WITH A DOC SESSIONS, LED BY 9 ADENA PHYSICIANS AND 1 VA PHYSICIAN, WERE HELD IN 2018 WITH AN AVERAGE OF 57 PARTICIPANTS ATTENDING EACH SESSION MORE THAN \$7,000 WAS PROVIDED FROM ADENA COMMUNITY HEALTH TO SUPPORT THE HEALTHY LUNCH RESIDENCY CLINIC THE ADENA FAMILY MEDICINE - RESIDENCY OPERATED A CLINIC IN 2017 PROVIDING AFFORDABLE, QUALITY HEALTH CARE THE CLINIC PAIRED ACCESSIBLE PRIMARY CARE MEDICAL SERVICES PROVIDED BY PHYSICIAN INTERNS AND RESIDENTS OF ADENA'S GRADUATE MEDICAL EDUCATION PROGRAM, FAMILY AND INTERNAL MEDICINE PRECEPTORS AND A CERTIFIED NURSE PRACTITIONER ALSO PROVIDING SERVICES TO PATIENTS IN THE CLINIC A TOTAL OF 2,502 PATIENTS, MOSTLY FROM SEVEN COUNTIES (ROSS, FAYETTE, VINTON, PICKAWAY, PIKE, HIGHLAND AND JACKSON) MADE A TOTAL OF 5,878 VISITS TO THE RESIDENCY CLINIC IN 2017 FOR MORE INFORMATION, GO TO <a href="http://www.adena.org/locations/departments/dt/residency-clinic">HTTP://WWW.ADENA.ORG/LOCATIONS/DEPARTMENTS/DT/RESIDENCY-CLINIC</a>ADENA SPORTS MEDICINE ATHLETIC TRAINING PROGRAM THE ADENA HEALTH SYSTEM PROVIDED MORE THAN \$591,285 IN ATHLETIC INJURY PREVENTION, DIAGNOSIS, AND EVALUATION SERVICES TO 12 LOCAL PUBLIC HIGH SCHOOLS WITHIN THE SERVICE REGION IN 2018 A TOTAL OF 12 ATHLETIC TRAINERS WORK WITHIN THE SCHOOL'S ATHLETIC DEPARTMENTS AND FOCUS ON EDUCATING STUDENTS, PARENTS AND COACHES ON SPORTS MEDICINE TOPICS, INCLUDING CONCUSSION IDENTIFICATION AND TREATMENT THE STAFF IS ALSO READILY AVAILABLE AT ATHLETIC EVENTS AND PROVIDES YEARLY SPORTS PHYSICALS TO MORE THAN 1,200 STUDENTS IN PIKE, ROSS, AND JACKSON COUNTIES COMMUNITY COLLABORATIONSHOPE CLINICADENA PROVIDER, JAMI EASTERDAY, CNP, CONTINUED VOLUNTEER EFFORTS AS THE DIRECTOR OF THE HOPE CLINIC OF ROSS COUNTY A TOTAL OF 8 ADENA PHYSICIANS PROVIDED 99 HOURS OF CARE AND TWO ADENA NURSE PRACTITIONERS PROVIDED 110 HOURS OF CARE AT HOPE CLINIC IN 2017 A TOTAL OF 415 PATIENTS WERE SERVED WITH \$181,130 WORTH OF MEDICAL SERVICES AT NO CHARGE THIS CLINIC PROVIDES FREE</p>

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B	<p>MEDICAL CARE TO THOSE WITHOUT HEALTH INSURANCE COVERAGE, INCLUDING MEDICAL, DENTAL AND VI SION CARE THE CLINIC IS OPEN ONE DAY PER WEEK AHS PROVIDES AN ADDITIONAL \$3,675 IN MONET ARY SUPPORT FROM ITS COMMUNITY HEALTH BUDGET TO THE HOPE CLINIC FOR MEDICAL SUPPLIES AND R ESOURCES FOR MORE INFORMATION, GO TO <a href="http://www.hopeclinicfree.org/">HTTP //WWW HOPECLINICFREE ORG/</a> GREATER CHILLICOTHE-R OSS STEERING COMMITTEEIN 2018, ADENA HEALTH SYSTEM COLLABORATED WITH THE ROSS COUNTY CHAMB ER OF COMMERCE TO COORDINATE AND CONVENE A COMMUNITY STEERING COMMITTEE FOCUSED ON CREATIN G A COMMUNITY DEVELOPMENT PLAN FOR ROSS COUNTY A TOTAL OF 12 LOCAL GOVERNMENT, CIVIC AND BUSINESS LEADERS CONVENED TO IDENTIFY STRATEGIC PRIORITIES FOR THE COMMUNITY AND ASSIST IN ALLOCATING RESOURCES TO SUPPORT INITIATIVES BUILT AROUND THESE STRATEGIC PRIORITIES THE PARTNERS FOR A HEALTHIER ROSS COUNTY AND THE ROSS COUNTY HEROIN PARTNERSHIP ADVISORY COUNC IL ARE ALIGNED WITH THIS COMMITTEE COMMUNITY SUPPORTADENA PROVIDES ADDITIONAL SUPPORT TO THE ROSS COUNTY COMMUNITY THROUGH A VARIETY OF ENGAGEMENT ACTIVITIES, INCLUDING ADENA PAR TICIPATES IN MANY ASPECTS OF COMMUNITY WELLNESS, ENSURING HEALTH CARE NEEDS ARE MET IN OU R ROLE AS A LEADING JOB CREATOR IN THE COMMUNITY, ADENA IS AT THE TABLE IN DISCUSSIONS WIT H COMMUNITY GROUPS AND ASSOCIATIONS HERE ARE JUST A FEW AREAS IN WHICH ADENA IS WORKING T O MAKE A DIFFERENCE, OUTSIDE THE HOSPITAL WALLS PARTNERSHIP FOR A HEALTHIER ROSS COUNTY - ADENA LED EFFORT SHOWCASING STATE EFFORTS ON COMMUNITY HEALTH NEEDS SUCH AS SMOKING, OBE SITY, DIABETES, POVERTY, HUNGER HEROIN PARTNERSHIP PROJECT - ADENA LED EFFORT SHOWCASING STATE EFFORTS (NATIONAL LAW ENFORCEMENT AWARD) TO RESOLVE THE DRUG ABUSE EPIDEMIC THROUGH FAMILY/ADDICT TREATMENT AND SUPPORT GREATER CHILLICOTHE ROSS STEERING COMMITTEE - ADENA L ED EFFORT SHOWCASING LOCAL ECONOMIC DEVELOPMENT, PROMOTE TRAVEL &amp; TOURISM TO BUILD THE REG IONAL ECONOMY ECONOMIC DEVELOPMENT ALLIANCE - ADENA EXECUTIVE LEADERSHIP SITS ON THE BOAR D OF THE LOCAL ECONOMIC DEVELOPMENT COUNCIL PROVIDING EXPERTISE AND GUIDANCE TO SUPPORT GR OWTH IN THE LOCAL ECONOMY</p>

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

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

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

Name and address	Type of Facility (describe)
<b>1</b> 1 - ADENA HEALTH PAVILION 4437 STATE ROUTE 159 CHILLICOTHE, OH 45601	PHYSICIAN OFFICES, OUTPATIENT SURGERY CENTER
<b>1</b> 2 - ADENA MEDICAL OFFICE BUILDING 4439 STATE ROUTE 159 CHILLICOTHE, OH 45601	PHYSICIAN OFFICES
<b>2</b> 3 - ADENA HEALTH CENTER - WAVERLY 12340 STATE ROUTE 104 WAVERLY, OH 45690	AMBULATORY CARE CENTER
<b>3</b> 4 - ADENA URGENT CARE 55 CENTENNIAL BLVD CHILLICOTHE, OH 45601	AMBULATORY CARE CENTER
<b>4</b> 5 - ADENA HOME CARE SERVICES 111 W WATER STREET CHILLICOTHE, OH 45601	HOME HEALTH CARE AND HOSPICE
<b>5</b> 6 - ADENA HEALTH CENTER - JACKSON 1000 VETERANS DRIVE JACKSON, OH 45640	AMBULATORY CARE CENTER
<b>6</b> 7 - ADENA REHABILITATION AND WELLNESS CENTER 445 SHAWNEE LANE CHILLICOTHE, OH 45601	OUTPATIENT REHABILITATION CENTER
<b>7</b> 8 - ADENA FAMILY MEDICINE - OAK HILL 315 WASHINGTON STREET OAK HILL, OH 45656	PHYSICIAN OFFICES
<b>8</b> 9 - ADENA PICKAWAY-ROSS FAMILY PHYSICIANS 100 N WALNUT STREET CHILLICOTHE, OH 45601	PHYSICIAN OFFICES
<b>9</b> 10 - ADENA FAMILY MEDICINE - CIRCLEVILLE 798 N COURT STREET CIRCLEVILLE, OH 43113	PHYSICIAN OFFICES
<b>10</b> 11 - ADENA COUNSELING CENTER 445 SHAWNEE LANE CHILLICOTHE, OH 45601	MENTAL HEALTH COUNSELING
<b>11</b> 12 - ADENA FAMILY MEDICINE OF CHILLICOTHE 626 CENTRAL CENTER CHILLICOTHE, OH 45601	PHYSICIAN OFFICES
<b>12</b> 13 - ADENA ROSS UROLOGY 8 MEDICAL DRIVE CHILLICOTHE, OH 45601	PHYSICIAN OFFICES
<b>13</b> 14 - ADENA FAMILY MEDICINE - GREENFIELD 536 MIRABEAU STREET GREENFIELD, OH 45123	PHYSICIAN OFFICES
<b>14</b> 15 - ADENA FAMILY MEDICINE - WASHINGTON CH 308 HIGHLAND AVENUE SUITE C WASHINGTON COURT HOU, OH 43160	PHYSICIAN OFFICES

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

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

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

Name and address	Type of Facility (describe)
<b>16</b> 16 - ADENA FAMILY MEDICINE - WELLSTON 118 SOUTH NEW YORK AVE SUITE A WELLSTON, OH 45692	NURSE PRACTITIONER CLINIC
<b>1</b> 17 - ADENA FAMILY MEDICINE - HILLSBORO 160 ROBERTS LANE HILLSBORO, OH 45133	URGENT CARE AND FAMILY PRACTICE
<b>2</b> 18 - ADENA HEALTH & WELLNESS CNTR-MAIN CAMPUS 4457 ST RT 159 CHILLICOTHE, OH 45601	PHYSICIAN OFFICE, CARDIAC REHAB, OCCUPATIONAL MEDICINE
<b>3</b> 19 - ADENA CANCER CENTER 4435 ST RT 159 CHILLICOTHE, OH 45601	OUTPATIENT CHEMOTHERAPY AND RADIATION
<b>4</b> 20 - ADENA WELLNESS CENTER WEST 2077 WESTERN AVENUE CHILLICOTHE, OH 45601	HOME HEALTH AND REHABILITATION
<b>5</b> 21 - CLINIC AT WALMART 85 RIVER TRACE LANE CHILLICOTHE, OH 45601	NURSE PRACTITIONER CLINIC

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

Schedule I  
(Form 990)

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
ADENA HEALTH SYSTEM

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public  
Inspection

Employer identification number  
31-4379443

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 12

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



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

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

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

Return Reference	Explanation
PART I, LINE 2	DECISIONS TO DONATE TO COMMUNITY PROJECTS ARE BROUGHT TO CEO FOR APPROVAL FROM MEMBERS OF SENIOR LEADERSHIP AND/OR THE STRATEGY DEPARTMENT FOR EACH GRANT THERE IS AN AGREEMENT SIGNED BY ADENA AND THE ORGANIZATION RECEIVING THE DONATION THAT CONFIRMS FUNDS ARE BEING USED FOR THE INTENDED PURPOSE A BLANKET AMOUNT IS BUDGETED FOR THE FISCAL YEAR AND CONSIDERED AS EACH REQUEST IS MADE

Additional Data

Software ID:  
Software Version:  
EIN: 31-4379443  
Name: ADENA HEALTH SYSTEM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADENA MANSION & GARDENS SOCIETY 848 ADENA ROAD CHILLICOTHE, OH 45601	27-1330314	501(C)(3)	5,000				COMMUNITY IMPROVEMENT INITIATIVE
CHILLICOTHE FARMERS MARKET ASSOCIAT 300 CHILLICOTHE AVE HILLSBORO, OH 45133	26-2216517	501(C)(4)	6,555				COMMUNITY IMPROVEMENT INITIATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ECONOMIC DEVELOPMENT ALLIANCE OF 45 EAST MAIN STREET CHILLICOTHE, OH 45601	20-3786756	501(C)(3)	10,000				JOB DEVELOPMENT INITIATIVE
JACKSON CITY SCHOOLS 450 VAUGHN STREET JACKSON, OH 45640	31-6400579	501(C)(3)	5,000				EDUCATION INITIATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO UNIVERSITY FOUNDATION PO BOX 869 ATHENS, OH 45701	31-6402269	501(C)(3)	10,000				EDUCATION INITIATIVE
RONALD MCDONALD HOUSE CHARITIES 711 EAST LIVINGSTON AVENUE COLUMBUS, OH 43205	31-0890152	501(C)(3)	5,000				COMMUNITY IMPROVEMENT INITIATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROSS COUNTY AGRICULTURAL SOCIETY 344 FAIRGROUNDS ROAD CHILLICOTHE, OH 45601	31-6050864	501(C)(3)	7,500				WELLNESS INITIATIVE
THE BUCK FIFTY INC 113 GORDON DRIVE CHILLICOTHE, OH 45601	81-1817174	501(C)(3)	7,500				COMMUNITY IMPROVEMENT INITIATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE IBELIEVE FOUNDATION 1778 N HIGHT ST SUITE 310 COLUMBUS, OH 43201	61-1845157	501(C)(3)	5,000				COMMUNITY IMPROVEMENT INITIATIVE
THE OHIO HISTORICAL SOCIETY INC 800 E 17TH AVE COLUMBUS, OH 43211	31-4389673	501(C)(3)	37,500				COMMUNITY IMPROVEMENT INITIATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY ROSS CO 69 EAST WATER STREET CHILLICOTHE, OH 45601	31-4389671	501(C)(3)	20,000				COMMUNITY IMPROVEMENT INITIATIVE
ZANE TRACE ATHLETICS 946 STATE ROUTE 180 CHILLICOTHE, OH 45601	31-1192918	501(C)(3)	5,000				WELLNESS INITIATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD PROTECTION CENTER OF ROSS CO 138 MARIETTA RD ST E CHILLICOTHE, OH 45601	31-1579825	501(C)(3)	63,624				COMMUNITY IMPROVEMENT INITIATIVE



<b>Schedule J</b> <b>(Form 990)</b>  <small>Department of the Treasury Internal Revenue Service</small>	<b>Compensation Information</b>  <b>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> <b>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</b> <b>▶ Attach to Form 990.</b> <b>▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.</b>	OMB No 1545-0047
		<div>2018</div>
		<b>Open to Public Inspection</b>
Name of the organization ADENA HEALTH SYSTEM		Employer identification number 31-4379443

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

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

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

See Additional Data Table

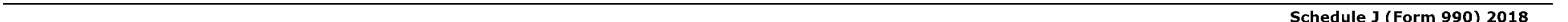
Schedule J (Form 990) 2018

**Part III**   **Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 1A	ADENA HEALTH SYSTEM PROVIDES FOR A MEMBERSHIP TO THE LOCAL COUNTRY CLUB FOR ALL OFFICERS AND KEY EMPLOYEES. THIS BENEFIT IS GROSSED UP AND TAXED AND RECEIVED BY EIGHT OF THE OFFICERS AND KEY EMPLOYEES. NEWLY RECRUITED SENIOR LEADERS RECEIVE AN ONBOARDING HOUSING ALLOWANCE THAT IS GROSSED UP AND TAXED. TWO OFFICERS AND KEY LEADERS RECEIVED THIS REIMBURSEMENT IN 2018.

Return Reference	Explanation
PART I, LINES 4A-B	<p>MARK SHUTER RECEIVED SEVERANCE PAYMENTS IN THE AMOUNT OF \$564,496 STUART FREEDMAN RECEIVED SEVERANCE PAYMENTS IN THE AMOUNT OF \$246,477 ERIC CECAVA RECEIVED SEVERANCE PAYMENTS IN THE AMOUNT OF \$461,705 SCOTT GRIFFIN RECEIVED SEVERANCE PAYMENTS IN THE AMOUNT OF \$142,333 THE ORGANIZATION HAS A 457(F) SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) THE FOLLOWING INDIVIDUALS PARTICIPATED IN OR RECEIVED PAYMENT FROM THE SERP IN 2018 JOHN FORTNEY \$56,712 SERP ACCRUAL JEFF GRAHAM \$74,108 SERP ACCRUAL LISA CARLSON \$53,956 SERP ACCRUAL KATHI EDRINGTON \$44,195 SERP ACCRUAL HARRY KITAKA \$43,857 SERP ACCRUAL TIM CAHILL \$35,167 SERP ACCRUAL INCLUDED IN PART II, COLUMN (C) ARE AMOUNTS CREDITED TO THE EXECUTIVE UNDER THE SECTION 457(F) DEFERRED COMPENSATION PLAN THESE AMOUNTS WERE CREDITED TO AN ACCOUNT FOR THE EXECUTIVE IN PRIOR YEARS PLEASE NOTE THAT IN PRIOR PERIOD(S) AMOUNTS CREDITED TO THE EXECUTIVE'S ACCOUNT HAVE NOT BEEN DISCLOSED IN PART II, COLUMN (C)</p>



Additional Data

Software ID:  
Software Version:  
EIN: 31-4379443  
Name: ADENA HEALTH SYSTEM

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
REGGINA YANDILA TRUSTEE	(i)	248,899	0	40,435	0	32,650	321,984	0
	(ii)	0	0	0	0	0	0	0
WILLIAM STRAUCH TRUSTEE	(i)	415,551	0	8,569	0	31,224	455,344	0
	(ii)	0	0	0	0	0	0	0
LISA CARLSON CFO	(i)	435,512	162,254	52,419	226,070	17,951	894,206	98,279
	(ii)	0	0	0	0	0	0	0
JEFF GRAHAM CEO	(i)	686,122	50,254	69,098	390,377	23,796	1,219,647	50,254
	(ii)	0	0	0	0	0	0	0
JOHN FORTNEY CHIEF MEDICAL OFFICER	(i)	431,702	112,213	169,362	208,519	23,005	944,801	112,213
	(ii)	0	0	0	0	0	0	0
TIM CAHILL CHIEF LEGAL OFFICER	(i)	281,290	59,821	72,457	134,120	37,810	585,498	59,821
	(ii)	0	0	0	0	0	0	0
KATHI EDRINGTON COO	(i)	439,335	0	42,843	212,447	13,257	707,882	0
	(ii)	0	0	0	0	0	0	0
ANTHONY FREEMAN MEDICAL OFFICER	(i)	597,139	0	48,871	0	35,831	681,841	0
	(ii)	0	0	0	0	0	0	0
JOHN GABIS PRESIDENT OF AMG	(i)	335,899	0	11,529	42,846	33,552	423,826	0
	(ii)	0	0	0	0	0	0	0
SCOTT GRIFFIN PRESIDENT OF AMG (JAN-AUG 2018)	(i)	207,432	67,031	142,333	20,399	26,949	464,144	67,031
	(ii)	0	0	0	0	0	0	0
JAY JUSTICE CHIEF HUMAN RESOURCES OFFICER	(i)	220,233	62,213	92,765	21,705	17,525	414,441	62,213
	(ii)	0	0	0	0	0	0	0
HARRY KITTAKA CHIEF TRANSFORMATION OFFICER	(i)	413,693	65,282	94,124	175,856	31,420	780,375	65,282
	(ii)	0	0	0	0	0	0	0
KIRK TUCKER CHIEF CLINICAL OFFICER	(i)	356,745	30,938	8,879	80,713	33,460	510,735	30,938
	(ii)	0	0	0	0	0	0	0
BRIAN COHEN EMPLOYED M D	(i)	2,650,950	0	29,948	0	35,789	2,716,687	0
	(ii)	0	0	0	0	0	0	0
HAVAL SAADLLA EMPLOYED M D	(i)	961,870	0	100,710	0	35,789	1,098,369	0
	(ii)	0	0	0	0	0	0	0
JAMES MANAZER EMPLOYED M D	(i)	910,295	0	45,096	0	35,789	991,180	0
	(ii)	0	0	0	0	0	0	0
BRUCE CHEN PHYSICIAN	(i)	1,108,176	0	147,032	0	23,636	1,278,844	0
	(ii)	0	0	0	0	0	0	0
SHANE MATHENY PHYSICIAN	(i)	857,190	0	144,927	0	41,145	1,043,262	0
	(ii)	0	0	0	0	0	0	0
MARK SHUTER FORMER CEO	(i)	0	0	564,496	0	0	564,496	0
	(ii)	0	0	0	0	0	0	0
WAYNE COATS FORMER TRUSTEE/PHYSICIAN	(i)	365,842	0	43,922	0	34,879	444,643	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
WILBUR SEVER FORMER TRUSTEE/PHYSICIAN	(i)	679,561	0	27,642	0	26,820	734,023	0
	(ii)	0	0	0	0	0	0	0
ERIC CECAVA FORMER COO	(i)	0	0	461,705	0	0	461,705	0
	(ii)	0	0	0	0	0	0	0
JACK BERNO FORMER CHIEF MEDICAL OFFICER/PHYSICI	(i)	301,321	20,625	12,972	10,000	3,508	348,426	20,625
	(ii)	0	0	0	0	0	0	0
STUART FREEDMAN FORMER CHIEF COMPLIANCE OFFICER	(i)	0	0	246,477	0	0	246,477	0
	(ii)	0	0	0	0	0	0	0

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

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ADENA HEALTH SYSTEM

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number  
31-4379443

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A COUNTY OF ROSS OHIO	31-6400085		09-15-2010	29,985,000	INFUSION CENTER AND INTERVENTIONAL RADIOLOGY		X		X		X
B CITY OF CHILLICOTHE OHIO	31-6400221	169203AK2	06-22-2017	161,095,326	ADVANCE REFUNDING OF 2008 ISSUE AND EMERGENCY ROOM		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired . . . . .	6,137,416							
2	Amount of bonds legally defeased . . . . .								
3	Total proceeds of issue . . . . .	30,087,491		161,591,118					
4	Gross proceeds in reserve funds . . . . .								
5	Capitalized interest from proceeds . . . . .								
6	Proceeds in refunding escrows . . . . .			119,859,444					
7	Issuance costs from proceeds . . . . .	411,604		1,723,052					
8	Credit enhancement from proceeds . . . . .								
9	Working capital expenditures from proceeds . . . . .								
10	Capital expenditures from proceeds . . . . .			27,195,705					
11	Other spent proceeds . . . . .	29,675,887							
12	Other unspent proceeds . . . . .			12,812,917					
13	Year of substantial completion . . . . .	2012							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .		X		X				
15	Were the bonds issued as part of an advance refunding issue? . . . . .		X	X					
16	Has the final allocation of proceeds been made? . . . . .	X			X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X					

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



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

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X					
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X				
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .	0 %		0 %					
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . .	0 %		0 %					
<b>6</b> Total of lines 4 and 5 . . . . .	0 %		0 %					
<b>7</b> Does the bond issue meet the private security or payment test? . . .		X		X				
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X					

**Part IV Arbitrage**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X				
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .		X	X					
<b>b</b> Exception to rebate? . . . . .		X		X				
<b>c</b> No rebate due? . . . . .	X			X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X		X				
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X	X					
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . .	X		X					

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

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

<b>Return Reference</b>	<b>Explanation</b>
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME COUNTY OF ROSS OHIO DATE THE REBATE COMPUTATION WAS PERFORMED 10/09/2015

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2C	THE DATE THE LAST REBATE COMPUTATION WAS PERFORMED IS OCTOBER 31, 2013

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 31-4379443  
**Name:** ADENA HEALTH SYSTEM

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME COUNTY OF ROSS OHIO DATE THE REBATE COMPUTATION WAS PERFORMED 10/09/2015
SCHEDULE K, PART IV, LINE 2C	THE DATE THE LAST REBATE COMPUTATION WAS PERFORMED IS OCTOBER 31, 2013

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
► Attach to Form 990 or Form 990-EZ.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
ADENA HEALTH SYSTEM

Employer identification number  
31-4379443

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) JOHN FORTNEY	PHYSICIAN	STUDENT LOANS		X	11,214	7,714		No	Yes		Yes	
Total						7,714						

Part III Grants or Assistance Benefiting Interested Persons.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ROBIN BERNO	SPOUSE OF KEY EMPLOYEE JACK BERNO	158,653	EMPLOYEE COMPENSATION		No
(2) JENNIFER STRICKLAND	RELATIVE OF BOARD DIRECTOR DAVID STRICKLAND	31,868	EMPLOYEE COMPENSATION		No
(3) TARA D'ANTONI	DAUGHTER-IN-LAW OF BOARD DIRECTOR RALPH D'ANTONI	32,812	EMPLOYEE COMPENSATION		No
(4) MARIA SMITH	SISTER OF BOARD DIRECTOR JOE WATSON	111,364	EMPLOYEE COMPENSATION		No

**Part V Supplemental Information**

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

Return Reference	Explanation
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**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization  
ADENA HEALTH SYSTEM

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2018**

**Open to Public Inspection**

**Employer identification number**

31-4379443

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	KATHERINE EDRINGTON CHIEF OPERATING OFFICER AND KRISTIN BOGGS, CHIEF INTEGRITY & COMPLIANCE OFFICER ARE SIBLINGS ADENA HAS IMPLEMENTED A MECHANISM FOR TRIAGING ANY UNDERLYING CONFLICTS INVOLVING EITHER PARTY DIRECTLY TO THE CHRO AS WELL AS BOTH PARTIES SHALL RECUSE THEMSELVES FROM ANY DECISIONS INVOLVING THE OTHER PARTY

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	FOR A 3 MONTH PERIOD, DUE TO AN UNTIMELY DEATH, ADENA HEALTH PAID A CONSULTING SERVICE FOR CHIEF HUMAN RESOURCE OFFICER DUTIES ADENA HEALTH PAID GALLAHER BENEFIT SERVICES \$77,600



990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION IS COMPOSED OF 9 MEMBER CHURCHES ALL OF THE CHURCHES ARE IN THE CHILLICO THE, OHIO AREA 1 FIRST PRESBYTERIAN CHURCH 2 FREEDOM HOUSE OF CHILICOTHE 3 ORCHARD HIL L UNITED CHURCH OF CHRIST 4 TABERNACLE BAPTIST CHURCH 5 ST MARY'S CATHOLIC CHURCH 6 TR INITY UNITED METHODIST CHURCH 7 ST PAUL'S EPISCOPAL CHURCH 8 WALNUT STREET UNITED METHO DIST CHURCH 9 ST PETER'S CATHOLIC CHURCH

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE CORPORATE MEMBER CHURCHES MAY NOMINATE A BOARD MEMBER, BUT THE BOARD OF DIRECTORS OF AHS RESERVES THE FINAL APPROVAL THE CORPORATE MEMBER CHURCHES MAY ONLY ELECT ONE PERSON PER CHURCH TO ACT AS THEIR TRUSTEE THE TRUSTEES AT LARGE GET APPOINTED AS FOLLOWS SECTION 3 03 OF THE CODE OF REGULATIONS OF AHS - "THE BOARD SHALL ELECT SIX (6) AT-LARGE TRUSTEE POSITIONS TWO OF THESE POSITIONS SHALL BE FILLED WITH PHYSICIANS WHO ARE MEMBERS OF THE ACTIVE MEDICAL STAFF RECOMMENDED BY THE MEDICAL STAFF IN ACCORDANCE WITH THE MEDICAL STAFF BYLAWS WHEN A VACANCY OCCURS AMONG THE FOUR (4) AT LARGE TRUSTEES, WITH THE EXCEPTION OF MEMBERS ELIGIBLE FOR REAPPOINTMENT, THE TRUSTEE COMMITTEE SHALL NOMINATE TO THE BOARD A CANDIDATE FOR THE VACANT POSITION "

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	SECTION 2 04 RIGHTS OF THE CORPORATE MEMBERS (A) THE RIGHT TO ELECT NINE TRUSTEES OF THE CORPORATION AS SPECIFIED IN THESE BYLAWS (B) THE RIGHT TO APPROVE ANY LEASE, SALE EXCHANGE, TRANSFER, OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION (C) THE RIGHT TO APPROVE ANY PROPOSED MERGER OR CONSOLIDATION OF THE CORPORATION (D) THE RIGHT TO APPROVE ANY PROPOSED DISSOLUTION OF THE CORPORATION (E) THE RIGHT TO APPROVE ANY PROPOSED CHANGE TO THE FUNDAMENTAL PURPOSE OF THE CORPORATION AS STATED IN SECTION 1 01 (F) THE RIGHT TO APPROVE ANY PROPOSED AMENDMENTS TO THE CODE OF REGULATIONS

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE 990 WAS REVIEWED AT A BOARD MEETING, AND COPIES OF THE FORM 990 WERE PROVIDED TO THE BOARD MEMBERS. ADDITIONALLY, COPIES OF THE 990 WERE MADE AVAILABLE ON THE HOSPITAL'S BOARD PORTAL AND IN ADMINISTRATION OFFICE UNTIL THE NOVEMBER 15 FILING DATE.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE CORPORATE COMPLIANCE OFFICE OF ADENA HEALTH SYSTEM ANNUALLY COORDINATES THE DISTRIBUTION AND RETURN OF THE CONFLICT OF INTEREST STATEMENTS. ALL CONFLICTS ARE REVIEWED, AND THE CORPORATE COMPLIANCE OFFICE IS RESPONSIBLE FOR REVIEWING THE RESPONSES AND COMMUNICATING ANY EXTRA STEPS THAT NEED TO TAKE PLACE REGARDING ANY OF THE RESPONSES. AT EVERY BOARD MEETING AND COMMITTEE OF THE BOARD, THE AGENDA ITEM OF CONFLICT OF INTEREST IS INCLUDED AND CALLED OUT. CONFLICTED BOARD MEMBERS ABSTAIN FROM VOTING ON THE PARTICULAR ITEMS. ANY MEMBER ABSTAINING FROM VOTING IS DOCUMENTED IN THE MINUTES. ADVANCED PRACTICE CLINICIANS, FRONT LINE SUPERVISORS UP THROUGH THE CEO, AND BOARD MEMBERS ARE SUBJECT TO THE CONFLICT OF INTEREST POLICY.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS RETAINS AN INDEPENDENT COMPENSATION CONSULTANT, TO EVALUATE THE TOTAL COMPENSATION FOR ALL DISQUALIFIED PERSONS. THE INDEPENDENT COMPENSATION CONSULTANT UTILIZES THE COMPENSATION PHILOSOPHY TO CONDUCT THE EVALUATION. EACH POSITION IS COMPARED TO PEER DATA OF ORGANIZATIONS OF SIMILAR SIZE AND COMPLEXITY. THE DATA ANALYSIS COVERS CASH COMPENSATION (BASE SALARY), TOTAL CASH COMPENSATION (BASE SALARY AND INCENTIVES, BOTH PAID AND OPPORTUNITY), AND TOTAL COMPENSATION (BASE SALARY, INCENTIVES AND ALL BENEFITS). THE EXECUTIVE COMPENSATION COMMITTEE MEETS WITH THE INDEPENDENT COMPENSATION CONSULTANT REGULARLY TO REVIEW AND MONITOR ALL TOTAL COMPENSATION FOR THE DISQUALIFIED PERSONS. COMPENSATION WAS LAST REVIEWED IN 2018.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION PREPARES AN ANNUAL REPORT TO THE PUBLIC WHICH INCLUDES ITS STATEMENT OF REVENUES AND EXPENSES. ADDITIONALLY, ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS ARE AVAILABLE ON GUIDESTAR.ORG AS PART OF THE ANNUAL FORM 990 FILING.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	MEDICAL PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 3,407,475 MANAGEMENT AND GENERAL EXPENSES 436,288 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,843,763 PURCHASED SERVICES PROGRAM SERVICE EXPENSES 20,248,538 MANAGEMENT AND GENERAL EXPENSES 35,069,064 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 55,317,602 FACILITY MAINTENANCE PROGRAM SERVICE EXPENSES 9,159,111 MANAGEMENT AND GENERAL EXPENSES 11,444,112 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 20,603,223



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	<p>TRANSFERS (TO) FROM AFFILIATED ORGANIZATION -235,309 PENSION RELATED CHANGES OTHER THAN N  ET PERIODIC COSTS 13,253,363 INTERCOMPANY RECEIPTS ELIMINATED IN CONSOLIDATION 402,075 C  OURT DIALYSIS K-1 ACTIVITY - BOOK TO TAX DIFFERENCE -182,787 TEMPORARILY RESTRICTED EXPEN  DITURES -125,061 NET ASSETS RELEASED FROM RESTRICTION FOR PURCHASE OF CAPITAL ASSETS 1,12  0,314 CONTRIBUTIONS RECLASSIFIED OUT OF NET ASSETS -1,249,203 BENEFIT PLAN RETIREMENT -14,2  25,651</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE AUDIT COMMITTEE ENGAGES THE INDEPENDENT AUDIT FIRM FOR THE AUDIT, REVIEWS RESULTS, AND REPORTS TO THE BOARD ADENA HEALTH SYSTEM'S BOARD OF DIRECTORS OVERSEES THE AUDIT PROCESS AND APPROVES THE INDEPENDENT AUDIT FIRM ADENA HEALTH FOUNDATION IS PART OF ADENA HEALTH SYSTEM'S CONSOLIDATED AUDIT THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
ADENA HEALTH SYSTEM

Employer identification number  
31-4379443

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ADENA MEDICAL GROUP LLC DEPT L637 COLUMBUS, OH 43260 27-1370967	HEALTHCARE PROVIDERS	OH	68,625,870	5,863,627	ADENA HEALTH SYSTEM
(2) ADENA HOSPICE LLC 272 HOSPITAL ROAD CHILLICOTHE, OH 45601 27-5340755	HEALTHCARE PROVIDERS	OH	2,147,728	344,301	ADENA HEALTH SYSTEM
(3) ADENA HOME HEALTH 272 HOSPITAL ROAD CHILLICOTHE, OH 45601 27-3752730	HEALTHCARE PROVIDERS	OH	3,316,160	213,289	ADENA HEALTH SYSTEM
(4) ADENA HOME INFUSIONHOME RESPIRATORY 272 HOSPITAL ROAD CHILLICOTHE, OH 45601 27-3752854	HEALTHCARE PROVIDERS	OH	1,567,373	782,989	ADENA HEALTH SYSTEM
(5) ADENA PHARMACY 272 HOSPITAL ROAD CHILLICOTHE, OH 45601 45-1138187	HEALTHCARE PROVIDERS	OH	5,425,929	745,355	ADENA HEALTH SYSTEM

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) GREENFIELD AREA MEDICAL CENTER 550 MIRABEAU ST  GREENFIELD, OH 45123 31-0993422	HOSPITAL	OH	501(C)(3)	3	ADENA HEALTH SYSTEM	Yes	
(2) ADENA HEALTH FOUNDATION 272 HOSPITAL ROAD  CHILLICOTHE, OH 45601 75-3008742	FUNDRAISING	OH	501(C)(3)	12A	ADENA HEALTH SYSTEM	Yes	
(3) SOUTHERN OHIO HEALTHCARE NETWORK 272 HOSPITAL ROAD  CHILLICOTHE, OH 45601 26-1566590	FIBEROPTIC NETWORK GRANTS	OH	501(C)(3)	12A	ADENA HEALTH SYSTEM	Yes	
(4) PIKE HEALTH SERVICES INC 100 DAWN LANE  WAVERLY, OH 45690 31-1072406	HOSPITAL	OH	501(C)(3)	3	ADENA HEALTH SYSTEM	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> ADENA CARE 272 HOSPITAL ROAD CHILLICOTHE, OH 45601 45-3980850	SEE SCHEDULE R, PART VII	OH	ADENA HEALTH SYSTEM	C	-446,871		100 000 %	Yes	

**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?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	Yes	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GREENFIELD AREA MEDICAL CENTER	R	77,385	BOOK VALUE
(2) PIKE HEALTH SERVICES	S	441,817	BOOK VALUE
(3) SOUTHERN OHIO HEALTH CARE NETWORK	R	25,251	BOOK VALUE

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

[illegible]

**Part VII**      **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE R, PART IV, COLUMN (B)	THE PRIMARY ACTIVITY OF ADENA CARE IS TO DEVELOP STRATEGIC RELATIONSHIPS TO THE SERVICE AREAS MAJOR EMPLOYERS THROUGH HEALTH MANAGEMENT AND WELLNESS SERVICES

